CAREGIVER ORIENTATION GUIDE & TOOLKIT

A Resource for Caregivers to Older Adults

Created by

Caregiver Information and Support

A program of the Saskatoon Council on Aging

2020 College Drive
Saskatoon, Saskatchewan S7N 2W4
Phone: 1-888-652-4411
Website: www.saskatooncaregiver.ca
Email: caregiver@scoa.ca

Supported by:

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CAREGIVER INFORMATION AND SUPPORT SERVICES

A program of the Saskatoon Council on Aging

Mandate

To respond to caregiver needs by providing easy access to information, social and emotional support, coordination of resources, and developing a community caregiver network.

An informal caregiver is an unpaid individual who cares for and gives support to a family member, friend or neighbor who is frail, ill or disabled.

The above definition is broad, as caregiving can take many forms. Both caregiver and care receiver are unique and it is therefore very difficult to generalize about what may be required. One thing that virtually all caregivers have in common, though, is that they have had little or no preparation or training for their caregiving duties, and often have no idea who to call or where to go for help.

Saskatoon Caregiver Information and Support

The Saskatoon Caregiver Information and Support Centre has been a program of the Saskatoon Council on Aging (SCOA) since 2000. Its focus has been on providing information and support to family caregivers through presentations, workshops, forums, a Caregiver information phone line, the Caregiver Website, and the Saskatoon Council on Aging Positive Aging Resource Centre. Committee members provide in-person and virtual presentations in Saskatchewan upon request through SCOA's Speakers Bureau program.

Acknowledgments

The study below was conducted by Steven Hall, RN for his Master of Nursing thesis project at the University of Saskatchewan, College of Nursing. The analysis of the findings is ongoing. For further details and updates on the study and other research with caregivers, please follow the "Sask Caregiver Research Lab" on Facebook or contact Mr. Hall at steven.hall@usask.ca.

The Saskatchewan Caregiver Experience Study: A provincial survey to gather perspectives and set priorities for caregiver support

Study Overview

Introduction:

Policies and services for older adults are increasingly focused on living in the community, rather than relying on institutions for care. In fact, a total of 70-80% of community care for older adults is provided by informal or family caregivers. With the aging population, the number of caregivers is growing. The purpose of the Saskatchewan Caregiver Experience Study was to describe the experiences and perspectives of caregivers in Saskatchewan and to identify their priority support needs.

Method:

An online qualitative survey was administered via SurveyMonkey and distributed via Facebook and community newsletters. The survey asked three open-ended questions regarding: (1) the challenges that caregivers experience; (2) the positive aspects of caregiving; (3) the support needs and priorities of Saskatchewan caregivers; as well as a fourth question where caregivers could freely express any other experiences or perspectives.

Content analysis was the method used to quantify and analyze the presence, meanings, and relationships of words, themes, or concepts within the survey responses.

Findings:

A total of 355 Saskatchewan caregivers were willing and eager to share their experiences, with many noting their appreciation for the opportunity to tell their stories. From the preliminary analysis of each individual question, it was determined that the greatest **challenges** Saskatchewan caregivers experience are exhaustion, self-doubt, navigating complex systems, living their own lives, and caregiving at a distance.

The main **positive aspects** identified by participants were related to the rewards of caregiving, having the ability and opportunity to care, ensuring quality care for the care recipient, and the experience of personal growth through being a caregiver, although some participants noted that caregiving is not a positive experience for them.

Lastly, **support priorities** of Saskatchewan caregivers were found to be the need for help when they need it, an ear to listen and a shoulder to lean on, assistance in optimizing the care recipient's health, having healthcare professionals that care, and improved policies, legislations, and regulations.

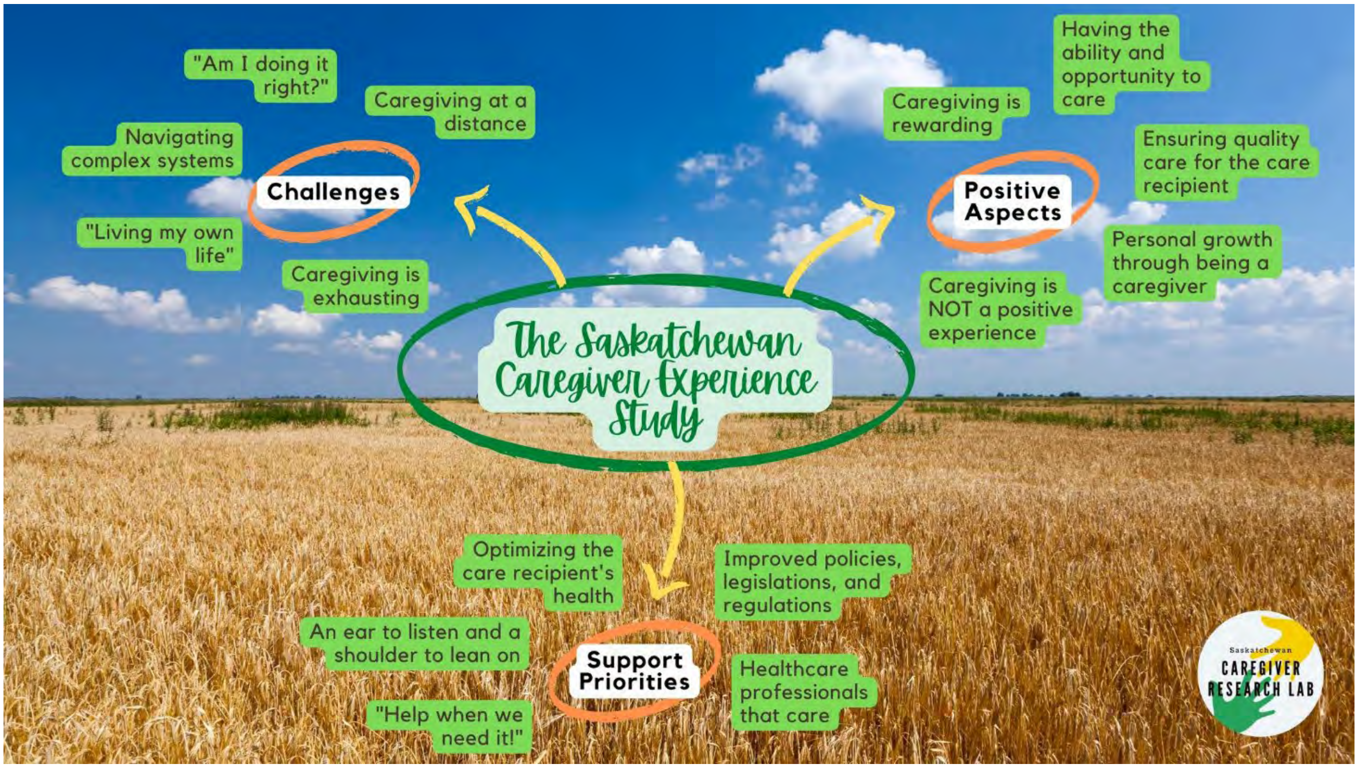
Conclusion:

This study **highlights the caregiver experience in Saskatchewan**. Findings from the study identify the complex and multifaceted nature of caregiving. Support priorities were identified by caregivers and this information can be used to create and implement support services and adapt policies to improve the experiences of the population of individuals caring for Saskatchewan's aging population in the community.

For more information, contact the research team at the emails below:

Steven Hall, Student Researcher, steven.hall@usask.ca

Dr. Noelle Rohatinsky, Supervisor, noelle.rohatinsky@usask.ca



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INTRODUCTION TO CAREGIVING

Definition: *An informal caregiver is an unpaid individual who cares for and gives support to a family member, friend or neighbour who is frail, ill or disabled*

The above definition is broad, as caregiving can take many forms. Both caregiver and care receiver are unique and it is therefore very difficult to generalize about what may be required. One thing that virtually all caregivers have in common, though, is that they have had little or no preparation or training for their caregiving duties, and often have no idea who to call or where to go for help. This Caregiver Orientation Guide is intended to aid caregivers and it is hoped that it will provide some much-needed assistance.

A study completed in 2022 by the College of Nursing at the University of Saskatchewan said that Canada's population of older adults aged 65 years or older made up almost twenty percent of the overall Canadian population in 2019. The study went on to say that 33% of Canadians over the age of 80 have at least four chronic conditions, and most of those individuals who are chronically ill are relying on receiving care from informal caregivers. Informal caregiving can be a stressful job, and a contributing factor in the stress felt by many caregivers is the lack of choice they had when thrust into this new role. In the study conducted by the College of Nursing at the University of Saskatchewan, they found that lack of access, conflict with self and others, caregiver burden and declining health and wellness were barriers within the caregiving role. As you prepare to care for your care recipient, consider some options that are available:

1. Personally caring for your care recipient
2. Asking for help from friends and family
3. Asking for help from a professional service

It is not necessary to decide between these, but it is helpful to keep all three in mind as you consider the tasks you face and how you will accomplish them.

Identifying the Challenges & Rewards of Caregiving

The caregiver journey can be a rollercoaster of emotions that usually accompany the physical and cognitive changes in the person receiving care and the caregiver's experience as a whole. Every caregiver will have good days; however, even with careful preparation before taking on caregiving responsibilities and tasks, problems will inevitably be encountered. These are very often due to frustration in trying to get answers to questions or in trying to find a particular agency that can provide assistance. In the section below and in an effort to shine a light on some of the areas that are likely to cause distress, we will take a look at a few possible challenges you may encounter as a caregiver. Because caregiving is comprised of good feelings too, we will also address that afterwards.

Caregiving Challenges
In attempting to help caregivers prepare for some challenges this new role may present, it is helpful to outline caregiving burdens. Caregiving burdens are problems and concerns that have been recounted by a number of caregivers. The lists are long, but in general, they fall into two groups – emotional and financial issues.

Emotional Challenges and Concerns

Anxiety, stress, frustration, depression, fear of failure as a caregiver, anger and guilt are all mentioned as emotional challenges for caregivers. All caregivers list at least some of these. The loneliness and social isolation that often result from caregiving responsibilities can produce caregiver burnout. In some cases, the caregiver becomes overwhelmed and simply gives up. Much of the emotional burden has been attributed to three factors: (1) inability to find answers to their many questions, (2) lack of support from the existing health care system, and (3) lack of knowledge, information and training.

Financial Challenges and Concerns

Because family income often plummets in a caregiving situation while expenses invariably increase, the financial problems that arise may be devastating. Additional expenses encountered may include medication, special diet, medical equipment and supplies, and respite care. See the “Respite Care” section for more information and resources. Exceptional expenses occur less frequently, but may include necessary home modifications such as those needed accommodate a wheelchair, air conditioning (often vital for patients with multiple sclerosis) and a vehicle equipped for a wheel chair. It is obvious that financial problems will likely create even more emotional burdens.

Lack of Knowledge, Information, and/or Training

In many cases, caregivers feel like entering the caregiving role is something that happened overnight. Caregivers may feel ill equipped and as though they lack the knowledge, information and/or training to confidently, safely and effectively assist their care receiver. This may include a lack of information about their care receiver’s diagnosis or resources about where to turn to find support. It may also include a lack of understanding or training for the tasks involved in assisting with care such as assisting with mobility, dressing, showering, meals, managing medications or finances.

Caregiving Rewards

Many caregivers take great comfort in pointing out that there are many rewards in caregiving. They feel a sense of accomplishment in preserving dignity and maintaining quality of life for the care receiver. It has been shown many times that the bond between the caregiver and the care receiver is enriched. This most certainly makes the task not a chore but a “labour of love”.

> “*Caregiving has no second agendas or hidden motives. The care is given from love for the joy of giving without expectation, no strings attached.*” *-- Gary Zukav*

Reflection Exercise: Take some time to write down and reflect on specific areas you consider challenging in your own experience as a caregiver. Use this reflection as a way to help identify the areas or ways in which you may need more support.

Reflection Exercise: Take some time to write down and reflect on what you would consider to be rewarding in your own experience as a caregiver. Think back to why you became a caregiver in the first place. This exercise will help remind you of the positive aspects of caregiving and can shift your perspective when you begin to feel frustrated or overwhelmed.

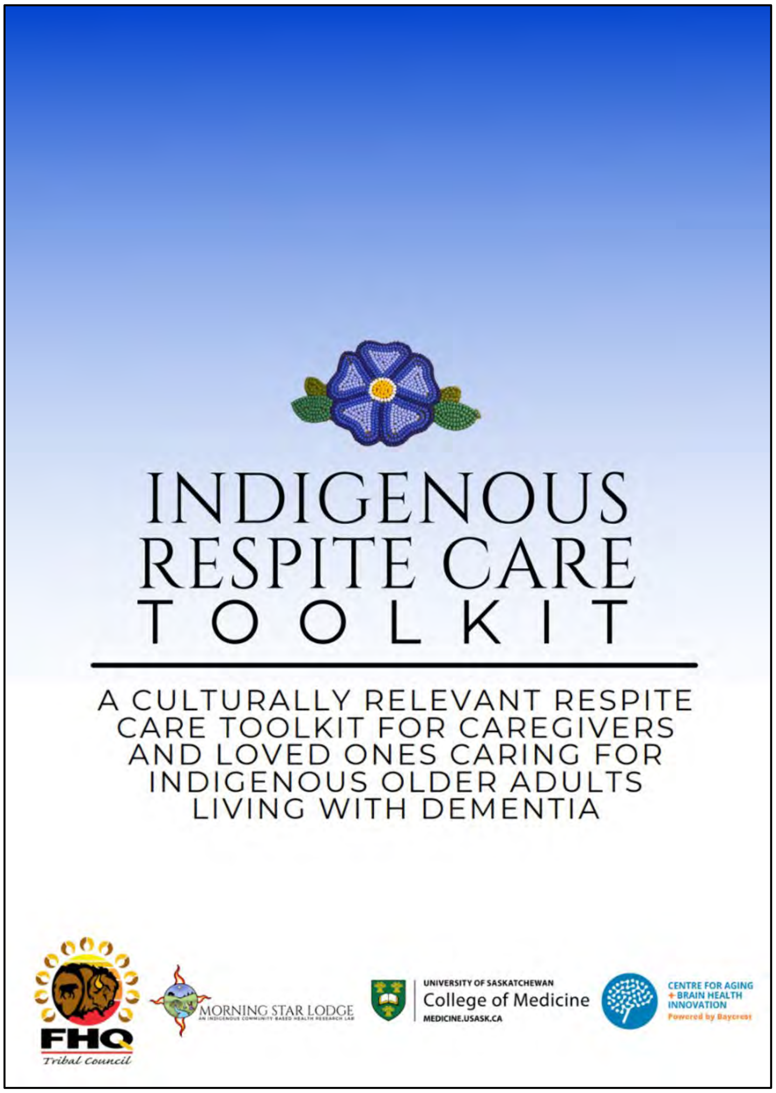
Indigenous Caregiver Resources

To provide culturally relevant support and resources to Indigenous caregivers, Morning Star Lodge has created an Indigenous Respite Care Toolkit (pictured below). Morning Star Lodge is an Indigenous community-based health research lab located in Regina, Saskatchewan. **This toolkit was developed *with* and *for* Indigenous communities.**

If you would like a copy of the toolkit, you can reach out to one of the authors, Mikayla Hagel, or the lab manager of Morning Star Lodge, Dr. Cari McIlduff:

- Mikayla Hagel: mikayla.hagel@usask.ca
- Dr. Cari McIlduff: cari.mcilduff@usask.ca

To learn more about Morning Star Lodge and the work they are doing, please visit their website: https://www.indigenoushealthlab.com/



INDIGENOUS
RESPITE CARE
TOOLKIT

A CULTURALLY RELEVANT RESPITE CARE TOOLKIT FOR CAREGIVERS AND LOVED ONES CARING FOR INDIGENOUS OLDER ADULTS LIVING WITH DEMENTIA

FHQ
Tribal Council

MORNING STAR LODGE
AN INDIGENOUS COMMUNITY BASED HEALTH RESEARCH LAB

UNIVERSITY OF SASKATCHEWAN
College of Medicine
MEDICINE.USASK.CA

CENTRE FOR AGING + BRAIN HEALTH INNOVATION
Powered by Baycrest

Cultural Palliative Care Resources – Canadian Virtual Hospice

Website: https://livingmyculture.ca/culture

Email: info@virtualhospice.ca

This website showcases palliative care resources for not only the patient but also for the family and caregivers. They have resources for First Nations, Inuit and Metis cultures, as well as for other cultures such as Chinese, Ethiopian, Filipino, Indian, Iranian, Italian, Pakistani, and Somali. The website includes videos on the following topics:

- Traditions, Rituals, and Spirituality
- Expectations of Care
- Care for the Patient and Family
- Emotions and Support
- Talking about Illness
- After Death and Ceremonies

Introduction to Caregiving Notes

GETTING ORGANIZED & DEVELOPING A PLAN

Organization can help you strive for a balance between caregiving, other demands for your time, and finding a moment for yourself. Formally identifying the tasks to be accomplished is the first step in providing the best care possible for your care recipient. The exact way you choose to organize things is up to you!

Activities in Care: ADLs & IADLs

In order to figure out what tasks need to be done, you must first understand what your care receiver’s Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) are. Activities of daily living and instrumental activities of daily living are two terms commonly used by health care professionals to communicate the level of care or abilities of an individual.

- **Activities of Daily Living (ADLs)** are the basic self-care and personal care activities.
- **Instrumental Activities of Daily Living (IADLS)** are the more complex tasks that support one’s ability to manage things like banking, paying bills, managing finances or using transportation, for example to get groceries or go to an appointment.

Below you will find a list of examples of ADLs and IADLs:

ASSISTING WITH:		
• Dressing	• Bathing/ Showering	• Personal Hygiene & Grooming
• Toileting or Incontinence	• Mobility/ Transferring	• Feeding
• Housework	• Yard & Home Maintenance	• Personal Laundry
• Finance Management & Banking	• Meal Preparation	• Grocery/Necessity Shopping
• Managing Medications	• Communication (Scheduling & Coordinating Appointments)	• Transportation

Based on the understanding of your care receiver's ADLs and IADLs, a plan can be as simple as writing down the care your care recipient needs and then figuring out who will provide that care or help. Ideally, the person requiring assistance can take the lead in creating this plan, but if they are unable, be sure to include their opinions, ideas, and preferences as much as possible. Creating a plan during a family meeting or with the help of a healthcare professional may be the most appropriate for your situation.

Below are some categorized items that your care recipient may be able to take care of independently, or something they may need help with. These lists are general, so some parts may not apply to your situation and you may think of other things that you do not see listed here. Feel free to add to the list in the additional spaces as needed. These lists are meant to help get you started, but not to limit you. Reviewing their caregiving needs occasionally can help make sure both you and your receiver are getting the help you need.

For each of the following items, consider the care receiver's needs. Can the person you care for take care of the item themselves, or do they need some form of adaptation or assistance to accomplish the task? Do you need to take responsibility for assisting with the task? Or can you delegate that caregiving task to someone else?

Housekeeping tasks

- ☐ Laundry
- ☐ Cleaning
- ☐ Yard care
- ☐ Paring down or organizing
- ☐ Managing bills and correspondence
- ☐ Home maintenance
- ☐ ______________________________
- ☐ ______________________________

Home Safety and Accessibility

- ☐ Accessing the home from outside
- ☐ Moving throughout the home safely (*Are things cluttered? Are there area rugs that can pose as tripping hazards? Are grab bars or railings needed? Is the floor slippery or difficult to walk on? Is there adequate lighting, even during the night?*)
- ☐ Safely reaching electrical outlets and light switches
- ☐ Using the washroom safely, during the day and the night (*Is there a clear pathway to the washroom?)*
- ☐ Using the kitchen safely (*reaching items on shelves, using appliances, etc*.)
- ☐ Getting up safely from chairs and bed
- ☐ _______________________________
- ☐ _______________________________

Social Needs

☐ Attending social activities or day programs
☐ Enjoying hobbies
☐ Participating in religious activities
☐ Having private time
☐ Getting to and from social activities (*Can your care recipient safely walk or drive themselves where they need to go or do other arrangements need to be made?*)
☐ ______________________________
☐ ______________________________

Nutritional Needs

☐ Grocery purchasing
☐ Meal preparation
☐ Eating (*Do they need assistance? Are adaptive devices needed?)*
☐ Menu planning and making grocery lists
☐ Meeting special dietary needs
☐ ______________________________
☐ ______________________________

Health Care

☐ Keeping track of medications and their purpose
☐ Taking medications correctly and on time
☐ Making healthcare appointments
☐ Getting to and from healthcare appointments
☐ Filling prescriptions
☐ Keeping track of health insurance and coverage information
☐ Making informed health care decisions
☐ Implementing recommendations of health care professionals
☐ ______________________________
☐ ______________________________

Personal Care

☐ Performing oral care
☐ Getting dressed
☐ Grooming hair and nails
☐ Bathing and performing other personal hygiene
☐ Accessing and using the washroom
☐ ______________________________
☐ ______________________________

Financial Responsibility

☐ Managing banking and day-to-day finances
☐ Managing financial planning
☐ Managing insurance
☐ ______________________________
☐ ______________________________

Care for the Future

☐ Has health care directives
☐ Has a living will
☐ Has a will
☐ Has appointed a power of attorney
☐ Has expressed or written end of life wishes
☐ ______________________________
☐ ______________________________

When planning all the things that need to be done for your care recipient, include plans to meet your own needs for well-being. Things like:

☐ Self-care
☐ Employment and financial needs
☐ Respite
☐ Medical needs
☐ Hobbies
☐ Time for children, spouse, and other family and friends
☐ ______________________________
☐ ______________________________

If there are more demands than you can handle, remember to ask for help, or research the kinds of support that might be available. Asking a family member or asking the care receiver to help you look into options is a great way to keep everyone involved and to share ideas and the workload.

You might find that a calendar is a useful way to organize your plan. If there are many caregiving duties, the plan may be very detailed, including menu planning and grocery list, as well as a daily routine. In some cases, you care recipient may require less assistance, or most of their care will be provided by professionals. If so, your plan will look more like a to-do list. In some ways, planning is more important than the plan itself, as the process is what identifies the areas in which your care recipient needs care and how to provide support.

In the caregiver Toolkit, located at the back of the binder, you will find a document to assist with the planning and delegation of support and assistance.

Creating a Contact List

Create a contact list with important or frequently needed phone numbers and addresses. Keep the contact list where it can be easily accessed by your care receiver, you, or anyone else, in case of emergency. Some contacts to include are:

- Physician
- Social Worker
- Dentist
- Home Care Workers
- Optometrist
- Program Contacts
- Specialists
- Family Members
- Friends
- Respite Assistance
- Emergency Service

Depending on the care needs of your care receiver, contact information for things such as transportation services, care aids, or day programs may be helpful to include. If you are a long-distance caregiver, you may want to include contact information for neighbors, those with spare keys to your care recipient's home, and local emergency services. Contact information for home utilities, repair people, yard and home maintenance or home security might be valuable if your care recipient lives at home. If they live in a residential facility, contact information for staff or the director may be more appropriate. Make a copy of the list for family members, friends and anyone else who helps care for your care recipient (such as a care aid or staff at a day program).

In the caregiver Toolkit, located at the back of the binder, you will find a section to fill out your own contact list.

Organizing Health Information

Prepare a health file for your care receiver. A binder like this one, a folder, an electronic file, or even a shoebox will work for keeping all of the information together. Having the information in one place is valuable in a medical emergency, but it can also help you to get the most out of healthcare appointments and to monitor your care receiver's health. Helpful information to include is:

- The care receiver's health card number
- Any known allergies
- Updated list of medications and their dosages

- Medical history *(e.g., previous hospitalizations, high blood pressure, etc.)*
- Chronic health issues *(e.g., diabetes, chronic obstructive pulmonary disorder [COPD], etc.)*
- Major surgeries and their dates
- Diagnosis
- Doctor or other healthcare professionals' recommendations
- Immunization record
- Treatment or therapy regimes
- Additional health coverage information
- Health care directives
- Research that you, your care receiver, family or a health care professional has found about the care receiver's conditions or care needs

In the caregiver Toolkit located at the back of the binder, you will find a document you can fill out and refer to for your care recipient's general and medical information.

Managing Medications

As a caregiver, you may be managing medications for yourself and the person you care for. It is important to have the following information for each medication:

- Name of medication and the reason it was prescribed
- Correct dosage, including the time and frequency it should be taken
- How to properly take the medication *(Does it need to be taken with food? Does it need to be taken a certain period of time after other medications or food?)*
- Anything you need to check before giving the *medication (e.g., checking blood sugar before giving insulin, checking heart rate or blood pressure)*
- How to properly store the medication
- Possible side effects
- Contraindications and precautions

If you have questions about medications, ask your physician or pharmacist. Do not be afraid to ask questions such as how to administer the medication, or if a pill can be crushed to make swallowing easier. Another resource is the HealthLine, which can be reached by calling 811. The Saskatchewan HealthLine is staffed by health care professionals and is available 24 hours a day - free of charge.

Tips for medication safety:

- Keep medications in their labeled containers to avoid mix ups
- Organize medications into daily/weekly dispensers
- Use pharmacist's packaged blister packs or pill packs (if the medications come in separate pill bottles, ask your pharmacist about the option to put them in blister packs)
- Take medications only as directed and always discuss with your physician before discontinuing a medication
- Set an alarm to remind you when to administer medications, especially while establishing a new routine.
- Take note of precautions and side effects of medications. Schedule appointments and other activities around noted side effects. For example, medications that cause drowsiness or dizziness/nausea would impact driving, walking or social interactions
- If the person is having difficulty swallowing the pills, try mixing them with applesauce, jam, ice cream, or pudding.

In the caregiver Toolkit located at the back of the binder, you will find a document to fill out and list all of your care recipient's current medications.

Researching Financial Options

As mentioned earlier, caregiving challenges that arise are often related to finances. There may be programs, tax benefits, or reimbursements that you or the care receiver are eligible for. Perhaps this can help ease some financial burdens. Keep things like receipts, tax returns and transaction records organized and stored somewhere safe, but easy for you to access. Filing documents, bills, and receipts as you get them can help save the hassle and time of trying to sort things out later.

Some programs require approval before expenses are incurred, while others require you to submit receipts. Because of this, it is valuable to look into the options as soon as possible. Take some time to research the tax benefits, programs, or other financial options that are available to you as a caregiver. Additional resources are included in the Provincial Directory.

Federal Programs

Employment Insurance Caregiving Benefits (through Service Canada)
Phone: 1-800-622-6232
Website: https://www.canada.ca/en/services/benefits/ei/caregiving.html

Benefits Calculator: http://www.canadabenefits.gc.ca

Provincial Programs:
Phone: 1-866-221-5200
Website: https://www.saskatchewan.ca/residents/family-and-social-support/financial-help

Direct Client Funding Program: Saskatchewan Health Authority
Phone DCF Coordinator: 306-655-4355 or 306-655-4321

Getting Organized & Developing a Plan Notes

BASIC CARE NEEDS – HOW TO

In this orientation guide, we wanted to include a section that addresses some tips for providing basic care activities. This is not to be taken as medical advice and it is advised that you seek out the medical advice necessary to ensure these techniques are appropriate for your care receiver's condition or needs. At the beginning of the last section, we discussed and defined activities of daily living. These are the basic self-care and personal care activities caregivers will need to have a general understanding of in order to support their care receiver with their care needs. This is not a comprehensive list of caregiving activities, so it will be important for caregivers to consult with their care receiver's family physician or another medical professional, such as a nurse, to advise on the best techniques to properly provide activities in care. We will specifically be looking at hand hygiene, oral care, bathing, hair care, nail care, feeding, toileting, incontinence, and how to prevent pressure injuries. We have included some additional resources and links to videos for these caregiving skills at the end of this orientation guide.

It is important to allow the care recipient to participate in their basic care needs as much as possible to help foster independence and to give them a sense of confidence.

Hygiene and Grooming

Proper hygiene, grooming and cleanliness practices are vital to maintaining one's health and preventing disease. It is also a way to help your care receiver feel well groomed and refreshed. Due to the individualistic nature of caregiving, it will be necessary to determine how much assistance your care receiver will require. The care receiver should also be included in practicing their own hygiene to the best of their ability. Assistance may be required for activities such as bathing, shaving, brushing and styling hair, oral care and toileting. Supporting and encouraging your care recipient to do what they are able to is another way to support their independence.

Hand Hygiene

Hand hygiene refers to the cleaning of hands with both soap and water, or by using an alcohol-based hand rub (hand sanitizer). Having good hand hygiene practice is beneficial for everyone, and is something both the caregiver and care receiver should be practising regularly to help prevent the spread of harmful bacteria and germs. The caregiver should complete proper hand hygiene before and after performing any activity in care for their care receiver even if gloves are worn.

Listed below are handwashing steps to keep in mind when following good hand hygiene practices:

1. Wet hands
2. Use soap
3. Scrub palm to palm
4. Scrub palm to back of hands
5. Scrub thumbs
6. Scrub between each finger
7. Scrub knuckles to palms
8. Scrub fingertips
9. Scrub wrists
10. Rinse your hands
11. Dry your hands using a clean towel or paper towel
12. If you use a paper towel, use the paper towel to turn off the tap and open the door upon leaving the bathroom

Hand hygiene should be performed for **15-30 seconds.** Scrub for at lest 15 seconds and then rinse.

I know this seems quite basic, however, it is good to review the proper hand washing practices from time to time. You can review the Germ Smart: How to Wash Your Hands Video on the Saskatchewan Health Authority's website at: https://www.saskhealthauthority.ca/your-health/healthy-living/hand-hygiene-germ-smart/germ-smart-workplace

Oral Care

Practicing oral care is good for not only oral health but also health in general. For older adults who struggle to keep up with their oral care, they may require assistance from their caregiver with this activity.

Brushing Teeth

Before you begin, collect what you will need and place all these items beside the sink or in reach.

- Toothbrush (electric or soft bristle non-electric)
- Toothpaste
- Washcloth, towel or hand towel
- Floss
- An empty cup

- A chair for your care receiver to sit on while at the sink (if needed)

1. Tuck a towel into the neckline of the care recipient to protect their clothing.

2. Wash hands using good hand hygiene and dry thoroughly. Put on clean medical gloves if you feel more comfortable.

3. Let your care receiver know what you are going to do before you do it. Explaining what you are doing with help relieve any anxiety through good communication.

4. Stand behind your care receiver or slightly behind and to the side of them and gently use your free hand to help steady their head.

5. Brush teeth for the recommended time of two full minutes. Focus on angling the bristles towards the gum line on the inner and outer surfaces. Brush the biting surfaces of the teeth. Make sure you are constantly communicating what you are doing and ask them if they are experiencing any pain or tenderness in their mouth.

6. Brush their tongue. Lightly brush the tongue to avoid initiating the gag reflex.

7. Floss their teeth. Focus on rubbing each side of their tooth with the floss, and getting into the gum line. Using a floss pick can be helpful.

Denture Care

Denture care is equally as important as brushing teeth. It helps keep the gums healthy and allows you to assess if the dentures are fitting properly. Dentures should be removed at night to help give the gums a break and to prevent bacteria from building up. Dentures should be stored in water to help them keep their shape. Routinely ask your care recipient about the fit of their dentures and if their gums become irritated or tender. Gloves can be worn while cleaning the dentures if this makes you more comfortable.

Supplies needed:

- Soft-bristled toothbrush
- Denture cleaning agent or toothpaste
- Water
- Sink/basin
- Denture adhesive (optional)
- Denture cup

1. Fill the sink or a basin with a couple inches of water.
2. Remove dentures.
3. Apply cleaning agent or toothpaste to the toothbrush. Use a back-and-forth motion to clean all surfaces.
4. Rinse dentures in the water.
5. If the dentures are to be worn immediately, moisten them before inserting. A thin layer of denture adhesive may be used on the undersurface of the dentures to help seal them in place.
6. Store the dentures in a denture container filled with water if they are not going to be worn right away.

Bathing

Many people have their own personal, individual or religious practices when it comes to bathing. The era that they grew up in may also affect their bathing practices. Being aware of your care receiver's practices is something that should be discussed with them and respectfully followed. The benefits of having good bathing practice include helping your care receiver feel clean from head to toe and removing dirt, sweat, dead skin and bacteria. Additionally, bathing promotes blood circulation and can be very relaxing for the individual. Ensure the care receiver has privacy while bathing and that the room is set at a comfortable temperature. Always explain to your care receiver what you are doing before you do it. Talking through the process helps ease anxiety or fears and builds trust between caregiver and care receiver. Begin washing from head to toe, starting with shampooing/conditioning, then washing the face, neck, shoulders, arms, trunk, legs and feet. When washing the genital areas of a female care recipient, always wash from front to back. You can wear gloves if this makes you more comfortable.

Tub/Shower

There are a few ways in which a care receiver might be most comfortable bathing; the first is in a bathtub or shower. When using a tub or a shower to assist your care receiver, the care receiver will need to have the ability (with or without assistance), to get into the bathroom and then into the bathtub or shower. If the care receiver is fairly independent, they may require a minimal amount of support, or possibly only standby assistance from the caregiver.

Bed Bath

If a care receiver is unable to bathe in the bathtub or shower, the next option is to bathe either at the sink or in bed, using a washbasin, washcloth and towels. Ensure that you are only exposing the areas that you are currently cleaning. Keep the remaining parts of their body covered in a blanket or towel. This helps to maintain their dignity and keep them warm. Immediately dry any areas that you wash before moving on to the next area.

- Begin with washing their face (ask if they prefer to use soap or just water)
- While they are laying on their back, wash their arms, chest, abdomen, legs, and feet
- Assist the care recipient into a side-lying position so you can wash, rinse, and dry their back, the backs of their legs, and their buttocks. *This is a nice opportunity to give them a back massage if they wish*
- Assist them to roll onto their other side to wash any places you couldn't previously reach.
- Lastly, have them lay on their back again. If they are physically able, ask them if they would prefer to wash their own genitalia. Ensure that a fresh cloth is used for perineal/genital care.
  - For female perineal care, separate the labia with your non-dominant hand. Wash downward from front to back. Use a separate section of cloth for each stroke.
  - For male perineal care, start by washing the tip of the penis using a circular motion. Ensure that any foreskin that may have been moved is returned to its natural position. Wash the shaft using downward strokes. Gently clean the scrotum.

What you will need for a bath/shower/bed bath:

- Towels (you will likely want to have 2-3 on hand, one for the top half of the body, one for the bottom and one to wipe up any spills around the tub to help prevent falls
- Wash cloths (one for the face, one for the body, and one for your care receiver to use)
- Wash basin for bed bath
- Hair washing basin for bed bath (these are inflatable and can often be found at medical suppliers or on Amazon)
- Shampoo & conditioner – No-rinse shampoo can be used for those who don't like getting their hair wet
- Body wash/soap
- Wide tooth comb or brush
- Nail clippers (Nails are softest, least brittle and less likely to crack when they have had a chance to soak and absorb water. Providing nail care after a bath is usually the best time to clip the nails. Soaking the nails in a bowl of water is also an option if the care receiver is not able to shower or bathe)

- Razor and shaving cream for shaving face or body
- Hair dryer (optional)
- Lotions/creams (for moisturizing after the bath)
- Shower/tub mat
- Clean bedding and sheets – Typically it is a good idea to change bedding once a week on the care receiver's bath day. If you are assisting with a bed bath, you will need to change their bedding regardless as the sheets will likely become wet.

Safety Considerations:

- The bathroom and tub should have an adequate amount of secured grab bars for the individual's needs. They are typically located near the toilet and in the bathtub/shower, but you may need more depending on the individual.
- Tub or shower chair/bench. This assists with some mobility limitations and allows the individual to remain seated as opposed to standing in a shower or sitting at the bottom of the tub.
- There should be good lighting when getting in and out of the bath (some people may want the lights dimmed to relax while in the tub).
- Make sure the floor is dry and obstacles are out of the way. This will help prevent falls.
- In the tub or shower, it can be helpful to have either a non-slip mat or non-slip strips on the bottom of the tub/shower.
- Test the temperature of the water by using a thermometer. Water temperature should be between 38 degrees Celsius and 43 degrees Celsius to reduce serious injuries such as burns, medication reactions and other forms of physical or medical distress. If possible, have your care recipient test the temperature of the water.
- Keep your own body mechanics in mind. Try to work at a height that is comfortable for you. Extensively leaning over for long periods of time can result in back strain.

Hair Care

Your care receiver may not want to wash their hair everyday, and that is okay. Hair does not need to be properly cared for on a daily basis, but it should be done regularly. Brushing and styling your care receiver's hair helps maintain a healthy scalp and hair in between washings. If it has been a normal part of the care receiver's routine, they may prefer to visit a salon or barber to have their hair washed, cut or styled. It is also important for them to do as much of their hair care themselves, whenever possible. If your care receiver has limited mobility (especially in their arms), this will be an activity that the caregiver will assist with.

Washing Hair:

- Have your care receiver get comfortable. You may need to use a tub chair in the shower or tub. If washing hair in a sink, use a chair. If washing hair in bed, you may want to use an inflatable hair washing basin
- If washing a care receiver's hair at the sink, drape a towel or cape over their shoulders to prevent them from becoming wet.
- Give your care receiver a facecloth to cover their eyes if they choose.
- Cotton balls or earplugs can be used to help prevent water from getting in the ears
- Use a pitcher or cup to pour water over the hair and get the hair wet.
- Use a small amount of shampoo (tear-free shampoo is a good to use to ensure the shampoo does not hurt the eyes). Work the shampoo into a lather in your hands before gently massaging the shampoo into the hair and scalp
- Repeat shampooing if necessary, followed by using a conditioner (a two-in-one shampoo and conditioner or a rinse-free shampoo may also be used)
- Rinse the shampoo out of the hair thoroughly by using the pitcher or cup filled with warm water and pouring it over the hair
- Comb hair using a wide-tooth comb. Start at the ends of the hair and work your way up to the roots. This helps detangle hair and helps prevent breakage of the hair
- Dry hair with a towel or hair dryer
- Style hair as usual

Nail Care

Trimming nails is a part of having a good hygiene practice. Nail beds can be a host to a variety of different types of bacteria that can cause infection. As people age, taking proper care of toenails can especially become quite a challenge due to a decreased range of motion which makes it harder to reach their feet. In some circumstances, a care receiver may require professional foot care services from someone trained in providing the type of foot care they need. A podiatrist or a foot care nurse can provide special care for populations with specific needs such as people with diabetes or for those with complex conditions. For some people who have conditions such as diabetes or who may be undergoing anticoagulation therapy, the slightest nick or cut around the nail could potentially cause a great deal of damage. Consult your care receiver's family doctor prior to performing foot care on your care receiver.

⚠ **DO NOT PERFORM FOOT CARE FOR YOUR CARE RECIPIENT IF THEY HAVE DIABETES – THIS NEEDS TO BE PERFORMED BY A HEALTHCARE PROFESSIONAL.**

Trimming nails (once you have consulted with your care receiver's family doctor):

- Gather your tools. This may include nail clippers for fingernails, nail clippers for toenails, a nail brush, nail file, cuticle pusher and a cuticle trimmer. These are the most commonly used tools to perform nail care. You may also want to use lotion after trimming the nails to moisturize the hands and nails.
- Wash your hands, dry your hands thoroughly, and wear medical gloves (gloves may not always be necessary if you are performing good hand hygiene both before and after you perform nail care).
- Allow your care receiver's nails to soak for approximately 10 minutes. Sometimes it is best to trim nails just after your care receiver has had a bath. If that is the case, you likely will not have to soak your care receiver's nails.
    - **Do not soak your care recipient's feet if they have diabetes.**

- Clean your care receiver's nails with warm water and use a nail brush or washcloth to gently scrub the nails.
- Select the right size of nail clipper to trim the nails (smaller clippers for the fingers and bigger clippers for the toes).
- Begin trimming the nails one nail at a time with the nail clippers. Trim the nails straight across versus trimming them with rounded edges. When you trim nails with rounded edges, it can cause ingrown nails and possibly can lead to infection.
- File nails as needed to smooth out any rough edges.
- Apply lotion to hands and nails. Cuticle oil can also be applied.

Assisting with Eating

The appetite of a person living with an advancing illness is usually diminished. They will not be able to eat as much food as they once did. Despite this, it is still important to offer them food and try to increase their interest in eating. Another point to note is that they may become full quickly - even after a few bites. Do not force them to continue eating as this may result in nausea or vomiting. Here are some tips for assisting your care recipient with eating:

- Offer small snacks throughout the day that are high in protein and calories. Creamy soups, cheese, and ice cream are all good choices.

- Offering their favourite foods is another way to increase the likelihood that they will eat.
- Make mealtimes a social occasion
- Ensure the person is sitting upright (swallowing is more difficult when laying down and can cause choking)
- If your care recipient requires assistance in eating, feed them small amounts of food at a time. Place the utensil with food at the front of their mouth and give them lots of time to chew and swallow before introducing more food. Patience is key!
- Provide sips of liquid in between bites of food.
- Consult the family doctor if you notice that your care recipient has difficulty with swallowing. Some of the signs that they may be experiencing difficulties with swallowing include coughing or choking while eating and persistent drooling.
- After eating, it is a good idea to keep your care recipient upright for 30 minutes to prevent heartburn.

Toileting

Receiving (and giving) assistance with toileting can feel embarrassing, but it is important to approach it matter-of-factly. Everyone needs to use the bathroom!

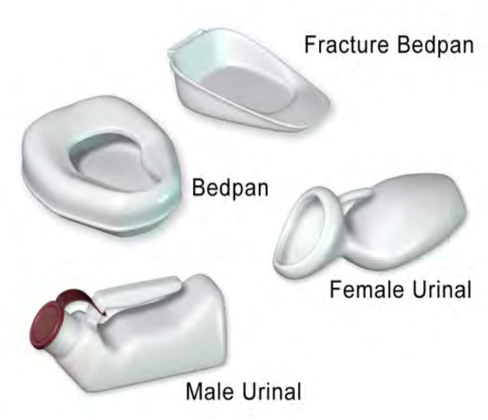
Even if the care recipient is quite independent with toileting, it is still important to keep the following things in mind:

- Are there grip rails by the toilet to assist them with sitting down and standing up from the toilet?
- Is the toilet paper close by and easy to reach?
- Is the floor dry?
- Is there a clear and well-lit path to the bathroom?

If the care recipient is restricted in their mobility, there are many other toileting options:

- **Commodes**
    - Commodes are basically chairs with a hole in the centre of the seat. A collection bucket slides underneath the seat which can be easily removed for emptying and cleaning. Commodes are a good option for people who have a hard time walking all the way to the bathroom. However, they still require the ability to transfer (either by themselves or with assistance) from their bed to the nearby commode. Some commodes have wheels on them, which allows the caregiver to wheel the care recipient into the bathroom and over the toilet.

- **Bedpans**
    - Bedpans are an option for those who are extremely limited in their mobility and are mostly bedridden. To place a bedpan, the care recipient can either lift up their hips or roll onto their side. The caregiver then places the bedpan so that the upper end fits under the buttocks and the lower end fits under the upper thighs. The person then lowers their hips or rolls back onto the pan so that they are laying flat in bed. Sitting on a bedpan can be quite uncomfortable, so the caregiver should raise the head of the bed slightly or place pillows behind their back to promote comfort.



- **Urinals**
    - Urinals are containers with a handle that can be used for collecting urine at the bedside. There are both male and female urinals. After use, the urine can simply be dumped into the toilet. The urinal can then be rinsed or washed so that it is ready for the next use.

Incontinence

Incontinence refers to the lack of control over urination or defecation. It is important to promptly wash and dry the care recipient after an episode of incontinence because prolonged exposure of the skin to urine or stool can lead to inflammation and skin breakdown. Barrier creams can be applied to the buttocks and surrounding perineal area to help protect the skin from irritation. Soiled bedding or clothes should be removed and replaced promptly.

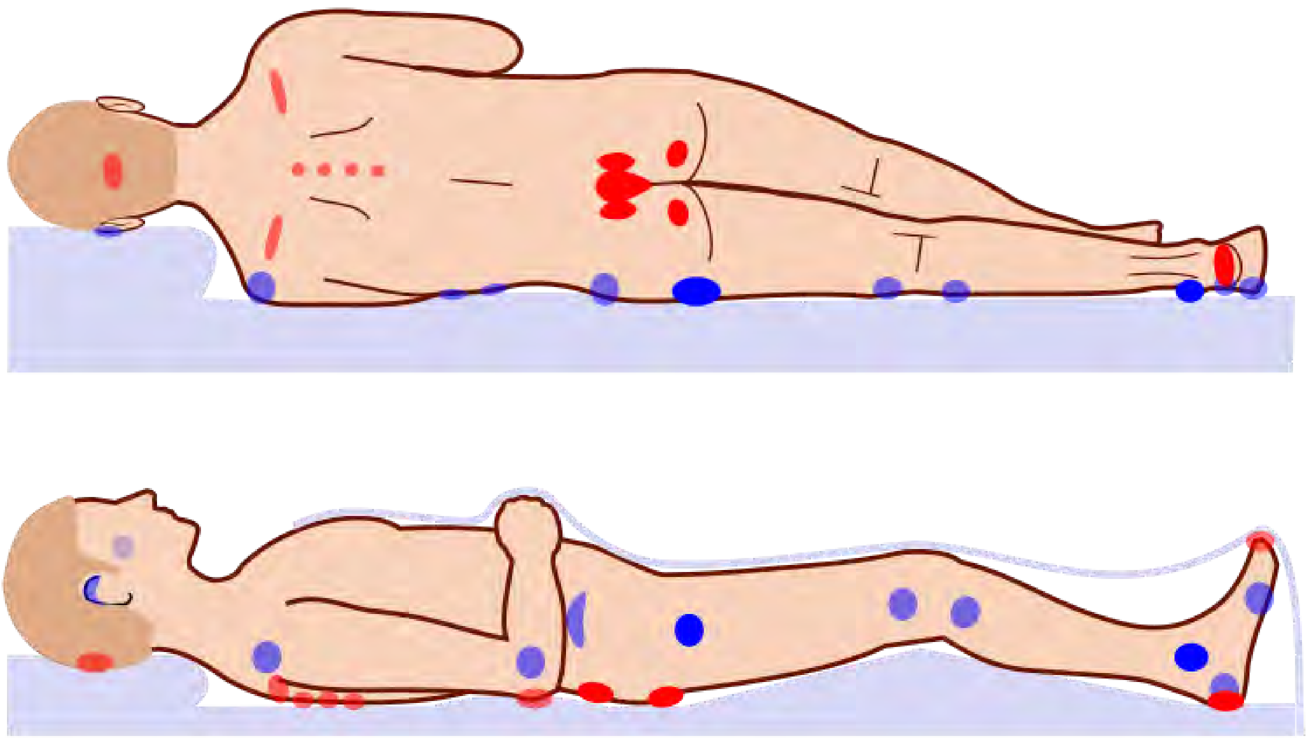
Incontinence briefs can be purchased at grocery stores and are a good option for people who may leak small amounts of urine between their bathroom visits. It is important to refer to them as “briefs” or “pads” rather than “diapers” as this term can be demeaning and infringe on their dignity. Absorbent bed pads and menstrual pads are other options to help with incontinence. As mentioned before, it is important to change the brief or pad once soiled to avoid skin irritation.

Sometimes, incontinence can be associated with urinary urgency. This urge to urinate contributes to many falls as the person is in a rush to get to the washroom and trips. To prevent this, anticipate their need to urinate and assist with scheduled bathroom visits. Ensure there is a clear path to the bathroom that is free of clutter.

Preventing Pressure Injuries

Pressure injuries (also sometimes called bedsores) can occur when a person is unable to frequently move or reposition themselves in their bed or chair. This impairs circulation and prevents oxygen and nutrients from being delivered to the skin, which in turn causes the cells to die. It is important to regularly inspect the skin of your care recipient. This can be done during other activities such as bathing or assisting them to get dressed. If you notice any changes to their skin, contact their doctor for further assessment. Pressure injuries start out as areas of redness. Do not rub these areas. As the pressure injury progresses in severity, the skin can start to look more like a blister. In more severe cases, the pressure injury can extend all the way down to the fatty layers under the skin or even deeper to expose muscles, tendons, or bone.

These sores appear on the skin over bony prominences where circulation is impaired. Common areas for pressure injuries are on the heels, hips, tailbone, elbows, shoulder blades, and vertebrae. If the care recipient likes to lay on their side, they are more likely to develop pressure injuries on the ankles, side of the knee, hip, ribs, and shoulders.



This image shows common sites for pressure injuries caused by extensive periods of laying flat on your back (red dots) and by laying on your side (blue dot).

Risk factors for the development of pressure injuries include:

- Impaired sensory perception (decreased ability to recognize pressure-related discomfort)
- Increased moisture (perspiration or sweat and urine or fecal incontinence)
- Decreased activity levels (if they are less active, they are more likely to stay in a bed or chair for long periods of time)
- Impaired mobility (decreased ability to move and reposition themselves)
- Poor nutrition (proper nutrition is required for skin healing)
- Friction and shear (sliding in bed or in a chair can cause additional skin damage)

Pressure injuries can be prevented by minimizing the above risk factors. Here are some tips on what you can do for your care recipient:

- Help turn or reposition your care recipient **at least every 2 hours** if they are bedridden. If they are laying on their back, you could help them go onto their side by placing a pillow under their hip/back. The next time you reposition them, put the pillow under the other side.
- Do not allow them to sit in a chair all day without moving. Encourage them to get up for small periods of time to improve their circulation.
- Keep the care recipient clean and dry at all times (refer to the above section on “Incontinence”)
- Check for dampness of the care recipient’s sheets. If they perspire excessively, it may be necessary to change their bedding more frequently to keep them dry.
- Promote nutrition (refer to the above section on “Assisting with Feeding”)
- When boosting your care recipient, use a slider sheet (refer to the section below on “Safety Considerations for Transferring a Care Receiver”). If your care recipient has sufficient muscle strength, cue them to lift up completely during a move to prevent any friction.

Basic Care Needs Notes

Basic Care Needs Notes

NAVIGATING THE HEALTH CARE SYSTEM

Residents of Saskatchewan are able to access most health care services for free because services are publicly funded. All you need is your Saskatchewan Health Services Card (health card). As a resident of Saskatchewan, you are also able to choose your family doctor or medical provider and ask questions in order to feel well informed about your health and the advice given. You have the right to refuse medical treatment and to get a second opinion, and you are welcome to request your medical information and copies of your health records. The health care system in Saskatchewan can sometimes seem a little confusing to navigate. The system itself is comprised of provincial, regional and local organizations, and is overseen by the Ministry of Health. In order to provide quality health services that meet the needs in our communities, the Saskatchewan health care system also relies on partnerships with affiliate organizations.

The Health Care System

- Saskatchewan Health Authority (and affiliate organizations)
- Saskatchewan Cancer Agency
- Saskatchewan Association of Health Organizations (SAHO)
- eHealth Saskatchewan
- 3sHealth

The majority of the services provided through the health care system are delivered through the Saskatchewan Health Authority and the Saskatchewan Cancer Agency. The Saskatchewan Health Authority is responsible for the province of Saskatchewan's delivery of high-quality health care services. The Saskatchewan Cancer Agency is responsible for the delivery of cancer care and related health services in Saskatchewan. The Saskatchewan Association of Health Organizations (SAHO) is a non-profit association, providing advocacy, programs, support and leadership to health agency members throughout Saskatchewan. eHealth Saskatchewan develops and implements the electronic Health Record for the province and 3sHealth enhances the system and quality of service, providing services to support Saskatchewan's health system.

On the Government of Saskatchewan's website, you can search and find more information and links to accessing the appropriate services for your needs. (www.saskatchewan.ca)

Some of those services may include:

- **Care at Home and Outside the Hospital** – Learn about home care & individualized funding for home care, personal care homes and special care homes
- **Audiology and Hearing Services** – Hearing services in Saskatchewan
- **Health Care Facilities** – Find the type of the facility you're looking for
- **Find physicians** taking new patients, **surgeons** or **specialists**
- **Medical Specialists** – Wait times for services
- **Guaranteed Income Supplement for Seniors**
- **Health Cards** – Replace/Update your health card
- **Health Coverage and Prescription Drug Plans**
- **Health line (811)** – Get answers to your health questions
- **Health Services for People with Disabilities** – Find services and supports
- **Immunization Services** – when to get immunized and how to find and maintain your record
- **Insulin Pump Program** – Ensures that cost is not a barrier
- **Medical Assistance in Dying** – Information for health care providers and the public
- **Medical Imaging Services** – Procedures and expected wait times
- **Mental Health and Addiction Support Services**
- **Palliative Care Drug Coverage** – help with costs of prescription drugs for patients of palliative care
- **Saskatchewan Virtual Visit** – Connects health care providers with Patients and their families
- **Seasonal Influenza (Flu) Immunization Program** – Find a flu clinic near you
- **Seniors' Drug Plan** – Saskatchewan residents aged 65+, $25 maximum payment for prescription drugs covered by the government
- **Special Support Program** – Extended health benefits
- **Therapy Services** – Occupational therapy, physical therapy, speech and language pathology services
- **Your Personal Health Information and Privacy** – How your health information is protected

Navigating the Healthcare System Notes

HEALTH & SAFETY - AT ANY AGE

Today Canadians are living longer than those of previous generations and are faced with many changes as their bodies grow older. While we cannot stop the aging process, we can adapt our lifestyles to promote healthy aging and delay or prevent some of the symptoms or conditions.

Health is more than the absence of disease. A state of health includes emotional, physical, mental, and social well-being.

As a caregiver, you have the health of both yourself and your care recipient to consider. The added work and stress of caregiving puts you at a greater risk of injury and illness, making healthy habits even more important. Some caregivers may even feel guilty when they prioritize their own health, but it is important to remember that you can provide the best care for the people you care for by first caring for yourself.

Eight Steps for Caregiver Self-Care

1. **Set goals**, both short-term and long-term, that you wish to accomplish. These can include taking an hour break from caregiving once a day/week or eating healthier.
2. **Seek solutions** rather than focusing on the problem. If the first solution you try does not work, move on to another one. Be creative and take advantage of all of the resources available to you.
3. **Ask for and accept help** before you become exhausted and overwhelmed. Be proactive in taking care of your own welfare.
4. **Eat nutritious food** and limit the amount of junk food and alcohol you consume. Try following a well-balanced diet.
5. **Create and stick to an exercise routine**. As a caregiver, you may think your time is already limited, but consider the exercise you get from everyday activities such as gardening, walking, and household chores. You can also try walking to work or to the grocery store.
6. **Learn from your emotions** by recognizing their intensity and when they are taking control of you. Try an activity like writing in a journal or meditating to help process emotions. If you are feeling like your emotions are out of control, speak to a professional.
7. **Take respite**. Respite is a total break from caregiver activities. It is not only important but also essential in maintaining a caregiver's ability to carry on, and must be arranged by whatever means available. Family members, friends and neighbours are hopefully available. If not, arrangements must be made through Home Care or

another agency, as time to oneself is a very necessary part of a caregiver's routine. See the section on Respite Care for more information and resources.

8. **Minimize personal stress**. Use strategies to manage stress, and when situations are outside of your control, try changing the way you perceive things. The stress you feel is not only a result of caregiving, but also of the way you look at it. Remember that you are not alone!

In the caregiver Toolkit, located at the back of the binder, you will find a "5-minute reflection journal" that you can use to help identify and reflect on your feelings and emotions.

Physical Activity & Mobility

Even though most people know the benefits of staying active, there are many obstacles that prevent them from keeping fit. Some have a fear of injury or illness, or feel that they have a lack of energy, motivation, time or skill. For others, the cost or location of facilities is an issue, as is the weather. Caregivers have the additional obstacle of finding someone to provide respite care or activities that keep both them and their care recipient active.

Staying active has many benefits. Caregivers who lead physically active lifestyles are more likely to:

- Live longer
- Have decreased levels of stress
- Are less likely to develop cancer, type 2 diabetes, and heart disease
- Have more energy
- Have healthy growth and development
- Are less likely to injure themselves

Tips for Getting Active

- Try to engage in at least 30 minutes of moderate activity each day (it is perfectly fine to break this up into 10-minute intervals)
- Find alternate modes of transportation that promote exercise. Take the stairs instead of the elevator, walk to the grocery store, or try riding your bicycle.
- Work out your heart with aerobic exercises like jogging, cycling, dancing, swimming, or brisk walking.
- Increase muscle strength and bone mass by lifting weights or doing resistance exercises a few times a week.

- Work on flexibility by stretching, doing yoga, Tai chi, golfing or gardening.
- Find ways to be active in all seasons. Raking the leaves, shoveling the snow and mowing the lawn all help to keep you active.
- Work out with a friend. Having company can help you stick to an exercise plan and has the added benefit of socializing. Try walking with a neighbor or join a community garden.
- Don't get discouraged! Every bit of physical activity contributes to you having a more active lifestyle.

Falls

Anyone can fall, but as we age the likelihood of falls increases and, with that, the likelihood of injury. Poor balance, unsafe conditions, reduced vision or hearing, and decreased muscle and bone strength all contribute to falls. Knowing what to do if you fall or witness someone else fall can greatly reduce the physical and psychological consequences. Preventing falls and knowing how to react if you do will help to build confidence and keep you independent.

Preventing Falls

Assess your surroundings for possible hazards. Helpful hints to keep you on your feet include:

- **Install grab bars and railings** where they are needed. Common places are beside the toilet, along hallways or near the bed.
- **Reduce clutter** and keep pathways free of obstacles.
- **Have adequate lighting** in common areas, hallways, the bathroom, and stairwells.
- **Remove smaller area rugs** as they are a tripping hazard.
- **Wipe up any spills** right away to eliminate the slipping hazard.
- **Store heavy items in lower cupboards** and have a sturdy step stool with a safety rail for reaching items on the top shelf. Store frequently used supplies in easy-to-reach locations. Don't be afraid to ask for help with tasks that you don't feel comfortable with.
- **Eat nutritious meals** with lots of fruits and vegetables to maintain strength and balance. Skipping meals is dangerous and can cause weakness and dizziness.
- **Make sure you are aware of any possible side effects of prescription drugs** or over-the-counter remedies. If a potential side effect is dizziness or fatigue, adjust your activities so that you are not at risk of falling. It is important to never mix any medication with alcohol.

- **Use assistive devices.** Don’t be embarrassed to use safety aids in your daily life. Always wear your glasses and hearing aid and use a walker or cane if needed.
- **Wear suitable footwear**. Shoes with a wide base to prevent any twisting of the foot, non-slip soles, and heels of a reasonable height are recommended. A heel cup that wraps around the back of the heel is also very good for supporting the ankle. The mid-sole of the shoe should be firm.
- **Most importantly, don’t let a fear of falling keep you from doing the things you love!** Daily physical activity helps with flexibility and strength. Walking and Tai Chi are two great ways to stay active.

It is helpful to come up with a plan in case of future falls. Make sure that neighbours, friends, and family members are aware of the plan and that someone you trust has a spare house key. Emergency call devices or a cordless phone are particularly useful if your care recipient falls often. Ask someone to call at regular intervals, or find an organization that offers this service.

When a Fall Happens

If you fall and you CAN get up. The most important thing is to stay calm. Take time to catch your breath and assess if you have any injuries. If you think that you are fine, stand up by following these 5 steps:

1. Lie on your side, bend the leg that is on top and lift yourself onto your elbows or hands.
2. Pull yourself toward an armchair or other sturdy object, then kneel while placing both hands on the chair or object.
3. Place your stronger leg in front, holding on to the chair or object.
4. Stand up.
5. Very carefully, turn and sit down.

If you fall and CANNOT get up. If you feel any pain or discomfort, do not try to get up. Instead, try to get help.

1. Call out for help if you think you can be heard.
2. If you have an emergency call device or telephone at hand, use it. If you don't, try to slide yourself towards a telephone or a place where you will be heard.
3. Make noise with your cane or another object to attract attention.
4. Wait for help in the most comfortable position for you. If you can, place a pillow under your head and cover yourself with a piece of clothing or a blanket to stay warm.
5. Try to move your joints to ease circulation and prevent stiffness.

If you see someone fall, do not get them up right away. First, assess the person for consciousness and injury. Make sure to reassure the person and let them know what you are doing.

If the individual cannot get up, call for help and administer first aid if you are able to do so. Help the person find a comfortable position and keep them warm using a blanket or article of clothing.

If the individual appears able to get up, proceed with care and follow the steps below:

1. Bring a chair close by. Help the person turn onto their side and bend their upper leg. Then help the person into a semi-seated position.
2. Placing yourself behind the person and getting a firm grip on the hips, help the person to a kneeling position with both hands on the chair.
3. Holding on to the chair, instruct the person to place their stronger leg in front. You may help by guiding his or her leg.
4. With a firm grip on the hips, help the person to stand, then turn and sit on the chair.

When to See a Doctor

Even if a fall appears to be harmless, there could still be after-effects that appear immediately or days after a fall. It is best to see a doctor if there are injuries, dizziness, nausea, headaches, vision problems, overall weakness, a strong or lingering pain, or if there was a loss of consciousness just before or after the fall. A fall may also be caused by medication or it may be a sign of illness. It is a good idea to mention any falls to your doctor as soon as possible.

Consequences of a Fall

Falls are the most common cause of injury among older adults. Physical effects of a fall can be minor, such as bruises and cuts, but can also be severe, ranging from muscle damage to fractures. Injuries from falls can become more serious if the person is taking “blood-thinners” such as Aspirin or Warfarin. These medications prevent the blood from clotting, which can lead to excessive bleeding and bruising.

It is important to note the psychological effects of a fall as well. Many people become cautious and, while acknowledging the possibility of a fall is good, becoming consumed by a fear of it can be detrimental. Do not isolate yourself - keep socializing and stay active to maintain strength and balance. Openly discuss your fear of falling with family members or health professionals. Talking about it will help you understand the fear and also let people know how they can help you. Family members can offer to go for a walk once a week with you until you feel comfortable on your own or a physiotherapist can also suggest various rehabilitation exercises.

Safety Considerations for Transferring a Care Receiver

There may be times when the person you care for needs assistance walking or transferring from one place to another. However, aiding someone to mobilize or reposition can put both the caregiver and care recipient at risk for injury when not done properly. For the safety of your care receiver, you must consider your own safety first before you start to provide assistance. Do not use your body to provide help that could be provided more safely by a walker, grab bar, or other assistive device.

There are many assistive devices to ease the transferring, lifting, and repositioning of a care recipient. These can include a transfer belt, a sit-stand lift, a complete lift, and slider sheets. A transfer belt is placed around the care recipient's waist and gives the caregiver something to grip onto when assisting in moving. It can also be grasped by the caregiver to prevent falls when walking with the care recipient. Slider sheets are a great aid for helping reposition care recipients who are mostly bed-ridden. They minimize friction between the care recipient and the bed, and make it easy to boost them up in bed or turn them onto their side. Sit-stand lifts and complete lifts are used to help move and transfer a care recipient when their mobility is moderately to severely limited. Using these lifts requires special training and understanding to keep both the caregiver and care recipient safe. These assistive devices can be obtained through SaskAbilities. You can also ask an occupational therapist or any member of the healthcare professional team and they can help you obtain the necessary mobility aids.

The best way to learn about safe transferring, lifting, and repositioning is from a health care professional like an occupational therapist or physiotherapist. If your care recipient is in the hospital, you should be provided with some guidance and instruction for safe transferring or lifting before discharge. If you are seeing a health care professional regularly or Home Care professionals are involved in your care recipient's care, ask them to demonstrate safe technique to you. If not, talk to your physician or a nurse at your next appointment.

SaskAbilities

Website: https://www.saskabilities.ca/services/independent-living/special-needs-equipment
Phone: 306-374-4448

Healthy Eating

Good nutrition is an essential part of a healthy lifestyle. Other caregiving demands or the special dietary needs of your care recipient may make meal preparation more challenging. However, eating well is important for caregivers, as the work of caring can put their health at risk. A good diet not only provides energy and essential nutrients, but also helps to combat stress and stave off illness.

As you make changes, set reasonable goals for improving your diet, breaking any large changes down into stages. As with any new routine, change can take time to master, but planning ahead is a good way to remove some of the stress meal time can present. Making a weekly menu and a list of the groceries you will need for each meal is a great place to start.

A few tips for healthy eating while caregiving:

- Eat a variety of foods that include vegetables, fruits, grains, and protein
- Have nutritious food throughout the day to maintain your energy
- Prepare ahead of time. Cut or prepare what you can in advance to reduce stress around meal time and keep healthy snacks handy
- Keep a bowl of fruit on the counter for quick and easy snacking
- Look for simple recipes that require little preparation time and use nutrient-rich foods
- Ask for help. Have a family member or friend help with groceries or meal preparation

Nutritional Considerations for Older Adults

Poor nutrition affects older adults in a variety of ways. It decreases their ability to digest foods and increases their vulnerability to diseases such as pneumonia, heart disease, stroke and diabetes. It also contributes to the weakening of their bones, which makes them more susceptible to injury.

Many older adults eat alone and this can contribute to unhealthy eating. It is difficult to make meals for one person and this may deter people from taking the time to choose a properly balanced diet.

Older adults have unique dietary requirements. They require fewer calories but more nutrients and should try to:

- Eat grain products that provide energy and fibre. Try using brown rice in soups, having a bran muffin for a snack, or eating a bowl of oatmeal for breakfast.

- Eat dairy products and other calcium-rich foods to promote healthy bones. Add milk instead of water when making canned soup, enjoy low-fat pudding for dessert, and try cheese or almonds as a snack.
- Choose lean meat and lower fat products. Poultry, fish, and seafood are healthy choices. For those who prefer meatless meals choose eggs, tofu, peanut butter, beans, or lentils.
- Fruits and vegetables are good for preventing respiratory disease, vision loss, and types of cancer. Sprinkle fruit in your cereal, make a vegetable stir-fry, and instead of eating candy as a snack try a handful of dried fruit.

Resources to Support Healthy Eating

Canada's Food Guide

Website: https://food-guide.canada.ca

- This includes information about the types and amounts of food suggested for healthy eating

GLWD's Nutrition Tips for Caregivers

https://www.glwd.org/food-is-medicine/nutrition/publications/nutrition-tips-for-caregivers/

- Dietary information for caregivers in general and for specific conditions
- Food safety tips for at home
- Stocking your refrigerator
- Hydration
- Reading Nutrition Labels
- Nutritional information for end-of-life care

For additional nutritional information for those living with specific health concerns, visit:
https://www.glwd.org/food-is-medicine/nutrition/nutrition-illness/
This website discusses specific needs outlined for Alzheimer's, Cancer, Cardiovascular Disease, Chronic Kidney Disease, Liver Disease, and Parkinson's.

My Plate

https://www.myplate.gov/life-stages/older-adults
This is a website dedicated to health information, healthy lifestyles and current research from the National Institute on Aging.

Oral Health

Oral health care is a responsibility held by an individual until an accident, an illness, or simply aging places this responsibility into the hands of a caregiver. Oral care includes brushing the teeth, tongue and gums, flossing, and performing denture care if applicable. Daily oral care is vital to maintaining the health of teeth and gums, but seeking professional dental care is also important. Medications, dietary alterations, and change in health status can contribute to tooth decay, dry mouth or infections. Professional dental care can be done at a dentist's office or through the services of a mobile dental service. Mobile services will bring professional dental care to aging or vulnerable individuals who have become somewhat dependent on others for daily care.

Dental visits should occur at least once a year. A dental professional should be notified of any changes in health status or new medications. As the caregiver, you can request a dental assessment/examination in order to formulate a plan for the daily and preventative care needed. An oral health maintenance protocol will be recommended to allow maximum preventive care for the vulnerable individual. Most of the time the dental treatment recommended is simple, inexpensive and easy to deliver.

Dental health and medical health are related. Many medical illnesses have been shown to have a relationship with deteriorating teeth and gums. Research has established links between dental disease and strokes, heart attacks, poor diabetes control, prosthesis problems and aggressive behaviour. Aspiration pneumonia is the #1 reason long-term care residents have to seek emergency medical care and has also been linked to high levels of dental plaque and dental disease.

To contact a dental team that may be able to assist your care recipient, please look at the Directory of Services with SCOA, contact the College of Dental Surgeons of Saskatchewan at 306-244-5072, or contact your own personal dental team member.

Getting a Good Rest

When life is hectic, stressful or hard, it can be difficult to sleep. If your caregiving responsibilities extend overnight, you may have even more challenges to get enough rest. Sleep, similar to eating well, can help you stay healthy and combat the stress of caregiving. Poor sleep or inadequate sleep can have effects on your health, memory, thinking and decision-making.

Tips for Getting Enough Rest

- Limit the amount of caffeine, nicotine and alcohol you consume. Avoid drinking coffee, tea or other energy drinks in the latter half of the day altogether.
- Get some exercise during the day. Physical activity promotes good rest.
- Write in a journal, meditate or talk with someone you trust to help let go of the day's events before you try to sleep.
- Turn off the TV, computer, tablet, phone or other screens before getting into bed. Ideally, give yourself a couple hours of screen-free time before bed.
- Take a nap. If you are a caregiver 24/7, try napping while the person you care for naps, is at a day program or has someone else over for a visit.
- Keeping the hallway and bathroom well-lit at night may help to prevent wandering, confusion or falls for the person you care for and minimize the number of disruptions to your sleep.

If you are still not getting enough rest, it may be time to talk to your physician or look into respite care. Having someone else care for your care receiver for one or two nights each week may be the best way to help you maintain your health and provide the best possible care you can. Ask for help before you are exhausted and organizing respite becomes another task that contributes to feeling overwhelmed.

Health & Safety Notes

Health & Safety Notes

Managing Stress

As mentioned before, in addition to providing care to another person, a caregiver must also care for themselves. This necessity requires minimizing stress and related problems. Stress is a normal reaction. Understanding its effects will help you recognize it and reduce some of the problems that stress can cause.

Stress management is not easy, but following a few recommended routines can be very helpful. First, **recognize one's personal stress symptoms**. Short temper, fatigue and difficulty in making decisions are all signs that one is approaching serious stress. Once this is recognized, it is then possible to develop a plan. This often requires a break from caregiving duties, during which it is helpful to talk about these duties with someone, and even to write about them.

Educate yourself. Learn about the medical condition of the person you care for and about being a caregiver. If the person you care for has been diagnosed with a disease, find out about the disease progression and what changes are anticipated. An understanding of what to expect can reduce the stress you experience now and later.

Start each day with a well-organized schedule. This may reduce the potential for stressful situations. Many caregivers prepare, in writing, a plan for that particular day. Include care for yourself in the schedule. Self-care is one of the most important and yet frequently neglected tasks for caregivers. Obviously, changes may be required to meet specific situations, but it nevertheless provides some stability to the day.

Make lists. By preparing a list of all the responsibilities involved in caregiving, you enable yourself to prioritize, be organized and be prepared to share the work of caregiving with others. It can be difficult to ask for help, but having a list of what needs to be accomplished can help you identify the places you need assistance and where others can contribute. Even if it is only for groceries, having a list can make it easier to hand off a task to someone else.

Take time-outs. An essential element in both preventing stress and relieving it is taking time-outs, even if just for a few minutes. Time-outs must be a part of the caregiver's schedule and can generally be accommodated while the care receiver is resting or participating in an activity. However, a time-out must be a respite from caregiving duties, not just a time to do normal household activities. In other words, take a complete break and relax.

Schedule respite and do it before you start to feel burnt out. Some caregivers experience guilt for needing or wanting respite. It can be helpful to remember that a bit of time apart often benefits both of you and your relationship with one another.

Visit with someone who listens to you. Other means of dealing with stress include contact with others. Socializing with other caregivers who are experiencing the same things as you can be particularly helpful. While few full-time caregivers can find much time to attend support groups, contact by telephone is a great way to share problems. In doing so, you can discover that others are experiencing the same stresses and frustrations. This will often help to relieve the feelings of isolation and loneliness so often experienced by caregivers. SCOA phone visits (using the number on the front page), or the Red Cross Friendly Phone Program (306-216-6602) are available.

Caregiver Burnout

Older caregivers and/or caregivers who are juggling multiple responsibilities, such as children or jobs, have greater health risks than those who are not caregivers. They have a higher chance of experiencing chronic illness, depression, and a decline in quality of life. Sleep deprivation, poor or irregular eating and exercise habits, a failure to rest even when ill, and a tendency to postpone important medical appointments are all important factors. Some people may also turn to substances such as alcohol and medications to deal with the stressors of caregiving.

Recognize the following signs of caregiver burnout (which can also indicate the onset of depression):

- Denial about the care recipient’s condition
- Inability to ask for help
- Anger directed at the affected person (e.g., “If he asks me that question again I’ll scream”)
- Losing touch with friends and not participating in favourite activities
- Anxiety about the future and difficulty facing another day
- Feeling sad, tearful, helpless and out of control
- Exhaustion and difficulty completing daily tasks
- Difficulty sleeping and trouble concentrating
- Changes in appetite, eating habits and weight
- Becoming ill more often

- Wanting to hurt one's self or the person for whom they are caring

How to Prevent Caregiver Burnout

- Research and understand the disease(s) you face so you know what to expect as your care receiver's condition progresses
- Plan early to find ways to support yourself and to stay healthy through diet, exercise, vitamins and supplements, yoga or meditation. Try to get enough rest. Avoid making promises you may be unable to keep
- Reserve time for yourself – take time off to pursue an interest or hobby
- Investigate (and use!) respite services. Take advantage of offers of help from family, friends and community agencies. Define the help you need by making a list of tasks that others can perform when they offer to help
- Be patient with yourself; recognize that some days are going to be more difficult than others
- Have at least one person to confide in who can give you support and to whom you can provide support as well through a mutual relationship
- Realize that there may be a time when you are unable to continue care for your care receiver at home and that you need not feel guilty about this

What to Do If You Are Experiencing Caregiver Burnout

- Be honest with yourself, and pay attention to your own needs with both physical and mental health
- Ask for help from friends, relatives, and neighbors
- Contact Caregiver Information and Support at 1-888-652-4411 for information or referral to other community resources
- Arrange for respite care
- Contact your local Health Authority to join a caregiver support group or to obtain information about a monthly caregiver drop-in group (see directory)
- Seek out individual counselling

Depression

Sadness, loneliness, and anger are all normal emotions, but if they are intense for a prolonged period of time, they could be a sign of depression. Caregivers are under a considerable amount of stress and can sometimes develop mild or severe depression. This does not mean that caregiving causes depression or that everyone's experience of providing care is a negative one. However, caregivers do often neglect their own needs while caring for their care receiver and they may experience feelings of anger, isolation, exhaustion, guilt, and anxiety.

Unfortunately, many people mistakenly view feelings of depression as a sign of weakness. Telling a person to "snap out of it" is not helpful and will not make the feelings go away. If you are experiencing depression, do not let these misconceptions keep you from talking about it and seeking help.

There are many symptoms that are indicative of depression. If you or someone you know is experiencing any of the following, it may be time to consider speaking to a professional:

- Sudden weight gain or loss resulting from a change in eating habits
- A withdrawal from people or activities that once brought joy
- Insomnia or, conversely, a need to sleep all of the time
- Thoughts of death or suicide, including attempted suicide
- Physical symptoms such as headaches, digestive problems, and chronic pain that do not respond to treatment
- Feelings of helplessness, apathy, and inadequacy

The first person you should speak to about depression is a mental health professional. You should also schedule a physical exam with your doctor to rule out any medical conditions, such as a viral infection, which may be causing some or all of your symptoms.

Many physicians prescribe antidepressants for depression. If medication is not the best fit for you or you are uncomfortable with the side effects, then develop a treatment plan with a mental health professional. Even if you do wish to take antidepressants, it is strongly recommended that you seek the guidance of a therapist or counsellor as well. Find someone that you trust and with whom you feel comfortable. You need to be able to speak openly about your concerns. Call your health region or ask a spiritual leader, your doctor, or your employer's health insurance provider for suggestions with whom to speak.

Other things that help battle the symptoms of depression are exercise, a balanced diet, and a supportive network of peers. Take full advantage of adult day programs, respite care, community agencies, support groups, and home care services.

For more information on depression and assistance:
https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/mental-health-support/mental-health-and-illness

Community Care Branch:
Phone: 306-787-7239
Email: info@health.gov.sk.ca

Caregiving and Employment

If you are balancing caregiving and employment, it can feel like having two full-time jobs. Communicating your role as a caregiver to your coworkers and employer can help you get the support you will need to balance your paid and unpaid work. With 35% of employed Canadians also being caregivers, co-workers can be a valuable source of support, understanding, and advice. Let your employer know that you are committed to your job and share your needs. Some workplaces can accommodate caregiving with more flexible hours or working from home. Contacting the human resource department or your union representative can help you find out about other options that may be available to you like extended health benefits or employee assistance programs. By communicating your role as a caregiver to your employer as soon as possible you can find out what kind of support is available to you.

A Guide to Balancing Work and Caregiving Obligations: Canadian Human Rights Commission:
http://www.chrc-ccdp.gc.ca/sites/default/files/a_guide_to_balancing_work.pdf

Respite Care

Respite care is a service that temporarily relieves caregivers of their duties. It provides a much-needed break from the overwhelming demands of caregiving and is crucial for the maintenance of the caregiver’s physical and mental health. Respite care can take place in the home of the care recipient, or in long-term care homes. Day programs are another shorter form of respite for the caregiver. Although day programs can vary, the majority of them provide meals, snacks, care, and activities for your care recipient during daytime hours. Below are some resources for respite care and day programs through the Saskatchewan Health Authority. Private companies that are not affiliated with the

Saskatchewan Health Authority also provide respite care services. A quick Google search will provide you with companies within your community.

Generally, when you call one of the resources below, you will go through an intake process. Anyone can call for respite care, but you will need to know the health card number of the care recipient. Once you have completed the intake process, you will be connected with a case coordinator. They will contact you to arrange for a time to do a needs assessment with you and your care recipient. After that, they will connect you with planned respite, emergency respite, information on day programs, or send over home care to provide a couple hours of respite. There are standard prices for day programs and overnight respite accessed through the Saskatchewan Health Authority. The cost of day programs is about $10/day and the cost of overnight respite is about $40/day.

Saskatchewan Health Authority (Provincial)
Phone: 306-787-7239
Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/care-at-home-and-outside-the-hospital/special-care-homes#other-housing-options

Sun Country Health Region
Website: https://www.suncountry.sk.ca/service/47/88/respite-care.html

Regina Qu'Appelle Health Region
Phone: 306-766-7200 (Primary Health Care Intake office)
Website: https://www.rqhealth.ca/department/respite-care/more-information-on-respite-care

Prince Albert Parkland Health Region
Website: https://paphr.ca/services/home-care-care-homes-end-of-life-palliative-care

Five Hills Health Region
Phone: 306-691-2090 or Toll Free: 1-866-211-5696

Cypress Health Region
Phone: 306-778-5100
Website: https://cypresshealth.ca/programs-services/long-term-care/

Saskatoon Health Region
Phone: 306-655-4346
Website: https://www.saskatoonhealthregion.ca/locations_services/Services/Client-Patient/Pages/ProgramsServices.aspx

Heartland Health Region
Website: https://www.hrha.sk.ca/programs-services/Pages/Home-Care.aspx

Kelsey Trail Health Region
Phone: 306-873-6600
Website: https://www.kelseytrailhealth.ca/Programs/LTC/Pages/default.aspx

Prairie North Health Region
Website: https://www.pnrha.ca/programs_services/Pages/Home-Care.aspx

Mamawetan Churchill River
Phone: 306-425-2422
Website: http://www.mcrhealth.ca/programs_services/continuing_care_long_term_care.html

Keewatin Yatthe Regional Health Authority
Phone: 306-235-2220

Athabasca Health Region
Phone: 306-439-2200

Care for the Caregiver Notes

AN OVERVIEW OF DEMENTIA & ALZHEIMER'S DISEASE

Dementia is an umbrella term to describe the loss of cognitive function. Although it is more common amongst older adults, it is important to note that it is **not** a normal part of aging. There are several types of dementia. Vascular Dementia, Lewy Body Dementia, Frontotemporal Dementia, Huntington's Disease and Alzheimer's Disease are just some of the types of dementia falling under the dementia umbrella. Alzheimer's is the most common form of dementia. It is a degenerative disease of the brain that is characterized by the destruction of vital nerve cells. While Alzheimer's is most common in older adults and gradually worsens over time, again, it is important to know that it is not a normal part of aging.

Alzheimer's primarily affects people aged 65 and over. As the population ages, the number of people living with Alzheimer's is expected to increase and include people under the age of 65. More women are affected than men and, while the reasons are not understood, it can partially be attributed to the fact that women tend to live longer than men. Common symptoms that could indicate a person has Alzheimer's include:

- Memory loss that affects day-to-day functioning
- Difficulty performing uncomplicated, familiar tasks
- Disorientation of time and place
- Changes in mood, behaviour, and personality
- Problems with abstract thinking
- Frequent misplacing of things
- Word finding difficulties

The above symptoms can also be indicative of other diseases. If you observe any of these symptoms, it is best to consult a physician for a proper diagnosis.

Alzheimer's appears in three stages: early, middle, and late. In the early stage, people need limited assistance with simple day-to-day tasks. As the disease progresses to the middle stage, personality changes may occur and the long-term memory is affected. In the late stage of Alzheimer's, people are entirely dependent on caregivers. Keep in mind that there is not always a clear progression from one stage to the next, and it can happen rapidly or over time.

While the cause of Alzheimer's remains unknown, several factors increase the risk of being affected by the disease. People over the age of 65 have the highest likelihood of being diagnosed with the disease. Even though most cases of Alzheimer's show no distinct inheritance pattern, genetics are also believed to play a role.

The only way Alzheimer's can be diagnosed accurately is through an autopsy. However, physicians use a variety of tools to help them make a generally precise diagnosis. Physicians conduct tests to assess memory, language skills, and problem solving. The individual's medical history is analyzed and samples of blood, urine, and/or spinal fluid are tested. Computed Tomography (CT) scans and Magnetic Resonance Imaging (MRI) tests are also sometimes used.

While there is no cure for Alzheimer's to date, there are medications to help slow down the progression of the disease. Caregivers will need to implement appropriate safety features in the home to decrease the risk of injury and modify their communication techniques as language skills are lost. It is important to be knowledgeable about the disease and the available local resources to help both the person living with Alzheimer's and the family members and caregivers.

Since the cause of Alzheimer's is unknown there are no guaranteed ways to prevent it. On the bright side, research has shown a healthy lifestyle may help prevent or delay the disease. Keep your mind active with activities such as crosswords or card games, remain socially and physically active, eat lots of fruits, vegetables, and fish, and maintain healthy levels of blood pressure, blood sugar, and cholesterol.

Challenging Behaviours

When the person you care for becomes "difficult" to care for, it is important to understand why. A common reason why people suddenly begin to act out is because they are losing their sense of autonomy or freedom. Other reasons include the fact that Dementia or Alzheimer's disease can drastically alter a person's temperament, and depression can be a side effect of a long-term illness or disease.

While knowing why your care receiver is being difficult is helpful, it does not prevent you from becoming occasionally frustrated. Acknowledge your feelings and know that it is okay to feel the way you do. **It is okay to not be okay**. Even though you may not be the one who is ill, your life has still been profoundly affected and adjusting will take time. Vocalize your feelings when necessary and when appropriate so that the care receiver understands your position or rationale. If that does not help and you find yourself in an argumentative, destructive conversation, temporarily remove yourself from the situation and cool down.

Always remember to separate the person from the illness and remember the good times. Even though the person is ill, they are not their illness and you should not take their change in behaviour personally. If they hurt you, it was not done intentionally. It is not uncommon to become overwhelmed by the responsibility of caregiving, so do not view enlisting outside help as "running away". Taking a break when needed is healthy and can actually help strengthen the bond between caregiver and care recipient.

Communicating with an individual with Dementia or Alzheimer's disease:

- Do not patronize the person or treat them like a child.
- Avoid standing over them or directly in front of them. This can be intimidating. Instead, be sure to communicate to them at, or just below eye level. Rather than being directly in front of them, position yourself slightly to the side.
- Address them by their preferred name.
- Use short, simple sentences or directions.
- Use orienting names as much as possible, such as "your daughter, Betty".
- Use photographs as memory aids when appropriate.
- Allow ample time for information to be interpreted.
- Make it easy for the person to join in the conversation by asking close-ended questions that require yes or no answers.
- Talk to caregivers and health professionals to see what works for them.
- Keep your standards realistic and remember to modify your expectations as the disease progresses.
- Don't say "No". This can cause frustration and irritation. Instead, redirect the conversation when possible.
- Avoid asking any questions that require memory recall.
- Avoid answering questions with "…because you have dementia". For example, instead of saying "You can't drive because you have dementia," you can say, "If you don't mind, I really would like to drive us today".

Alzheimer Society of Canada

Website: www.alzheimer.ca (offers information, caregiver support, fitness and brain boosters)
Email: info@alzheimer.ca
Toll Free Phone Number: 1-800-616-8816

Dementia Solutions

Website: https://dementiasolutions.ca/ (offers information and free courses on caregiving for and communicating with people who have dementia)
Email: info@dementiasolutions.ca
Phone Number: 1-888-502-1321

Dementia & Alzheimer’s Disease Notes

COMMUNICATION

Caregiving will sometimes involve difficult conversations, stressful situations, and life changes. Good communication can help you navigate those times and get the support you and your care receiver need. Communicate clearly by being concise, specific, and listening when others speak.

It is important to be honest about the demands caregiving puts on you. It can feel as though concealing the burden of caregiving protects your care receiver’s sense of independence or privacy, but it keeps others from understanding your situation and how best to help. Because each caregiving situation is unique, no one knows the challenges you and the person for whom you care for are facing unless you share your story.

Ideally, a family pulls together to support each other when someone needs care, but for many reasons this is not always possible. When you have no one close to rely on, or you cannot get the support you need from family, turning to other caregivers can be helpful. Take advantage of local, provincial and national resources as much as possible. Create your own support network made up of friends, counseling services, and support groups to help with the emotional impact of caregiving. In-home support, short-term respite, hotlines, and other community resources are available to assist with daily living.

Communication between Caregiver and Care Receiver

It is best to sit down and talk about issues such as finances, living arrangements, and end of life wishes before a crisis occurs. Certain topics can be tough to bring up or discuss. However, by having these conversations early, you and your care recipient will be better prepared to make difficult decisions further down the road. The person receiving care needs to take an active part in making care decisions. Even if memory problems exist, the person should be given the opportunity to express their preferences. It is not uncommon to meet resistance the first time you bring up the topic, but do not let it discourage you.

When it comes to making decisions about daily living, it is important to know your values and preferences. As a caregiver, sometimes your values will differ from those of the care receiver. If you are having trouble agreeing with what the person you care for sees as being in their best interest, and health or safety is at immediate risk, enlist the help of a skilled professional to mediate the conflict.

Tips for communicating with the person you care for:

- Discuss difficult matters sooner rather than later. Talking about finances, end of life planning, or topics you and your care recipient disagree on are some of the tough conversations you may encounter as a caregiver. Take time to carefully think about what you want to say, but do not wait too long to address the issue. Talking about things before the point of crisis is one of the ways you can mitigate some of the stresses of caregiving.
- Articulate your thoughts and feelings in writing before talking about an issue. Writing or journaling gives you a chance to explore and better understand your own feelings, opinions, and values. It can also help you to find the best way to bring up tough subjects.
- If the conversation becomes emotional or you feel yourself getting angry or frustrated, take a moment to breathe. It will help you calm down but also give you time to think about what you are going to say so you don't say something you might later regret.
- Be patient with yourself and your care receiver. Remember that being cared for involves giving up independence and feeling vulnerable. It may take you and the person you care for time to feel comfortable with your new roles and relationship.
- Be respectful. Try not to talk about the person you care for as if they are not in the room and include them when possible in decisions about their care.
- Use humor when appropriate.
- When communicating with someone who is hearing impaired, check to make sure their hearing aid is turned on and do not eat or smoke while talking. Do not shout at the person but speak slowly and clearly instead.
- If the person is having difficulty comprehending what you are saying, use different words instead of repeating the original sentence. Use short, simple sentences and write messages if necessary.

Communicating with Family

Each family has a unique history and this will play a large role in family communication. Secrets, rivalries, rules, guilt, differing values and interests are all major factors in how a family will interact with one another. Family members often play certain roles based on their position in the family unit, relationship to the person receiving care, expertise, and many other factors. Where family members live in reference to the care recipient, and the other demands of their lives further complicate matters.

"Sandwich caregivers" are people who find themselves in a situation where they are caring for an older adult while also raising their own children. This demographic faces additional caregiving challenges. If this is the case for you, it may be valuable to put a bit of extra energy into communicating with your kids. Allot a specific amount of time to spend only with your children. Take the time to play a board game, go to the park, or just sit and talk with them so they know that their feelings and concerns are important too. Be alert of signs that your child is in distress, such as abnormal eating and sleeping habits, frequent nightmares, angry outbursts, or clinginess. If the behaviours persist, seek advice from a professional.

When discussing the care of a care receiver, families sometimes disagree on what is best and how to share the work. The needs and opinions of the care receiver should play a significant role in decisions, but the needs of the caregiver and concerns of other family members should also be addressed. An even distribution of work is rarely possible and family members should try to provide respite and support for the primary caregiver as much as they can while voicing their appreciation frequently to minimize hard feelings. Having clear roles and expectations can help minimize conflict.

When feasible, a family meeting can be a practical way to get everyone working together. If time constraints or geographical location makes meeting difficult, electronic technologies may be useful. Video conferencing or group chats can be a way to have everyone involved in a discussion without being in the same place. Online calendars shared with the family help to keep everyone informed of appointments or routines and allow for the sharing of responsibilities. There are applications for smart phones and other electronic devices designed for caregiving that may be useful if your family is comfortable using those types of technologies.

Family Meetings

It is important to include everyone who is a part of the caregiving team in family meetings. This may also include a friend, neighbour, or paid caregiver. An objective third party, such as a social worker or mediator, may be helpful if the discussion is not moving forward or is becoming too emotional.

It should be decided before the meeting if the care receiver is to attend. You do not want to exclude the person from having a say in their care, but if the person has dementia or another condition that hinders their ability to understand the discussion, it may be appropriate to hold an initial meeting without them being present. At this first meeting, discuss issues that may be painful for the care recipient to hear. At the second meeting, the care receiver should be present and take an active part in the discussion.

Host the meeting at an easily accessible place for everyone involved. If some people are not able to attend in person, make use of other communication methods such as putting them on speakerphone. Create an agenda if possible and include topics such as fears, the latest report from the doctor, financial concerns, daily caregiving needs, who should take the lead, and a list of tasks to be completed. Needs change as an illness progresses so additional meetings will be necessary.

Some questions that may help guide a family discussion include:

- How much are we able to spend on paid care?
- What kind of help is necessary at the moment, and what will be needed in the future?
- Do we want in-home care or out-of-home care? What kind? How often?
- Does the person receiving care mind if someone of the opposite sex helps them bathe?
- What kind of role does each person have? Do they help with care? Support the caregiver?

A family meeting is successful when everyone has a chance to speak and is respectful when others are speaking. Everyone will have their own individual fears and these fears must be acknowledged. The goal is to have the family working as a unit to ensure the proper care of a family member regardless of conflicts. Every family fights, but it is important to learn how to move past the disagreement and work in the best interest of everyone.

Acknowledge that everyone has special talents and find a creative way to utilize them. For example, Fran loves to cook so she will make meals to freeze once a week and Josh has a van that is easy to get into so he can take their father to medical appointments. Distributing a calendar with everyone’s responsibilities can help people remember their tasks and also determine when someone might need a break or extra support. Most importantly, remember that you can't resolve long-standing family issues with one meeting. The goal is not to “fix” the family, but rather to have everyone on the same team with a shared vision of helping someone who is ill.

At the conclusion of the meeting, take the time to make sure everyone has a clear understanding of the issues discussed. Each person should know what the next steps are and what they have agreed to do. Set a time and place for the next meeting and make plans to keep in touch with those who cannot make it via phone, mail, or email. Keeping in regular contact with the other family members will help the caregivers not feel isolated and allow everyone an opportunity to voice concerns or questions as they arise.

Communicating with Health Care Professionals

Communicating with health care professionals is sometimes challenging. Being prepared for appointments can help both you and your care receiver get what you need out of your time with the physician or other healthcare professionals. Before speaking to a health care professional, make a prioritized list of questions, symptoms, and concerns. Make a list of the medications or supplements your care recipient takes to bring with you.

During appointments or while at the hospital, be open and honest with healthcare professionals. Repeat information given to you in your own words to make sure you understand everything. Bring a note pad, recording device, or someone else along like a family member or friend to help keep track of all the details. If you have doubts about a recommendation, advocate for your care receiver by asking for more information or a second opinion.

Tips for Communicating with Health Care Professionals

- Ask why medications, tests or procedures are being given and if there are any side effects
- Discuss what to expect with your care receiver’s illness and/or aging
- Talk with the nurse. Many caregiving questions relate more to the practice of nursing than the practice of medicine. Nurses can help you make sense of information the doctor has given you, sort out what different medications are for, and provide practical advice about caregiving tasks
- Talk to the pharmacist about medications. Pharmacists can provide you with instructions for how to properly take or give prescriptions and information on possible side effects
- Occupational therapists and physiotherapists can give you advice on maintaining mobility and transferring, lifting, and repositioning your care recipient
- Ask if there are other services, resources, or information the professional knows of that would be of use to you and your care recipient

At any time, you can call the HealthLine (811). In Saskatchewan, HealthLine is a free, 24-hour a day, confidential telephone service that allows you to reach experienced health care professionals for health information and support. Registered nurses, registered psychiatric nurses, and social workers are available to answer questions, aid you in finding services, and help you make health-related decisions for you and your care receiver.

HealthLine
Phone: 811
Teletypewriter (TTY) hearing-impaired telephone service phone: 1-888-425-4444
Website: https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/healthline-online

Special Considerations for Long Distance Caregivers

In today's society, family members often live in different locations. This has added a unique element to caregiving. If you live away from the care receiver, communication will be an integral part of how you provide care. Even though you are not in direct contact with the person, there are many things that can be done.

Long distance caregivers requires excellent organizational and planning skills to be successful. You can gather information via the telephone or internet on subjects such as medications, community resources, support groups, and social programs. Familiarize yourself with resources in your care receiver's community and establish a contact with the organization or person. Set up a meeting that includes professionals, family members, and your care recipient so that they do not feel left out of the decision-making. Even banking and paying bills can be done online, through direct deposit, or in the mail.

Long distance communication is becoming easier all the time. You can feel connected to a person by talking to them on the telephone, by writing letters, through emails and texting, and by using electronic aids such as FaceTime and Zoom to keep them informed and let them know you are thinking of them. Keep in mind that this is most useful when people are at the beginning stage of an illness and that face-to-face contact may be more beneficial later on.

To make sure that you are included in the person's care, keep in regular contact with people near your care receiver such as social workers, community agencies, neighbours, or friends and relatives. You will need to rely on others to be your eyes and ears. A communication book, where each person who provides care can make notes, can help to coordinate care and keep you informed. Offer support to your care recipient and those involved with caregiving by communicating regularly. Provide respite for the primary caregiver when you visit and remember to find emotional support for yourself as well.

Be creative about ways to check up on your care recipient to make sure that they are okay. Examples include a "telephone reassurance" service that will phone the person daily, Letter Carrier's alert, which checks to see if the person has picked up their mail, or asking a neighbour to drop by. Emergency response systems linked to the telephone can also be helpful. You can also take advantage of home-delivered meals, hairdressing, adult day programs, and transportation services.

Communication Notes

DRIVING

In Saskatchewan, SGI does not automatically evaluate someone's driving once they reach a certain age, but they do perform an assessment if there has been a significant change in health status that could affect driving. If it is deemed necessary for the safety of the public, restrictions may be placed on a driver's license, such as not being able to drive at night, or having the license cancelled.

You may also write a letter to the Medical Officer if you believe that your care receiver is not competent to drive. This will trigger a driving test. If your care receiver is designated incompetent to manage his or her decisions, he or she should not have a drivers' license.

The Older and Wiser Driver

- A guide written by SGI on driver safety for seniors

Website: https://www.sgi.sk.ca/aging

Parking Program for People with Disabilities

- Parking passes are available for parking in spots designated for those with mobility issues

Phone: 306-374-4448
Website: https://www.saskabilities.ca/services/independent-living/accessible-parking/
Email: parkingprogram@abilitiescouncil.sk.ca

Alternatives to Driving

Public transit, taxicabs, wheelchair accessible shuttles and senior transportation services are all alternative options to driving. If you do require a wheelchair accessible mode of transportation, be sure to inquire about it to ensure they can accommodate your needs. Contact your local public transit services or check out the local service listings in your area, which can be found in your local phonebook or by doing a search on the internet.

Driving Notes

LIVING ARRANGEMENTS

The care needs of your care receiver, your relationship with them, your care receiver's preferences, and the other demands of your life are some of the things that influence what living arrangements will be best for your situation. Things to consider when making your choice are your health, work situation, and available supports. If appropriate resources are available in your community, you may be able to care for your care receiver at home. If not, other arrangements such as a licensed personal care home or a long-term care facility may be the best option. These factors may change over time and require living arrangements to be reconsidered as circumstances evolve. Gather information about care options early so that you are able to make an informed decision that is not guided by emotion or urgency.

Information on services and living arrangements for individuals who can no longer live independently or need assistance to do so can be found by contacting the Saskatchewan Health Authority.

Staying at Home

For some, care needs can be met at home with assistance, adaptive equipment and home modifications. Home modifications are alterations made to the home that help your care receiver maintain independence and remain safe. Adaptive equipment refers to devices that aid in completing activities of daily living. Simple changes such as removing clutter, additional lighting, or adding a grab bar are sometimes all that is required. The assistance your care receiver needs may be provided by you, a family member, a friend, Home Care or a private service. In Saskatchewan, Home Care services are accessed through the Saskatchewan Health Authority. Home Care services fall into one of two categories: professional services or support services.

Professional services through Home Care have no direct cost, provided you are a resident of Saskatchewan and have a valid Saskatchewan Health Card. The professional services available include:

- Nursing
- Physiotherapy
- Occupational therapy
- Palliative care
- Social work
- Nutritional counselling
- Education and rehabilitation

Support services do have a cost associated with them, which is set by Home Care. Support services include:

- Personal care
- In-home respite
- Meal preparation
- Home management
- Community volunteer services, which can provide Meals on Wheels and transportation needs

To gain access to Home Care services, contact your local Saskatchewan Health Authority. (See Directory)

Home Adaptations & Assistive Devices

A few strategies can be employed to identify what home adaptations or adaptive devices will be helpful. Ask your care receiver which activities or tasks they find difficult. Watch them go through their daily routines or go through them yourself, with your care receiver's limitations in mind, looking for any areas that present difficulty or danger. Enlist the help of professionals by talking with your care receiver's physician, an occupational therapist, or by contacting the Saskatchewan Health Authority to speak with a Client Care Assessor/Coordinator.

Moving In With You

If the person you care for does not already live with you, moving in may be an option. If they do move in with you, you will be able to keep an eye on what is happening, have some control over the environment, and possibly save money. Keep in mind that your home may require adaptations or modifications to make it more accessible and safe for your care receiver.

When deciding if this is the best decision for both you and the person you care for, consider the following questions:

- Does my care receiver want to move?
- What is your relationship with the person? If it is tenuous, moving in with them is probably not the best option, as this may add unneeded stress to the situation
- Are all members of your family comfortable with a new addition to the household?
- Is your house safe and appropriate for your care receiver? If not, are you willing and able to make the necessary adjustments, such as grab bars and an entrance ramp?
- Will your care receiver feel included and have opportunities to socialize?

- Does your care receiver have important community and social support that they will lose if they move? A disadvantage of moving may be that the person may feel sad leaving their old friends and community
- Are there respite supports, either formal (home care) or informal (friends, family), accessible to you?
- Are you prepared financially, physically, and emotionally to care for your care receiver?
- Can you care for your care receiver while holding down a job? Will you or another family member have to give up their job to be a full-time caregiver?
- How long are you willing to care for the person? A limited amount of time or as long as necessary?

If you decide that the best option for your care receiver is to have them move in with you, be prepared for many lifestyle changes. This does not always mean that you will be the one making concessions; there will have to be give and take in order to ensure a smooth adjustment. For example, if your care receiver smokes but you do not want them to smoke in your home, ask them if they would be willing to go outside in the summer or in the garage during winter. Get the person's input on what foods they like to eat, television shows they enjoy watching, and what time they usually go to bed. Accommodate the person into your family's daily life and support them to do the same.

As a caregiver, you will have an addition to your household. This has an enormous impact on the entire family. Adding another person to the household means a shift in family roles, particularly if you are caring for a parent. You may find it difficult to be the primary decision maker and the person with authority if your parent was once authoritarian. This is a difficult transition for both parties, as your parent may take a while to adjust to their limited control and independence. Be there for them and remember that you are both adapting to new roles.

Determine as soon as possible if you will need to make adjustments to your work schedule, who you can count on for respite services, and when you can make time for your friends, spouse and/or children. Remember that you will need to arrange medical appointments for your care receiver and most likely provide transportation as well. If the person has a tendency to become restless and wander you may need to use your breaks at work to go home and check on them.

Make a schedule that suits everyone and will help you remember everything you need. If your care receiver likes to take a nap in the late afternoon, don't schedule anything and instead use that time to do something for yourself such as taking a walk or reading a book.

Allot a certain amount of time for yourself and put it on the schedule so that everyone knows when you require respite care. Even though other things may come up, try to stick to the schedule. You deserve a break!

Other Living Arrangements

The decision to move a care receiver from home into a different living situation can be a difficult one. Although the person may not wish to move and the caregiver may have feelings of guilt, sometimes moving is the best option when it comes to providing quality care.

Several things can trigger a discussion about moving. Medical or personal care requirements may change or become greater. Problematic behavioural issues may include insomnia, frequent wandering, and responsive behavior such as aggression, or perhaps memory loss that affects day-to-day functioning. When needs increase in number and intensity, it is not uncommon for caregivers to feel overwhelmed and re-evaluate who is best able to care for their care receiver.

Level of Care

When determining what type of facility is best for your care receiver, you must consider the level of care that is required. Does the person need 24-hour supervision or assistance with activities of daily living? What activities can the person perform on their own? Are proper resources available in the community or will you have to travel elsewhere?

When deciding on the level of care required you must also evaluate yourself. Are you comfortable providing personal or basic medical care? Do you have the abilities, time, money, and resources to properly care for the person? **The greatest thing you can do for your care receiver is provide them with the best possible care, even if that means that you are no longer the primary caregiver.** For more information, contact the Saskatchewan Health Authority.

Choosing the Right Facility

Choosing a facility means making an investment in your care receiver’s care. Therefore, it is a good idea to shop around until you find a good fit. Try visiting the facility with your care recipient at various times of the day and talking with the current residents to gather their thoughts and experiences with the facility. Observe the dynamics between residents and staff, as well as the social and recreational events provided. Talk with staff and make yourself knowledgeable about the facility’s grievance procedures, transfers, refund policies, discharge, and medical care.

Prepare early for the possibility of moving your care receiver into residential care. If you wait until a crisis occurs, you will be forced to make a decision under pressure and may not have the time to fully weigh your options. Hold a family meeting and include your care receiver to help determine which facility best suits their needs and preferences. Things to consider include cost, level of care provided, future needs, and location. Remember to get support for yourself as well. While it is not uncommon to have some feelings of guilt, you need to remind yourself that a residential facility may be the best choice for your care recipient's health and safety, as well as your own.

Types of Facilities

Enriched Living

- Must be able to live independently – Additional services such as Home Care or private care agencies arranged by family or individual.
- Services offered vary from community to community.
- Cost is typically high, although some communities have affordable options.
- Most facilities accommodate a large number of residents.
- Large building with private rooms and various shared living spaces.

Retirement Communities

- Must be able to live independently – Additional services such as Home Care or private care agencies arranged by family or individual.
- Services offered vary from community to community.
- Cost is typically high.
- Most facilities accommodate a large number of residents.
- Large building with private rooms and various shared living spaces.
- Example: Village of Crossmount (just south of Saskatoon)

Assisted Living Facilities

- Provides meals, housekeeping services, access to assistance with daily activities, access to transportation, access to help with medications, social activities, 24-hour supervision.
- Cost varies depending on the number of services required. Most facilities have a monthly rate and then charge separately for all other (extra) services.
- On average there are 40 to 100 residents.
- Apartment-style setting. Residents may have one bedroom or full apartments with large, shared living space.

- Enriched housing information is available through the Saskatchewan Health Authority or can be picked up at the Saskatoon Council on Aging.

Personal Care Homes

- Provides rooms, meals, and assistance with activities of daily living, recreational activities, medication management, and 24-hour supervision.
- A private business.
- Cost is typically higher than other facilities.
- Number of residents is relatively small.
- Family-style care. Residents may share some living spaces.
- Copies of the Personal Care Homes Directory are available through the Saskatchewan Health Authority.

Special Care Homes

- Provide specialized medical services, 24-hour nursing care, assistance with daily activities, recreational activities and meals.
- Cost is income based and is government subsidized.
- Number of residents is dependent on location. There can be anywhere from 20 to well over 100 residents.
- Hospital-like setting with round-the-clock care and professional medical services.
- All residents are admitted through an assessment with the Saskatchewan Health Authority.

Long Term Care

Many full-time caregivers will eventually be faced with investigating the placing of their care receiver in long-term care. This may be the result of deterioration of the care receiver's condition, where proper care might no longer be possible in the home or it may occur because caregivers can no longer carry out their duties. In the first case, it is often a health care worker that recognizes that a move is required. However, caregivers are often unwilling to admit that they can no longer function safely or that they are approaching burnout. In this case it may be family members who recognize that a change is necessary.

Whatever the reason, most caregivers are initially very reluctant to give up their duties because that decision is one of the most difficult they will ever have to make. One of the arguments often heard is, "I've been doing this for years, and I can still do it". It may well take the combined efforts of health-care workers and family to convince the caregiver to even consider a long-term care placement.

An important point to remember is that the process takes time. For subsidized long-term care, the first step is to get an assessment of the care receiver (from the Saskatchewan Health Authority) to determine if a person qualifies for long-term care. Once approved, the waiting time for bed availability may be anywhere from a few weeks to a few months. When a bed is found, the cost will be based on provincial rates and subsidized according to income.

Caregiver duties do not end when this move takes place. Caregivers will find themselves with more free time and fewer responsibilities, but will in all likelihood still be very much involved with the care and will continually be asked to make decisions related to their care receivers. Some caregivers adapt to this new regimen quite easily. Others, mainly because of guilt (they still believe they should have kept their care receiver at home), will find some difficulty in adjusting and may create unnecessary problems at the care home. In such instances, some counseling is vital and should be sought out. This may be available at the care home, but many find a discussion with caregivers who have already been through this quite helpful. Family members are also a good source of comfort in these situations. This adjustment is never easy and will take some time.

Housing resources for Saskatoon and area can be found on the Saskatoon Council on Aging's Website: https://scoa.ca/housing-for-older-adults-in-saskatoon-and-area/

Living Arrangements Notes

Living Arrangements Notes

LEGAL AND FINANCIAL PLANNING

Legal and financial planning considers the present and the future. Planning can help you understand your choices and ensure your future wishes are met. When making these plans, long- and short-term needs should be considered. Valuable things to consider are current and future living expenses, sources of income like government or benefits, assets, insurance needs, or personal preference and values. If your financial or legal situation is complicated, consider hiring a professional to help you.

Even though this type of preparation is important for everyone, these issues can still feel daunting or uncomfortable. As a caregiver, you may need to consider these issues for yourself and the person you care for. Consider how to best bring up these topics before discussing them. Using news articles and brochures or discussing your own plans can sometimes aid in starting the conversation.

Registered Retirement Savings Plans (RRSPs)

Individuals are allowed to make contributions to their RRSP until they are 71 years of age. After that the person chooses whether to cash in all of their RRSPs and pay income tax on the funds you receive, or use the money to purchase an annuity or a registered retirement income fund (RRIF). People choose an annuity or RRIF because it allows them to spread the money out for a number of years without having to be taxed on the full amount in one year.

Paying For Long Term Care

Individuals living in long-term care or caregivers who have a care receiver living in a long-term care home are responsible for a portion of the cost of living. The province usually determines the monthly fees and adjusts the amount quarterly to reflect changes to Old Age Security (OAS), Guaranteed Income Supplement (GIS), and Seniors Income Plan (SIP). The amount the individual is required to pay is dependent on their annual income. Income is taken into account, but personal assets, such as land and property, are not. If only one spouse is in a long-term care home, the couple has the option to base the fee on half of their combined income or on the income of the spouse who is receiving care. Contact Service Canada at 1-800-227-9914 for more information.

Financial Fraud

In today's world, it is sometimes difficult to determine what is legitimate and what is not. Here are some helpful hints on how to hang onto your money and get the best bang for your buck:

- Take the time to shop around and compare prices.
- Be wary of claims that seem too good to be true - they probably are. Never give out any personal information until you have researched the company and know them to be legitimate.
- Never pay money in order to claim a prize.
- Try not to pay cash to telemarketers or door-to-door solicitors, particularly if they pressure you to pay right away.
- Never call a "1-900" phone number. You will have large charges on your next phone bill.
- Before donating to a charity, make sure that it truly exists by asking for an official income tax receipt.
- Check your monthly credit card statements for any suspicious purchases.
- Only use secure links to make online transactions. The link address should say "HTTPS" at the beginning as opposed to "HTTP" if it is secure. Having a secure link does not ensure the website itself is not fraudulent, but does protect your information from being stolen by a third party.

If you think that you have experienced consumer fraud, contact the Consumer Protection Branch of Saskatchewan Justice right away:
Toll Free Phone Number: 1-877-880-5550

Additional Resources
Seniors Guidebook to Safety and Security by the RCMP
http://publications.gc.ca/collections/collection_2012/grc-rcmp/PS64-55-2011-eng.pdf
Saskatoon Police Service: Non-Emergency phone to report fraud: 306-975-8300

Dealing with Financial Challenges

The simplistic answer here is to prepare a detailed budget and then stick to it. The problem most caregivers encounter, however, is that unexpected (and therefore unbudgeted) expenses often arise and must be dealt with. This may include medicine, supplies or other items.

In discussion with a number of caregivers, two significant factors came out. First, many were not aware of existing programs within the Health Care System that may provide financial assistance. For example, SAIL (Saskatchewan Aids to Independent Living) will loan wheel chairs and other equipment. Second, there are a number of tax benefits available that can provide some relief. Not only are many of these not well known, they are difficult to find unless one is familiar with benefits available through Canada Revenue Agency. Many people have discovered that engaging a competent accountant at income tax time will provide a significant tax reduction. Because of this, it is important that caregivers save all receipts for expenditures related to caregiving duties.

Compassionate Care Benefit

As part of employment insurance, the Government of Canada offers compassionate care benefits to those who must be away from work temporarily to care for or support a care receiver who is gravely ill and has a significant risk of death. Coverage is for a maximum of 26 weeks for those who are eligible.

To find out about eligibility, how much you may be able to receive, and how to apply visit the Government of Canada website:
https://www.canada.ca/en/services/benefits/ei/caregiving.html

Information about financial support programs offered by Saskatchewan can be found at:
http://www.saskatchewan.ca/residents/family-and-social-support/financial-help

See the directory for more financial resources.

Legal and Financial Planning Notes

Legal and Financial Planning Notes

END OF LIFE WISHES

Communicating end of life wishes can ensure that the values and choices of your care recipient are understood and followed. While it is not required to formally prepare documents, doing so can remove confusion or dispute and ensure their wishes are respected. Creating a health care directive or legal will and appointing an enduring power of attorney can ensure that the care recipient is cared for the way they wish to be if ever incapacitated and unable to make those decisions later in life.

End of life wishes often include funeral planning. While doing so, your care recipient should specify if they would like a funeral service (and if so, what kind), what will be done with their remains, and financing information. It is important to have conversations about these preferences and plans with your care recipient. End of life wishes can also be written out or included in a legal will.

Health Care Directives

A living will is not the same thing as a legal will. It is a health care directive that instructs others on how you would like to be treated if you lose your capacity to make those decisions yourself. It details which procedures and medical treatments you would and would not like. The best time to make a living will or health care directive (the terms can be used interchangeably) is while you are still healthy and mentally capable. Each person's health care directive will be different and should reflect their morals, values, and wishes.

In the health care directive, you can also name a proxy, or a person who will make decisions for you should you become unable to do so. In the absence of a health care directive, your next nearest kin would be responsible for making decisions. If no relative is present or able, your health care provider will make decisions for you by consulting with other professionals.

The Saskatchewan Health Authority has an entire webpage including resources and a workbook for the care recipient to create their own Advance Care Directive.
https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/advance-care-planning

Once completed, it can be attached to a person's patient record and a wallet card can be printed. It is important to ensure their family doctor has a copy of it scanned into their chart.

Copies can also be given to close family members so that everyone is aware of that person's preferences. You can also keep a copy of the advance care directive in the folder in the back of this binder.

Power of Attorney

Power of attorney is a legal document that appoints a person or persons of your choice to act on your behalf for personal or financial decisions. This person acts as a proxy decision maker for you. A power of attorney document can be general, empowering the appointed party to act on your behalf in all personal affairs or it can be specific and limit their decision-making power to certain financial affairs or property.

Enduring power of attorney (EPA) is a power of attorney document that empowers a person or persons to make decisions on your behalf if you are incapacitated. An EPA can be used to appoint a proxy to make health care decisions for you as well as financial choices. Like regular power of attorney, the decision-making power you give to an individual can be general or limited to certain areas.

More legal resources can be found at the following website:
https://scoa.ca/legal-and-finance-resources-for-seniors/

Adult Guardianship

Sometimes people become unable to make informed decisions about their life due to a debilitating illness or because of an injury. *The Adult Guardianship and Co-decision-making Act* allows for a concerned person with interest in the personal and financial well-being of the adult to become a legal adult guardian. They will be able to make decisions regarding the daily life of the adult and their property.

Occasionally, the court will also order a co-decision-maker, or, if the situation is serious enough, give the guardian the power to make all decisions for the adult. A minimum of two written opinions stating that the adult is incapable of making decisions for themselves is required before a court will grant the power to someone else. Contact the Public Guardian and Trustee office if you wish to receive an application for adult guardianship. In cases where no family or friends wish to take on the responsibility, the Public Guardian and Trustee will become the guardian or co-decision-maker.

For more information about adult guardianship, legal responsibilities of an adult guardian, and the application process visit:

https://www.saskatchewan.ca/residents/justice-crime-and-the-law/power-of-attorney-guardianship-and-trusts/guardianship-and-co-decision-making-for-dependent-adults/guardianship-of-dependent-adults
or contact the Public Guardian and Trustee of Saskatchewan in Regina at 306-787-5424.

Legal Wills

A will is a legal document that details how you wish your estate to be handled after your death. Without a will, property may not go to the family member you intended to inherit it and it can also create turmoil for the family members left to determine your wishes on their own. Having a will allows you to name an executor.

A will is drawn up by a lawyer who will ensure that the document meets legal standards and clearly states your intentions. A will is not considered valid if created under force or influence of another individual. When making your will you must appoint an executor who will be responsible for settling your estate and arranging your funeral and burial. You can choose a family member, spouse, or close friend to do this even if they are your main beneficiary. It is a good idea to speak with the person first before naming them your executor.

Remember that you can cancel your will at any time by physically destroying it, creating a new one, or by writing an informal document stating that you are changing your will and the former one is void.

Palliative & Hospice Care

There are several similarities between palliative care and hospice care; however, they are actually not the same. Amongst the many similarities, the biggest differentiator is when they become available to the individual. Palliative care is available upon diagnosis, whereas hospice care only becomes available near the end-of-life. Palliative care is a specific form of health care for individuals living with a critical or terminal illness. People receiving this form of care include those with cancer, Alzheimer’s disease, AIDS, multiple sclerosis, and those with advanced heart, respiratory and kidney disease. Hospice is a family-centered option for end-of-life care that enables a person to live their last days out in comfort while preserving their independence and dignity. The goal of both palliative and hospice care is to provide the best quality of life for the person by meeting the physical, psychological, social, cultural, emotional, and spiritual needs of the ill person and their family.

What is involved in palliative and hospice care?

- **Pain management**. People with a terminal illness who are experiencing pain may be given medication to comfort them. Pain can also be managed by using massage therapy and relaxation techniques.
- **Symptom management**. Every person will experience different symptoms. These may include nausea, a loss of appetite, laborious breathing, weakness, or bowel and bladder problems.
- **Social, psychological, emotional, and spiritual support**. Using a holistic approach takes into account the well-being of the whole individual and their family. Bereavement support is also a facet of palliative and hospice care that can help the family grieve their loss.
- **Caregiver support**. Palliative and hospice care recognizes the impact terminal illness has on caregivers and offers ways to help the family cope. These include home support services, respite for the caregiver, advice and assistance, and instructions on how to perform basic medical care such as administering medications.

Who provides palliative and hospice care?

The needs of the person who is ill and their family determine who will make up the palliative or hospice care team. The team can include a physician, social workers, spiritual counselors, nutritionists, home support workers, and physiotherapists, among others. Volunteers may also offer support by providing services such as companionship, respite for the caregiver, and transportation.

Where do people receive palliative and hospice care?

People can receive palliative or hospice care in a variety of locations. Working with home care allows people to remain in their home by offering professional nursing care and support services in the individual’s own home. Volunteer services, day programs, pain and symptom management teams, and 24-hour emergency response teams also help a person remain in the comfort of their own home.

Some people do not have the choice to remain in their own home. However, they do still have options. Palliative and hospice care services may be accessed in long-term care facilities or in residential hospices, but it is important to note that these hospices are few and far between in Canada. Many people receive palliative care in hospitals that have specialized units dedicated to the comfort and care of those in an advanced stage of a terminal illness.

Who pays for palliative and hospice care?

Palliative and hospice care is paid for in different ways across Canada. Often it is dependent on whether the care is being provided at home or in the hospital.

- At home, the costs may be covered by the provincial health plan as a part of home care. It is important to note that these plans do not always include the cost of drugs and equipment and may only pay for a certain number of hours of professional services. Other ways to pay for this type of care are to use private insurance or personal savings. Assistance may be provided by social agencies, service clubs, local cancer societies, or by hosting fundraisers.
- In the hospital, the costs are typically covered by provincial health plans. The costs of drugs, medical supplies, and equipment are usually paid for as well.
- In long-term care facilities, costs vary according to the facility. Residents are usually required to cover some of the costs.

Where can I find out about palliative and hospice care services available in my community?

A good place to start is by talking to your family doctor. Home care nurses, hospital social workers, spiritual counselors, and palliative care associations will also be able to help. The public library may also have material on community resources.

You may also want to contact the Saskatchewan Hospice Palliative Care Association's for more resources by visiting their website: https://www.saskpalliativecare.org/

Saskatchewan's first free-standing residential hospice, the Hospice at Glengarda, opened its doors in January 2021 in Saskatoon. The Hospice at Glengarda provides a "home away from home" and focuses on providing 24-hour holistic end-of-life care.
To find out more about the Hospice at Glengarda you can give them a call at 306-986-1460, or visit their website: http://www.samaritanplace.ca/home.html

Managing a Terminal Illness Diagnosis

When a care receiver is diagnosed with a terminal illness, it takes a while to come to terms with what is happening. Caregivers might find that their priorities have changed, life and death have a new meaning, hopes and dreams for the future are gone, or that their life has no purpose. Feelings of blame, guilt, and anger are common, as well as anxiety surrounding death and suffering. You may struggle with current and future losses, such as family roles, financial changes, plans for the future, and a loss of control. You may question why something like this has happened to you and maybe even deny it altogether because the pain is too much to bear. This wide range of emotions and thoughts may go on for months, weeks, or days and can change from hour to hour. There is no “cure” for anticipatory grief, but there are some things that can help you make the most of the time you do have.

- Respect the privacy of your care receiver and allow them as much control as possible when making decisions about care and activities.
- Try not to give advice when it is not warranted.
- Share your hopes, thoughts, and feelings with your care receiver and encourage them to do the same.
- Think back on your life together, both the good times and the not so good.
- Make the most of your time together. Listen to music, watch television, play cards, or sit together and talk.
- Deal with any unresolved conflicts either on your own or with a third party to help you come to an understanding.
- Help the person put their affairs in order. Make sure that the will is up to date, advanced care directives are filled out, and the estate is in order.
- Accept that you have limits and cannot solve all problems or provide all of the care. Be willing to accept help from people who want to be involved.
- Talk about your feelings and concerns with someone you trust.

How to Take Care of Yourself

It is easy to get so absorbed in caring for someone else that you begin to neglect yourself. Time management and staying active will help you keep on track. Prepare nutritious meals in double portions so that you have a second meal in the freezer. Stock your kitchen with healthy snacks such as fruit, cheese, and whole grain crackers for times when you are busy and don’t have time to cook. Set aside time to exercise regularly and keep all dental and medical appointments. If you have a paid job, consider taking a leave of absence so that you do not burn out. Most importantly, do not feel bad about receiving outside help.

Coping Skills

While it is normal to feel anger and frustration, how you manage those feelings is important. Sometimes providing palliative care intensifies the love and sometimes there is a feeling of increased inner strength and resolve. Everyone experiences feelings of sadness, anger, fear, and anxiety. There is no “right” way to feel during this time and you may feel a combination of emotions.

Remember that others are also feeling the stress of the situation, so try to be open-minded and see things from their point of view. Take a large problem and break it into small, manageable pieces that you can work on one at a time. Find healthy ways to blow off steam, such as vigorous exercise, pounding into a pillow, or sitting alone in a car screaming. Don't let feelings of resentment fester – talk to a friend, family member, spiritual leader, or professional to work through it. Crying, writing in a journal, practicing breathing techniques, and complimenting yourself on a job well done are all good coping mechanisms. Don't feel guilty for laughing; it is a great way to release tension.

Informal and Formal Support

Support networks exist to help caregivers when they need a break. No one is able to do everything themselves and there is no shame in asking for help when you need it. The first step in forming an informal support network is to identify who would be willing to help and who has already offered to. Make a list of things to be done, such as shopping, making meals, and housework, which are easy for family and friends to do while you rest. Formal support networks are more structured than informal and sometimes come with a cost. Formal supports include family doctors, a home care team, social workers, pharmacists, community agencies, and volunteers.

The Last Days

Spending the Last Days at Home

The decision of where to spend the final days can be a difficult one to make. Helping someone remain at home is hard work but can be tremendously rewarding. Start talking to your care receiver about the arrangements and your concerns and feelings early on. Make sure to speak to a doctor and home care staff to ensure that dying at home is a practical option. Prepare yourself for what might be expected in your care receiver's last few days and learn how you can comfort them. Give pain medication if needed, play music or read to them. Turn the person every two hours or adjust their pillows, moisten the person's lips, and be aware of background noise that may be upsetting. Moderate the number of visitors and request that they call in advance in case the person is too tired or not in the mood to see anyone. Keep in contact with a spiritual leader if your care receiver has one.

Keep a list of phone numbers for home care workers and doctors nearby. Information regarding care and important phone numbers should all be kept in the same place. Decide who the person wants to have with them at the time of death and any other wishes they might have. Don't be afraid to call for help if the person is uncomfortable, having difficulty breathing, has fallen, refuses to take medications, or has problems passing urine or with bowel movements.

In the Caregiver Toolkit located at the back of the binder, you will find a document to fill out and list any phone numbers for your care recipient's health care team.

Spending the Last Days in a Hospice or Hospital

Sometimes it is necessary for the person receiving care to spend their last few days in a hospice or hospital. As a caregiver, your primary job is to ensure their comfort. Take special objects with you to the hospital, such as pictures, a quilt, and clothes to help make the room feel familiar and more like home. These last few days may be difficult on a variety of levels so it is important to also take time for yourself.

What to Expect in the Last Days of Life

As death nears, a person goes through changes to help them transition. Someone who is dying may feel a separation from the world and believe that nobody truly understands what they are going through. Things such as life history, regrets, and unfinished business become increasingly important. Touch and silence often become more meaningful than words. However, it is important to continue to talk to them. Tell them about your day. Hearing is the last sense to diminish and it may be comforting to them to hear your voice.

Illness can also affect a person's mental awareness. At times, they may become restless or agitated and have difficulty following simple directions. They may be drowsy, have trouble communicating, and may not recognize familiar people or objects. Even though it may feel like there is not much for you to do, here are some things that you can do to help the person transition:

- Sit quietly next to the person so they can feel your presence. Gently touch them or speak softly to remind them you are there.
- Limit distractions by turning off the television or radio and closing the door.
- The person may be confused as to what time period it is or who you are, but do not disagree. Sometimes agreeing will allow the confusion to pass without upsetting the person.
- Soft music can be relaxing.

- After consulting a doctor, offer drinks or small portions of their favourite foods that are easy to eat.

Signs That the End Is Near

Knowing what changes to expect as the end draws nearer can help relieve some common fears and anxieties. Breathing often becomes shallow, quicker, or slower, and there may be brief intervals where there is no breathing at all. The person may have difficulty swallowing, have an irregular heartbeat, and a decreased level of consciousness. Check the person's skin for coldness and purple discoloration, particularly on the arms and legs. The individual may also have dark urine or no urine at all and will refuse to drink anything.

Providing Comfort at Time of Death

Whether they have a high level of awareness or relatively little, your presence will be a tremendous comfort. Reassure the person that you are near and reinforce this by gently touching them. Keep the person warm and moisten their lips with water or a lubricant. If they are experiencing difficulty breathing, elevate the upper body with pillows. Even if you think the person cannot hear you, continue to speak calmly and soothingly.

At the time of death, you will note a few key things. Firstly, there will be no pulse or breathing and the jaw will relax with the mouth opening slightly. If the person's eyes are open, they will be fixed in one direction. You may feel the urge to do something right away but there is no rush; take time to say goodbye to the person.

End of Life Wishes Notes

End of Life Wishes Notes

LIFE AFTER CAREGIVING WHAT NEXT?

When a someone you cared for passes on there are many practical things that must get done. The following list may help you gather your thoughts during this difficult time:

- ☐ Contact family and friends to inform them of the death.
- ☐ If flowers and a printed program are needed for the funeral, assign someone with the task of arranging this.
- ☐ Compose an obituary for the newspaper. This can be a very difficult process so enlist help as needed and have someone read over the final draft before submitting it.
- ☐ Choose a location for the memorial service. It could be in a chapel, community hall, or your own home.
- ☐ You may have already spoken to the person about their wishes in regards to cremation or burial. If not, decide which option you prefer and notify the funeral home.

Grief

Grief is a natural reaction to loss. It is commonly associated with the death of someone you love, but grief can be caused by any change in life where something valued is lost. Anticipation of a loss can also be a source of grief. Caregivers may experience losses like the loss of financial security, loss of time for outside activities, or the relationship with their care recipient as it once was. Grieving has mental, physical, emotional, spiritual, and social symptoms. Each experience of grief is unique. Symptoms that may be experienced include:

- Crying
- Fatigue
- Pain – headaches, stomach aches, stiffness
- Appetite disturbance – eating too much or too little
- Sleep disturbance—sleeping too much or too little, having disturbing dreams
- Social disturbance – wanting to isolate yourself from socializing or not wanting to be alone
- Fluctuating emotions
- Feeling sad, angry, confused, guilty or worried
- Irritability
- Pushing yourself to do too much or not wanting to do anything
- Reckless, self-destructive activities such as self-medicating with alcohol and/or drugs
- Memory problems, feeling distracted or pre-occupied
- Questioning your faith, the meaning of life, or suffering

There is no “right” way to grieve or deal with loss. If you are experiencing grief, try to care for yourself by eating well, getting some physical activity, and accepting your process. Time to experience and express what you are going through is important, and everyone will do that in their own way and at their own pace. However, if you feel concerned about your own grieving process over time, you should seek the help of a professional.

Important links and contact information:

Saskatchewan Health Authority: Palliative Care resources
Website: www.saskatoonhealthregion.ca/locations_services/Services/Palliative-Care/

- Counselling and support (contact information)
- Resources (publications/links)

Phone: 1-833-445-0080 (toll free).

Other helpful websites:
www.virtualhospice.ca
www.mygrief.ca
www.carerscanada.ca

Grieving

Following the death of someone you cared for comes a period of grief. Grieving, while stressful and unpredictable, is perfectly normal. Feelings that accompany grief include guilt, sadness, failure, and anger. You might be angry at the person who passed away, or at other people who are not directly related to the death. Do not try to suppress your feelings of anger.

Grief will affect you physically, mentally, emotionally, spiritually, and socially. While the pain of loss never goes away, it will lessen over time. Allow yourself the space and time to grieve and remember that there is no “right” way to do so. Spending some time alone to gather your feelings and thoughts is good, but take care not to isolate yourself. Keep physically active, eat healthy, and continue to do the things you love. If a year passes and you still have unresolved anger, are afraid of getting close to people, or are unable to stop feeling guilty, consult a professional.

Moving Forward

The final crisis in a caregiver’s experience will occur with the death of the person they cared for. Caregivers who have devoted a significant part of their lives to caregiving duties will suddenly be left in a state of total emptiness, not knowing how to cope with a totally new and different lifestyle. Feelings of guilt are common ("Maybe I could have done a better job") and deep depression often follows. Again, in these situations counseling is vital and must be sought out.

Members of the clergy are always helpful and if the care receiver had been in long term care. People trained to provide such counseling are usually available in the care home. Hopefully the caregiver will ultimately be able to adjust to a new way of living. Some have found much comfort in taking up volunteer jobs in care homes or in making their experiences available to other caregivers.

Life After Caregiving Notes

CONCLUSION

Caregiving can be a rewarding and enriching experience when caregivers receive the appropriate level of support. It is important for the caregiver to care for themselves to avoid burnout, depression, and illness. Caregivers are encouraged to reach out to *Caregiver Information and Support Centre* to learn about the resources available in the community, attend events where they can meet other caregivers, and talk to someone about some of the frustrations they may be experiencing.

A suitable conclusion to this guide is taken from a Multiple Sclerosis publication, "Real Living with Multiple Sclerosis", Vol.7, No. 3, entitled "The Challenges of Caregiving", as it summarizes many of the items discussed above:

- Choose to take charge of your life, and don't let your care recipient's illness always take center stage.
- Remember to be good to yourself. You have a very hard job, and deserve some quality time to yourself.
- Watch out for signs of depression and don't delay in getting professional help when needed.
- Accept any offer for help.
- Educate yourself about your care recipient's condition. Information is empowering.
- Trust your instincts; most of the time they will lead you in the right direction.
- Stand up for your rights as a caregiver.
- Seek support from other caregivers. It helps to know you are not alone. Don't be afraid of the bad days; good ones are sure to follow.

Please call 1-888-652-4411 to speak to a staff member at the Saskatoon Council on Aging's *Caregiver Information and Support Centre Program.*

The Saskatoon Council on Aging is dedicated to assisting caregivers. Check out their website: www.scoa.ca for ongoing caregiver information, caregiver resources, events, presentations, and research programs. SCOA has a Caregiver Coordinator on staff that will also help you locate current resources. Call 1-888-652-4411

Website: www.saskatooncaregiver.ca/resources.html

- Provides valuable on-line resources and information to support family caregivers.

Conclusion Notes

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CAREGIVING SKILLS RESOURCES

Canadian Virtual Hospice Caregiving Demonstration Videos

- A series of videos with information for caregivers on different caregiving tasks, like medication administration and providing personal care
- Caregiving Demonstration Videos: https://www.youtube.com/playlist?list=PL47B0761255A1F993

1. Alternatively, go to: www.youtube.com
2. Search for Canadian Virtual Hospice and click on the channel
3. Click on “Playlists” and find the one called “Caregiving Demonstrations”

Family Caregiver Alliance Caregiver Videos

- A series of videos showing different information and tips for caregivers such as assisting with toileting and incontinence and how to help a care recipient in and out of bed
- Caregiver College Video Series: https://www.youtube.com/playlist?list=PLa1B8idpEiEplIAyH_swKvZvTQ9yAKH6t
- Medication Management: https://www.youtube.com/playlist?list=PLa1B8idpEiEq5_yDOmssMLWWHto1USAwz

1. Alternatively, go to: www.youtube.com
2. Search for Family Caregiver Alliance and click on the channel
3. Click on “Playlists” and scroll down until you see the one titled “Caregiver College” or “Medication Management”

The Family Caregiver Alliance: This website provides additional information, support, and resources for family caregivers.
Website: www.caregiver.org

Canadian Centre for Caregiving Excellence: This website provides resources and supports for caregivers in Canada. They host virtual webinars covering an array of different topics specific to caregivers. They also have a list of other resources for caregivers (navigate to “Caregivers” at the top, and then click “Caregiver Resources”)
Website: www.canadiancaregiving.org

PROVINCIAL RESOURCE DIRECTORY

Caregiving Benefits

EI Caregiving Benefits: EI caregiving benefits provide financial assistance while you are away from work to care for/support someone who is critically ill, injured, or needing end-of-life care. You could receive 55% of your earnings, up to a maximum of $638 a week. As a caregiver, you do not have to be related to or live with the person you care for or support, but they must consider you to be like a family member.
Website: https://www.canada.ca/en/services/benefits/ei/caregiving.html (or go to Canada.ca and search "Caregiving Benefits and Leave"

Canada Caregiver Credit (CCC): If you support a spouse or common-law partner, or a dependent with a **physical or mental impairment**, the Canada Caregiver Credit (CCC) is a non-refundable tax credit that may be available to you.
Website: https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/canada-caregiver-amount.html (or go to Canada.ca and search "Canada Caregiver Credit")

Disability Tax Credit: The disability tax credit (DTC) is a non-refundable tax credit that helps people with impairments, or their supporting family member, reduce the amount of income tax they may have to pay.
Website: https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit.html (or go to Canada.ca and search "Disability Tax Credit (DTC)"

Individualized Funding for Home Care: Home care helps people that need acute, palliative, and supportive care to stay independent at home. It also helps reduce unnecessary hospital admissions and the length of hospital stays. The care recipient or caregiver may be eligible to receive funding based on assessed need (called individualized funding) to arrange and manage your own supportive services for home care.
Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/care-at-home-and-outside-the-hospital/individualized-funding-for-home-care (or go to Canada.ca and search "Individualized Funding for Home Care")

Financial Assistance Programs For Older Adults

Government of Saskatchewan - Seniors' Drug Plan: Eligible seniors 65 years and older pay $25 for prescription drugs listed on the Saskatchewan Formulary or approved under Exception Drug Status.
Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/seniors-drug-plan (or go to Saskatchewan.ca and search "Seniors' Drug Plan")

Government of Saskatchewan - Palliative Care Drug Coverage: This program covers the costs of prescription drugs for palliative care patients who are in the late stages of terminal illnesses. The Drug Plan manages this program.
Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/palliative-care-programs (or go to Saskatchewan.ca and search "Palliative Care Drug Coverage: Accessing Health Care Services")
Drug Plan and Extended Benefits Branch
Phone: 306-787-3317
Email: dpeb@health.gov.sk.ca

Government of Saskatchewan - Seniors Income Plan (SIP): A monthly supplement is provided to seniors who have little or no income other than the federal Old Age Security (OAS) pension and Guaranteed Income Supplement (GIS).
Website: https://www.saskatchewan.ca/residents/family-and-social-support/seniors-services/financial-help-for-seniors (or go to Saskatchewan.ca and search "Seniors Income Plan"

The Canada Pension Plan (CPP): The Canada Pension Plan (CPP) retirement pension is a monthly, taxable benefit that replaces part of your income when you retire. If you qualify, you will receive the CPP retirement pension for the rest of your life. To qualify you must:

- be at least 60 years old
- have made at least one valid contribution to the CPP

Valid contributions can be either from work you did in Canada, or as the result of receiving credits from a former spouse or former common-law partner at the end of the relationship.
Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp.html (or go to Canada.ca and search "Canada Pension Plan Overview")

Canada Pension Plan Post-Retirement Benefit (PRB): If you continue to work while receiving your CPP retirement pension, and are under age 70, you can continue to participate in the CPP. Your CPP contributions will go toward post-retirement benefits (PRB), which will increase your retirement income.

Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-post-retirement.html (or go to Canada.ca and search “Working and aged 60 and over”)

Canadian Pension Plan Disability Benefits: The Canada Pension Plan (CPP) disability benefit is a monthly payment you can get if you:
- are under 65
- have made enough contributions into the CPP
- have a mental or physical disability that regularly stops you from doing any type of substantially gainful work
- have a disability that is long-term and of indefinite duration, or is likely to result in death

Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit.html (or go to Canada.ca and search “Canada Pension Plan Disability Benefits”)

Survivor’s Pension: The Canada Pension Plan (CPP) survivor's pension is a monthly payment paid to the legal spouse or common-law partner of the deceased contributor.
Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-survivor-pension.html (or go to Canada.ca and search “Survivor’s Pension”)

Death Benefit: The Canada Pension Plan (CPP) death benefit is a one-time payment, payable to the estate or other eligible individuals, on behalf of a deceased CPP contributor.
Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-death-benefit.html (or go to Canada.ca and search “Death Benefit”)

Guaranteed Income Supplement: The Guaranteed Income Supplement (GIS) is a **monthly payment** you can get if:
- you are 65 or older
- you live in Canada
- you get the Old Age Security pension
- your income is below the maximum annual income threshold for the GIS based on your marital status

The Supplement is based on income and is available to low-income Old Age Security pensioners. It is not taxable. In many cases, they will let you know by letter when you could start receiving the first payment. They will send you this letter the month after you turn 64. In other cases, you may have to apply.
Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security/guaranteed-income-supplement.html (or go to Canada.ca and search “Guaranteed Income Supplement”)

Old Age Security: The Old Age Security (OAS) pension is a monthly payment you can get if you are 65 and older. In some cases, Service Canada will be able to automatically enroll you for the OAS pension. In other cases, you will have to apply for the OAS pension. Service Canada will inform you if you have been automatically enrolled.
In most cases, you do not have to apply to get this benefit.
Website: https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security.html (or go to Canada.ca and search "Old Age Security: Overview")

Legal Resources

Government of Saskatchewan - The Office of the Public Guardian and Trustee:

- protects the property rights of children under the age of eighteen;
- administers the property and finances of adults who are incapable of managing their financial affairs, monitors other property guardians and investigates allegations of financial abuse;
- administers the estates of deceased persons; and
- holds and administers unclaimed property.

Website: https://www.saskatchewan.ca/government/government-structure/boards-commissions-and-agencies/office-of-the-public-guardian-and-trustee (or go to Saskatchewan.ca and search "Office of the Public Guardian and Trustee")
Telephone Number: 306-787-5424
Toll Free: 1-877-787-5424
Email: pgt@gov.sk.ca

Government of Canada - Having a Will and Making Funeral Plans:
https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/will-funeral-plan.html (or go to Canada.ca and search "Funeral Plans")

Government of Canada - Powers of Attorney (for Financial Matters and Property) and Joint Bank Accounts:
https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/power-attorney-financial.html (or go to Canada.ca and search "Joint Bank Accounts")

Housing

Government of Saskatchewan - Personal Care Home Benefits: The Personal Care Home Benefit (PCHB) provides seniors with monthly financial assistance to help them with the cost of living in a licensed personal care home.
Website: https://www.saskatchewan.ca/residents/family-and-social-support/seniors-services/seniors-living-in-personal-care-homes#how-to-apply (or go to Saskatchewan.ca and search "Personal Care Home Benefits")

Government of Saskatchewan - Life Lease Housing for Seniors: Available in select Saskatchewan communities, the Life Lease Program offers moderate-income seniors with the opportunity to live in an affordable apartment-style home in exchange for a deposit and a monthly occupancy fee. Life Lease is administered by local housing authorities on behalf of Saskatchewan Housing Corporation**.**
Website: https://www.saskatchewan.ca/residents/housing-and-renting/renting-and-leasing/life-lease-housing-for-seniors (or go to Saskatchewan.ca and search "Life Lease Housing")
Toll free: 1-800-667-7567 (Saskatchewan Housing Corporation)

Government of Saskatchewan - Rental Housing for Seniors: The Seniors Housing Program provides rental housing to individuals and couples who are 55 years of age or older. This program is offered in all communities when there are no eligible applicants for Social Housing Program units in the community. The Seniors Housing Program is administered by local housing authorities on behalf of the Saskatchewan Housing Corporation.
Website: https://www.saskatchewan.ca/residents/housing-and-renting/renting-and-leasing/rental-housing-for-seniors-in-small-communities (or go to Saskatchewan.ca and search "Rental Housing for Seniors")
Toll free: 1-800-667-7567 (Saskatchewan Housing Corporation)

Government of Saskatchewan - Rental Housing for People with Low Incomes: The Social Housing Program provides safe and adequate housing to families and seniors with low incomes and people with disabilities. This program subsidizes rent according to the degree of financial need. The Social Housing Program is administered by local housing authorities on behalf of Saskatchewan Housing Corporation.
Website: https://www.saskatchewan.ca/residents/housing-and-renting/renting-and-leasing/rental-housing-for-people-with-low-incomes (or go to Saskatchewan.ca and search "Rental Housing for People with Low Incomes")
Toll free: 1-800-667-7567 (Saskatchewan Housing Corporation)

Mobility, Home Safety/Adaptations, and Assistive Devices

Saskatchewan Aids to Independent Living (SAIL): SAIL assists people with physical disabilities to live a more active and independent lifestyle. This may include free loan of mobility aids such as wheelchairs and walkers, hospital beds, commodes and transfer assists. SAIL requires a referral from a health care professional. Although individuals cannot directly access it, it is a great program for caregivers to know about.
Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail (or go to Saskatchewan.ca and search "Aids to Independent Living")
Phone: 306-787-7121
Toll-Free: 1-888-787-8996
Email: dpeb@health.gov.sk.ca

SaskAbilities: Supporting people experiencing disability with programs and services to enhance their lives. Equipment must be requisitioned by an authorized healthcare professional. The Special Needs Equipment program through SaskAbilities provides the following services:

- Equipment Loan Program, funded by Saskatchewan Health
    - Available for Saskatchewan residents with a valid Saskatchewan Health Services card
    - A variety of mobility (wheelchairs, walkers etc.) and environmental equipment (hospital beds, commodes etc.) are available for loan.
- Repair and Maintenance
- Retail Sales

Website: https://www.saskabilities.ca/
Telephone: 306-374-4448
Email: provincialservices@saskabilities.ca

Maintaining Seniors' Independence: A Guide to Home Adaptations by CMHC
https://publications.gc.ca/site/eng/9.651224/publication.html
This guide identifies the types of difficulties that seniors can experience and describes types of adaptations that can help overcome these difficulties. It has a comprehensive assessment tool for evaluating what home adaptations are needed.
For more information contact Canadian Mortgage and Housing Corporation (CMHC)
Website: http://www.cmhc-schl.gc.ca
Phone: 1-800-668-2642
Email: contactcentre@cmhc.ca

The Saskatchewan Home Repair Program – Adaptation for Independence
The Adaptation for Independence Program provides financial assistance to low-income homeowners or rental property owners to make a home more accessible for a person with a housing-related disability.
Application information and downloadable forms are available on the website.
Website: https://www.saskatchewan.ca/residents/housing-and-renting/home-repairs-and-renovations/adapt-a-home-for-a-person-with-a-disability
Phone: 1-800-667-7567

Government of Canada – "Go for it! A guide to choosing and using assistive devices"
Website: https://publications.gc.ca/site/eng/321515/publication.html

G**overnment of Canada - The Safe Living Guide: A Guide to Home Safety for Seniors:**
Website: https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/safe-living-guide-a-guide-home-safety-seniors.html (or go to Canada.ca and search "safe living guide")

Government of Canada – Fall Prevention
Website: https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/you-prevent-falls.html (or go to Canada.ca and search "Prevent Falls")

Health and Wellness

Government of Canada - Coronavirus disease (COVID-19): Learn about the current COVID-19 situation, recent public health measures, and vaccinations.
Website: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html (or go to Canada.ca and search "covid")

Government of Canada - Canada's Food Guide: Healthy eating recommendations, recipes, and resources. Also available in other languages.
Website: https://food-guide.canada.ca/en/

Wellness Together Canada: Created in response to the unprecedented rise in mental distress since the COVID-19 pandemic, Wellness Together provides mental health and substance use support. The program connects people to peer support workers, social workers, psychologists and other professionals for confidential chat sessions or phone calls, and also offers credible information and help to address mental health and substance use issues.

Website: www.wellnesstogether.ca
Phone: 1-866-585-0445
Indigenous-Specific Phone: 1-855-242-3310

Substance Use:
Website: https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/using-substances-older-adult.html (or go to Canada.ca and search “using substances as an older adult”)

Forever … In *Motion*: Helps older adults become physically active in their community. The initiative was developed by the Saskatchewan Health Authority and is delivered in communities across the province by the Saskatchewan Parks and Recreation Association.
Website: https://www.spra.sk.ca/programs-services/foreverinmotion/
Phone: 306-780-9219

Dementia/Alzheimer’s

Alzheimer Society of Saskatchewan:
- provides support, education and referral services;
- funds Alzheimer research;
- raises awareness about the disease and ways to maintain a healthy brain; and
- advocates for people living with dementia and their families.

Website: http://alzheimer.ca/en/sk
Phone: 306-949-4141
Toll-Free: 1-800-263-3367
Email: office@alzheimer.sk.ca

First Link Program: First Link is a referral program that allows physicians, health providers and other community service providers to directly refer people living with Alzheimer’s disease and related dementias and their families to the Alzheimer Society of Saskatchewan for services and support at the time of diagnosis and throughout the duration of the disease.
To submit a First Link referral, your health provider or service provider can:
- Email: first.link@alzheimerpeel.com
- Fax: 905-507-1991
- Verbal Referrals: call 289-632-2273 ext. 314

Website: https://alzheimer.ca/en/help-support/programs-services/first-link

Rural Dementia Action Research – Rural and Remote Memory Clinic: The memory clinic focuses on the diagnosis and management of atypical and complex cases of

suspected dementia. These situations require an interdisciplinary team assessment. The clinic streamlines assessment and diagnosis in order to reduce repeated travel over long distances and to shorten the time to diagnosis by coordinating an interdisciplinary team assessment on one day. The same University of Saskatchewan-based team that runs the Rural and Remote Memory Clinic in Saskatoon provides remote interventions.
https://cchsa-ccssma.usask.ca/ruraldementiacare/Rural%20Remote%20Memory%20Clinic.php
Phone: 306-966-2109
Email: rural.dementia@usask.ca

Government of Canada Dementia Overview: Provides a general overview about dementia, information about the different types, and also statistics about dementia in Canada
Website: https://www.canada.ca/en/public-health/services/diseases/dementia.html (or go to Canada.ca and search “dementia”)

Services for Veterans

Government of Canada – Veterans: Services for current and former members of the Canadian Armed Forces or the RCMP and their families. This website provides links to financial support and benefits, services, along with mental health and wellness resources for veterans.
Website: https://www.canada.ca/en/services/veterans.html

Saskatchewan Legion – Veterans Services: The Royal Canadian Legion has two Service Officers for Saskatchewan that are available to assist veterans with applying for and receiving benefits for which they are entitled.
Website: https://sasklegion.ca/veterans-services/
Phone: 306-525-8739
Email: info@sasklegion.ca

Fraud and Abuse

Senior Financial Abuse – Financial and Consumer Affairs Authority (FCAA): This website provides information and resources about senior financial abuse including common frauds, red flags, preventative steps, and how to report a fraud.
Website: https://fcaa.gov.sk.ca/financial-literacy/seniors/senior-financial-abuse
Phone: 306-787-5645
Email: fcaa@gov.sk.ca

To Report a Fraud or Scam, contact the Securities Division of the FCAA:
Phone: 306-787-5936
Email: enforcementfcaasd@gov.sk.ca

Government of Canada – Financial Abuse
Website: https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/financial-abuse.html (or go to Canada.ca and search "what every older Canadian should know about financial abuse")

PLEA: Legal Information about Abuse of Older Adults: Provides free legal information for Saskatchewan residents. This site provides information about recognizing abuse of older adults, legal responses to this abuse, and how to deal with it.
Website: https://www.plea.org/older-adults/abuse-of-older-adults
Phone: 306-653-1868
Email: plea@plea.org

Resources Notes

FREQUENTLY CALLED NUMBERS

Emergencies/Ambulance: 911
HealthLine (Health Information available 24/7): 811
Poison Control Centre: 1-866-454-1212
Saskatchewan Health Card: 1-800-667-7551
Saskatchewan Cancer Agency: 1-639-625-2010
Telehealth: 306-425-4819

Saskatchewan Health Authority & Home Care Offices

Each region is part of the Saskatchewan Health Authority

Saskatchewan Health Authority (Corporate Office)

Saskatoon City Hospital: 701 Queen Street, Saskatoon, SK, S7K 0M9
Website: www.saskhealthauthority.ca
Phone: 306-655-0080
Toll Free: 1-833-445-0080
Email: info@saskauthority.ca

Saskatoon Health Region

Saskatoon Office: 201-310 Idylwyld Drive, Saskatoon, SK, S7L 0Z2
Phone: 306-655-4300
Client Patient Access Services (CPAS): 306-655-4346

Home Care Offices:

Humboldt	West 306-682-2609	East 306-338-2517
Lanigan	306-365-1440	
Nokomis	306-365-1440 (Lanigan Office)	
Rosthern	306-232-4305	
Strasbourg	306-365-1440 (Lanigan Office)	
Wakaw	306-233-4611	
Watrous	306-365-1440 (Lanigan Office)	
Wynyard	306-554-3011	

Athabasca Health Region

Box 124, Black Lake, SK S0J 0H0
Website: www.athabascahealth.ca
Phone: 306-439-2200

Cypress Health Region

429 4th Ave NE, Swift Current, SK, S9H 2J9
Website: www.cypresshealth.ca
Phone: 306-778-5100
Toll Free: 1-888-461-7443
Fax: 306-773-9513
Cypress Health Region Quality Care Coordinator: 306-778-5115
Email: chr.comments@saskhealthauthority.ca

Home Care Offices:

Cabri	306-587-2921
Eastend/Southline	306-295-3834
Gull Lake	306-672-4707
Herbert	306-784-2466
Hodgeville	306-677-2292
Leader	306-628-3164
Mankota	306-478-2339
Maple Creek	306-662-5333
Ponteix	306-625-5103
Shaunavon	306-297-1989
Swift Current	306-778-9531
Vanguard	306-582-2044

Five Hills Health Region

55 Diefenbaker Drive, Moose Jaw, SK, S6J 0C2
Website: www.fhhr.ca
Phone: 306-694-0296
Toll Free: 1-888-425-1111
Fax: 306-694-0282
Email: inquiries@fhhr.ca
Quality of Care Coordinator: 306-694-0294

Five Hills Access Centre (FHAC) is a single point of entry for all continuing care services, including home care, long-term care, palliative, care, respite care, and transition care.

- Phone: 306-691-2090
- Toll Free: 1-866-211-5696
- Booklet available on-line: https://fhhr.ca/Documents/AccessCentreBookletMarch2016.pdf

Home Care Offices:

Moose Jaw	306-691-2060

Assiniboia	306-642-9444

Heartland Health Region

301 Centennial Drive, Box 2110, Rosetown, SK, S0L 2V0
Website: www.hrha.sk.ca
Phone: 306-882-411
Fax: 306-882-1389
Email: heartland@hrha.sk.ca

Home Care Offices:

Biggar	306-948-3323
Davidson	306-567-2302
Eatonia	306-967-2985
Eston	306-962-3215 ext. 243
Kerrobert	306-834-2646
Kindersley	306-463-1000
Kyle	306-375-2400
Macklin	306-753-3202
Outlook	306-867-8676
Rosetown	306-882-2672
Unity	306-228-2666
Wilkie	306-843-2644

Keewatin Yatthé Health Region

Box 40, Buffalo Narrows, SK, S0M 0J0
Toll Free: 1-866-848-8022 (Mobile Clinic)

Kelsey Trail Health Region

PO Box 1780, Tisdale, SK, S0E 1T0
Website: www.kelseytrailhealth.ca
Phone: 306-873-6600
Fax: 306-873-2370
Email: QCC.Northwest@saskhealthauthority.ca

Home Care Offices:

Carrot River Area	306-768-2020
Hudson Bay Area	306-865-5602
Kelvington Area	306-327-5520
Melfort Area (Includes St. Brieux)	306-752-1780
Naicam Area	306-874-2276

Nipawin Area	306-862-7250
(Includes Cumberland House, Arborfield and Smeaton)	
Porcupine Plain Area	306-278-6270
Rose Valley Area	306-322-2115
Tisdale Area	306-873-3645

Mamawetan Churchill River Health Region

Box 6000, La Ronge, SK, S0J 1L0
Website: www.mcrhealth.ca
Phone: 306-425-2422
Fax: 306-425-5513

Home Care Offices:

Creighton	306-688-8631
La Ronge	306-425-4829
Pinehouse	306-884-5670
Sandy Bay	306-754-5405
Weyakwin	306-663-6100

Prairie North Health Region

Website: www.pnrha.ca
Phone: 306-446-6606 or 306-820-6181

Home Care Offices:

Cut Knife	306-398-2296
Goodsoil	306-238-2100
Lloydminster	306-820-6200
Maidstone	306-893-4170
Meadow Lake	306-236-1595
Neilburg	306-823-4262
North Battleford	306-446-6445
Paradise Hill	306-344-2255
St. Walburg	306-248-6723
Turtleford	306-845-2195

Prince Albert Parkland Health Region

1521 6th Ave W, Prince Albert, SK, S6V 5K1
Website: www.paphr.ca
Phone: 306-765-6400
Fax: 306-765-6401
Quality of Care Concerns:

Phone: 306-765-6499
Email: concerns@paphr.sk.ca

Home Care Offices:

Prince Albert	306-765-2450
Shellbrook	306-747-6811
Big River	306-469-4410
Debden	306-724-2110
Spiritwood	306-883-4266
Hafford	306-549-4266
Blaine Lake	306-497-2664
Leask	306-466-2280

Regina Qu'Appelle Health Region

4101 Dewdney Avenue, Regina, SK, S4T 1A5
Phone: 306-766-2222
Website: www.rqhealth.ca

Home Care Offices:

Regina	306-766-7200
Fort Qu'Appelle	306-332-3306 or 306-332-3307
Wolseley-Grenfell	306-697-4045
Balcarres	306-334-2634
Indian Head-Montmarte	306-695-4000
Mossomin-Rocanville	306-435-3888
Broadview- Whitewood	306-696-5515
Raymore-Lestock	306-274-2034

Sun Country Health Region

Box 2003, Weyburn, SK, S4H 2Z9
Website: www.suncountry.sk.ca
Phone: 306-842-8399
Email: info@schr.sk.ca

Home Care Offices:

Arcola	306-455-2116
Bengough	306-268-2102
Carlyle	306-453-6749
Carnduff	306-685-2277
Coronach	306-267-2233
Estevan	306-637-3630

Fillmore	306-722-3331
Gainsborough	306-685-2277
Kipling	306-736-2913
Lampman	306-487-2562
Midale	306-458-2446
Oxbow	306-483-5047
Pangman	306-442-4722
Radville	306-869-2722
Redvers	306-452-3659
Stoughton	306-457-2686
Wawota	306-739-2782
Weyburn	306-842-6870

Sunrise Health Region
270 Bradbrooke Drive, Yorkton, SK, S3N 2K6
Phone: 306-782-2401

Home Care Offices:

Canora	306-563-1250
Esterhazy	306-745-6700
Foam Lake	306-272-3338
Invermay	306 593 2133
Ituna	306-795-2911
Kamsack	306-542-2212
Langenburg	306-743-5005
Melville	306-728-7300
Norquay	306-594-2277
Preeceville	306-547-4441
Saltcoats	306 744 2353
Theodore	306 647 2715
Yorkton	306-786-0711

Frequently Called Numbers Notes

IT IS IMPORTANT TO ALWAYS KEEP THIS INFORMATION IN A SAFE PLACE

CAREGIVER TOOLKIT

A Resource for Caregivers to Older Adults

Created by Caregiver Information and Support:
A program of the Saskatoon Council on Aging

Caregiver Information and Support
Caregivers In Action

Age-friendly Community
SCOA
saskatoon council on aging
Positive Aging for All

2020 College Drive
Saskatoon, Saskatchewan S7N 2W4
Toll-Free Phone: 1-888-652-4411
Fax: (306) 652-7525
Website: www.saskatooncaregiver.ca

THE CAREGIVER TOOLKIT

WHAT IS THE CAREGIVER TOOLKIT?

This toolkit is meant to be used as a personalized tool. The goal of this resource is to help you organize information. The toolkit includes information about contacts, medical history, and medications. It identifies activities that your care recipient needs assistance with and keeps track of resources such as supports and services.

TABLE OF CONTENTS

THE CAREGIVER TOOLKIT

1. HOW TO USE THE CAREGIVER TOOLKIT

The Caregiver Toolkit is meant to be used as both resource and a personalized take-home tool. Throughout this toolkit you will find information, resources, and sections that can be personalized with your own or your care recipient's information. Everyone's caregiving experience is unique which is why this toolkit has been created to include personalized information. The idea behind the Caregiver Toolkit is to help guide you on your caregiving journey, provide you with information and resources, and help organize important information.

It is very important to think about where you will store this information. Remember that there will be a lot of your care recipient's personal information in this toolkit, so it is wise to keep it in a SAFE place.

In this toolkit, you will find fillable documents such as:

- Your Care Recipient's Personal Information Document
- Your Care Recipient's Brief Medical History Document
- Emergency & Personal Contact List
- Professional Services Contact List
- Activities of Daily Living Checklist and Caregiver Designate Document
- The 5 Minute Journal Template
- Additional Notes

Here are some examples of how you may want to use the Caregiver Toolkit:

- As a personalized directory that you can refer to when booking appointments or contacting the organizations that you or your care recipient will be working with. (Doctor's office, therapeutic services, Alzheimer's Society, Cancer Society, Caregiver Information and Support Centre, etc.)
- You may want to reference this binder or bring it along with you when you are speaking with a medical professional on behalf of your care recipient
- For organization of documents and information. You can place the papers in the folders or envelopes in the designated sections of this binder
- As a source of information when you need guidance regarding a specific topic covered within the sections of this binder
- For planning purposes
- For taking notes
- For journaling/reflection

IT IS IMPORTANT TO ALWAYS KEEP THIS INFORMATION IN A SAFE PLACE

CARE RECIPIENT'S PERSONAL INFORMATION

PERSONAL INFORMATION

Full Name: ____________________

Date of Birth: ________/________/________ **Gender:** ☐ Male ☐ Female

Address: ____________________

Phone Number: ____________________ **E-mail:** ____________________

Power of Attorney: ____________________ **Health Card:** ____________________

Relationship Status: ☐ Single ☐ Divorced ☐ Other ____________
☐ Married ☐ Widowed

Occupation: ____________________ **Retiree?** ☐ Yes ☐ No

Family Doctor: ____________________ **Phone Number:** ____________________

Medical Clinic: ____________________ **Phone Number:** ____________________

Pharmacy: ____________________ **Phone Number:** ____________________

EMERGENCY CONTACT INFORMATION

Primary Contact: ____________________ **Home Number:** ____________________

Relationship: ____________________ **Mobile Number:** ____________________

Secondary Contact: ____________________ **Home Number:** ____________________

Relationship: ____________________ **Mobile Number:** ____________________

Additional Contact: ____________________ **Phone Number:** ____________________

Relationship: ____________________ **Mobile Number:** ____________________

CARE RECIPIENT'S MEDICAL HISTORY

MEDICAL INFORMATION

Medical Diagnosis: ______________________________

____

Surgical History: ______________________________

____

____

____

Upcoming Surgeries or Assessments: ______________________________

____

Date of Last Assessment (if applicable): ______________________________

____

Known Allergies: ______________________________

____

MEDICAL HISTORY

Medical Conditions or Hospitalizations: ______________________________

____

____

____

____

____

VACCINATION HISTORY

- ☐ **MMR (measles, mumps, rubella**
- ☐ **Varicella (chickenpox)**
- ☐ **Herpes Zoster (shingles)**
- ☐ **Meningococcal**
- ☐ **Td (tetanus)**
  Date of Last Dose: ______________
- ☐ **Pneumococcal**
- ☐ **Hepatitis A**
- ☐ **Hepatitis B**
- ☐ **Influenza**
  Date of Last Dose: ______________
- ☐ **Covid19**
  # of Boosters: ______________

Others: ______________________________

CARE RECIPIENT'S MEDICAL HISTORY

MEDICAL INFORMATION

MEDICAL NOTES

IT IS IMPORTANT TO ALWAYS KEEP THIS INFORMATION IN A SAFE PLACE

CARE RECIPIENT'S
EMERGENCY SERVICES CONTACT

EMERGENCY SERVICES

In An Emergency Call 911

Police (Non-Emergency)	**Phone Number:** ______________________
Local Fire Department	**Phone Number:** ______________________
Public Health Services	**Phone Number:** ______________________
Hospital Information Services	**Phone Number:** ______________________
Poison Control	**Phone Number:** ______________________
Suicide Crisis Line	**Phone Number:** ______________________
	Phone Number: ______________________

ADDITIONAL CONTACTS

Name: ______________________ **Phone Number:** ______________________

Name: ______________________ **Phone Number:** ______________________

Name: ______________________ **Phone Number:** ______________________

Name: ______________________ **Phone Number:** ______________________

Name: ______________________ **Phone Number:** ______________________

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Name: ______________________ **Phone Number:** ______________________

Name: ______________________ **Phone Number:** ______________________

IT IS IMPORTANT TO ALWAYS KEEP THIS INFORMATION IN A SAFE PLACE

CARE RECIPIENT'S
PROFESSIONAL SUPPORT & SERVICE PROVIDERS

CONTACTS

Family Doctor: ______________________________ **Phone:** ________________________

Social Worker: ______________________________ **Phone:** ________________________

Lawyer: ____________________________________ **Phone:** ________________________

Accountant: ________________________________ **Phone:** ________________________

Insurance Provider: _________________________ **Phone:** ________________________

Financial Institution: _______________________ **Phone:** ________________________

Dentist: ___________________________________ **Phone:** ________________________

Optometrist: ________________________________ **Phone:** ________________________

Home Care: _________________________________ **Phone:** ________________________

Adult Day Program: __________________________ **Phone:** ________________________

Counselling Services: ________________________ **Phone:** ________________________

Physiotherapy: ______________________________ **Phone:** ________________________

Occupational Therapy: _______________________ **Phone:** ________________________

Cleaning Services: __________________________ **Phone:** ________________________

Yard Maintenance: __________________________ **Phone:** ________________________

Transportation: _____________________________ **Phone:** ________________________

Blood Lab: _________________________________ **Phone:** ________________________

Oxygen Services: ____________________________ **Phone:** ________________________

Religious Affiliation: _________________________ **Phone:** ________________________

Hair Dresser: _______________________________ **Phone:** ________________________

Foot Care: _________________________________ **Phone:** ________________________

MEDICATION ADMINISTRATION

(THREE PAGES)

On this first page of the medication administration document, you can list the medications that your care receiver is taking, along with the correct dosage of the medication, reason for taking and any special instructions. If you aren't sure why your care recipient is taking a certain medication, ask their pharmacist or doctor! Ensure this list is up to date. Mark a line through any medications that are not current.

On the second page, you can track when you give the care recipient's medications in the form of a medication administration log. The third page can be used as a hard copy or to photocopy and print additional medication administration logs.

MEDICATION LIST

MEDICATION NAME	DOSE AND FREQUENCY	INDICATION / REASON FOR TAKING	SPECIAL INSTRUCTIONS

IT IS IMPORTANT TO ALWAYS KEEP THIS INFORMATION IN A SAFE PLACE

MEDICATION ADMINISTRATION

MEDICATION NAME & DOSE	**DAY**		**MON.**	**TUE.**	**WED.**	**THU.**	**FRI.**	**SAT.**	**SUN.**
	DATE								
	TIME TAKEN								
	MORNING								
	NOON								
	EVENING								
	NIGHT								
	MORNING								
	NOON								
	EVENING								
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	EVENING								
	NIGHT								
	MORNING								
	NOON								
	EVENING								
	NIGHT								

IT IS IMPORTANT TO ALWAYS KEEP THIS INFORMATION IN A SAFE PLACE

MEDICATION ADMINISTRATION

MEDICATION NAME & DOSE	**DAY**		**MON.**	**TUE.**	**WED.**	**THU.**	**FRI.**	**SAT.**	**SUN.**
	DATE								
	TIME TAKEN								
	MORNING								
	NOON								
	EVENING								
	NIGHT								
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	NIGHT								

CARE RECIPIENT'S

ACTIVITIES OF DAILY LIVING & INSTRUMENTAL ACTIVITIES OF DAILY LIVING

This document has been designed to help you understand what kind of care activities they may assist their care recipient with. This page defines what ADLs and IADLs are and lists examples. On the next pages, you can identify the specific care activities your care recipient requires assistance with. You can then list the name of the support person delegated to assist the care recipient with that particular activity.

Activities of Daily Living (ADLs) are the basic self-care and personal care activities.

Instrumental Activities of daily living (IADLs) are the more complex activities that support one's ability to manage things such as, paying bills, managing finances or using transportation.

Examples of ADLs	Examples of IADLs
Getting dressed Bathing or showering Personal Hygiene/Grooming Toileting Eating Getting into and out of bed Walking	House Work/Chores Yard and House Maintenance Laundry Financial Management/Banking Meal Preparation Grocery Shopping Managing Medications Scheduling Appointments Transportation

CARE ACTIVITIES

CHECK OFF THE ACTIVITIES YOUR CARE RECIPIENT REQUIRES ASSISTANCE WITH

HOUSEKEEPING TASKS

☐ Laundry
☐ Cleaning
☐ Yard care
☐ Paring Down or Organizing
☐ Managing bills and correspondence
☐ Home Maintenance
☐ other:
☐ Other:

HOME SAFETY AND ACCESSIBILITY

☐ Accessing the home from outside
☐ Moving throughout the home safely
☐ Using the washroom safely during the day and the night
☐ Using the kitchen safely
☐ Getting up safely from chairs and bed
☐ Other:
☐ Other:

SOCIAL NEEDS

☐ Attending social activities or day programs
☐ Enjoying hobbies
☐ Participating in religious activities
☐ Having private time
☐ Getting to and from social activities
☐ other:
☐ other:

NUTRITIONAL NEEDS

☐ Grocery Purchasing
☐ Meal Preparation
☐ Assistance with Eating
☐ Menu planning and making grocery lists
Meeting special dietary needs
☐ other:
☐ other:

HEALTH CARE

☐ Keeping track of medications and their purpose
☐ Taking medications correctly and on time
☐ Making healthcare appointments
☐ Getting to and from healthcare appointments
☐ Filling prescriptions
☐ Keeping track of health insurance and coverage information
☐ Making informed health care decisions
☐ Implementing recommendations of health care professionals
☐ other:
☐ Other:

FINANCIAL RESPONSIBILITY

☐ banking and day-to-day finances
☐ financial planning
☐ insurance
☐ other:
☐ other:

CARE FOR THE FUTURE

☐ creating health care directives
☐ creating a living will
☐ creating a will
☐ appointing a power of attorney
☐ establishing end of life wishes
☐ other:
☐ other:

CARE RECIPIENT'S

ACTIVITIES OF DAILY LIVING & INSTRUMENTAL ACTIVITIES OF DAILY LIVING

ASSISTED ACTIVITIES IN CARE

Activity in Care: ____________________________ **Support Person:** ______________________

Activity in Care: ____________________________ **Support Person:** ______________________

Activity in Care: ____________________________ **Support Person:** ______________________

Activity in Care: ____________________________ **Support Person:** ______________________

Activity in Care: ____________________________ **Support Person:** ______________________

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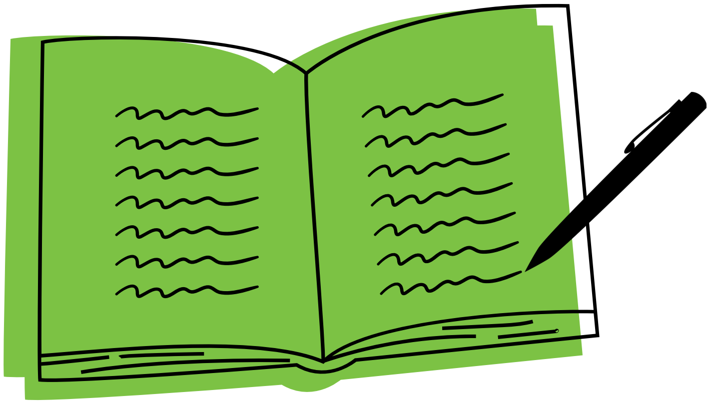
Activity in Care: ____________________________ **Support Person:** ______________________

5 MINUTE REFLECTION JOURNAL



It's no secret that caregiving can take a toll on your mental health. Studies have shown that the simple practice of expressive writing is an effective way to help caregivers cope and reduce their feelings of overwhelming stress. The *5 Minute Reflection Journal* has been included in this toolkit to do just that. By taking a few minutes to reflect on the prompts, you can process your emotions and organize your thoughts.

You will notice that we have included two pages for journal writing. One of these pages can be kept blank and photocopied if you prefer to write out your thoughts on the template provided. The other way you might want to take up this practice may be by writing in a separate notebook or by adding loose-leaf to the back of the binder and use the template prompts to guide you.

5 MINUTE JOURNALING

Reflection journal

TOP 3 THINGS ABOUT TODAY

○

○

○

EMOTIONS I FELT TODAY:

HOW I WOULD RATE THE DAY:

☆ ☆ ☆ ☆ ☆

WHAT INSPIRED ME TODAY?

3 THINGS I WISH FOR TOMORROW

○

○

○

5 MINUTE JOURNALING

Reflection journal

TOP 3 THINGS ABOUT TODAY

○

○

○

WHAT INSPIRED ME TODAY?

EMOTIONS I FELT TODAY:

😀 🙂 😐 😢 ☹ 😫

😍 🤨 😖 😠 😛 😕

3 THINGS I WISH FOR TOMORROW

○

○

○

HOW I WOULD RATE THE DAY:

☆ ☆ ☆ ☆ ☆

NOTES

NOTES

NOTES

Please take a moment to complete our survey to help improve the Caregiver Orientation Guide!

You can access it through the following link or by scanning the QR code with your smartphone. We have also included the questions below that you can cut out and mail to us if you prefer!

https://www.surveymonkey.com/r/COG2022

We appreciate your feedback!

✂ --

Caregiver Orientation Guide Feedback

1. What did you find most helpful about the Caregiver Orientation Guide?

2. What else do you think would be beneficial to include in the Caregiver Orientation Guide?

3. The Caregiver Orientation Guide helped me in my role as a caregiver.

○	○	○	○	○
Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree

4. How did you hear about the Caregiver Orientation Guide?

5. Additional comments or feedback: