

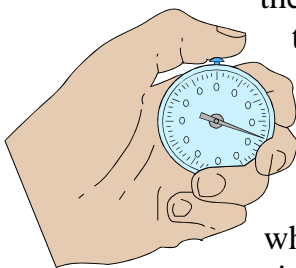


## Encouraging New Activities

An experiment done in a nursing home showed the impact of different types of support and encouragement during an activity. Residents were assigned randomly into three groups. The individuals in each group were to put together the same jigsaw puzzle. All participants had the same amount of practice prior to the timed event. Group one was verbally cheered on by the experimenter during the practices. The



second group was given hands on assistance by the experimenter. The third group was given no assistance or encouragement during the practices. In the tests that followed, those who received the verbal encouragement improved in both speed and proficiency. Those who received the hands on assistance performed worse than in practice, and those who received no feedback had no change in result (Rowe & Kahn, 1998).



The results of this experiment are important because they indicate the value of support and encouragement for elders but also show the effect of learned

helplessness. Many people, in an effort to be helpful, take over and complete something for elders if they are struggling or the person thinks they need them. While this is done with the best of intentions, it can foster helplessness which leads to lower self esteem and dependence instead of autonomy (Rowe & Kahn, 1998).



## Setting up Activities

One of the most important ways to approach new ways of caring is to review the way that activities are offered within the nursing home. To transform activity so it is individualized and provides choice and autonomy the following need to be considered:

1. Assessing resident preferences/needs.
2. Assessing available resources:  
Financial, personnel (including volunteers), equipment
3. Matching activities and services to resident care plans.
4. Planning and implementation of activities.
5. Evaluation of activities
6. Record keeping.

This is significant because one of the hallmarks of culture change is offering choice and autonomy for residents. Nursing home activity is typically



focused on a pre-designed activity calendar.

Assessing the resident's needs and care plans have already been discussed, so the next phase is planning, implementing and evaluating activities. Activities should be planned with goals in mind and should not be mere time fillers. Once there is an idea, staff should think about the activity type, for whom the activity would be appropriate, what the goals or expected outcomes are, what is needed to facilitate the activity, and how and by who the activity will be evaluated.

The following is a sample evaluation of the noodle ball activity described in the physical activity portion of this module.

*Who could participate?* Since noodle ball is a physical activity staff should think about which residents are capable of this type of physical activity. It takes place while seated, so even those with walkers or in wheelchairs can take part. The only physical abilities necessary to participate are being able to hold and swing the noodle and the ability to see the balloon. This is an activity that allows almost everyone to take part.

*Goals/outcomes:* The major goal of noodle ball is to give the residents exercise with little impact and exertion. The activity also helps maintain hand-eye coordination. The activity should lead to conversation and laughter among those participating. The outcomes set up should be measurable during the

evaluation. For an outcome to be measurable it must be specific enough that at the end of the activity staff can tell if it has been accomplished.

*What is necessary to facilitate activity?*

This is the who, what, when, where and how of activity planning. For noodle ball a space large enough for the group is necessary. Each person needs a chair or room for their wheelchair and a noodle. Staff will need several balloons that are blown up and someone to toss in balloons and to run and grab balloons that fly too far. This is the time to consider special adaptations needed in order for the resident to participate to the highest level possible.

*Evaluation:* Once the activity is over staff should think about the resident reaction. Were they having a good time? Think about the goals set for the activity, were those achieved? Why or Why not? If the activity was something people enjoyed, what could have made it better?

While staff evaluation of the activity is important, it is necessary to include the reactions of those who participated. It has been said that two heads are better than one, so a group of heads must be the best. Staff might be surprised by the reactions and ideas of participants. Each time an activity is done the evaluation should be repeated. As there are changes in a resident's condition, adaptations may need to be made so the resident can still enjoy the activity. Any changes or updates made to a resident's program of



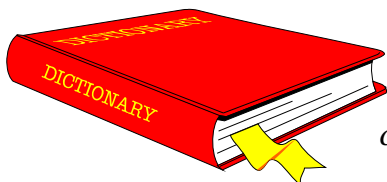
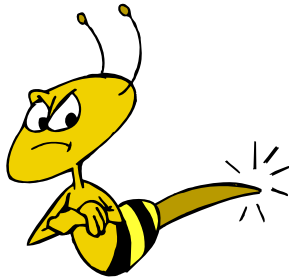
activity should be documented, so that all staff members have up-to-date information allowing them to be involved in properly implementing the activity care plan.

### **Evaluation Activity**

Using the activity calendar, identify an activity that will take place today. Using the concepts above, work through the information on setting up an activity. Once the activity has taken place do an evaluation of the activity including the residents that participated. Discuss changes that could be made. Ask the elders how they feel about being involved in the process.

### **Don't get Stung!**

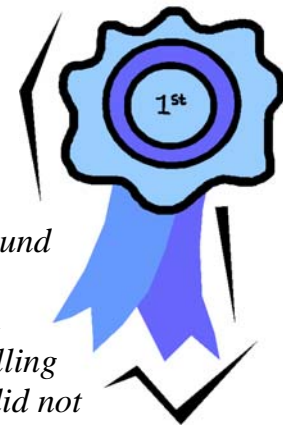
*The staff thought the residents would enjoy having a friendly spelling competition, so they set everything up for a spelling bee, bought a dictionary, and rounded up contestants. Several residents agreed to participate, saying they were in spelling bees in school. The staff members were pleased with the turnout and very proud because they were doing an activity so many had enjoyed when they were younger. They were sure this would be a hit.*



*The announcer started giving words, and the contestants were*

*spelling. The event went on for quite a while. Finally, the winning word: alfalfa. Ruth won and headed off to her room with a big blue ribbon. The staff sat down and talked about the activity. They loved it. All agreed that the residents had really enjoyed it and they should do a spelling bee again.*

*A few days later, the activity director was visiting with Ruth and once again congratulated her on her spelling victory. Ruth began to cry and said, "Ever since the spelling bee the other ladies will not speak to me." After further questioning, the activity director found out that several residents had been upset after the spelling bee because they did not win. Many told her they felt like failures because they used to win spelling bees and now they are old and have forgotten how to spell. Even though the activity seemed like a successful one at the time, the lasting impression for the residents was not pleasurable.*



The story above is not intended to suggest that a spelling bee is a bad activity. This story is shared to highlight the importance of giving elders opportunities to evaluate current activities and develop new ones. Some homes have activity committees of residents who determine what is included on the activity calendar. It does not



matter if feedback is received through a committee or just by asking for it after the activity. Getting it is what matters.

## Other Ideas

While it will be necessary to find activities that work well for elders, there are some ideas that many nursing homes have adapted that are proving successful. The following sections are devoted to several specific programs that are being used in some Kansas homes. A brief overview of each type and some examples are provided.

### Animal Residents

*Thomas was new to the Riverbank Nursing Home. He wasn't integrating well into his new environment and had chosen not to participate in any of the activities that were offered. One day, desperate for an idea to spark some interest, the activity director dropped by his room and started talking about her dog and his antics. In the course of the conversation, Thomas revealed that he and his wife had owned a dog for seventeen years. A big part of their retirement had been involved in Sparky's care including daily morning walks.*



*The perceptive activities person noted this interest and the following morning arrived in Thomas's room with a dog that happened to need*

*walking! Thomas soon discovered new purpose in his daily attention to the dog's needs. Gradually he came out of his shell and became more social within his new community.*

Marian and William Banks have found that spending 30 minutes a week with dogs helps reduce loneliness in nursing home residents (McCook, 2002). All of the people who elected to participate in the study had owned pets prior to entering the nursing home; this may explain why being with an animal had a positive effect. Since animals were important in their lives, when they were not around animals an important part of their lives was missing (McCook, 2002).



Eden Alternative was designed by Dr. Bill Thomas to counter what he considered the scourges of nursing home existence: loneliness, helplessness and boredom (1996). He determined that many of the things that made our own homes interesting were missing from nursing homes and recommended that plants, pets and children be used to help create a "living" environment. Specialized training is available for the Eden Alternative, and it is possible for a nursing home to be certified as an Eden home. While many other principles and concepts are taught, perhaps one of the notions most associated with the Eden



Alternative is that of having pets within the home.

Many nursing homes now have pets that live at the facility. The way residents interact with the pets varies by facility. In some homes residents are in charge of all of the care for the pet, while in other homes staff provide the care and residents benefit from the companionship. Most homes have found sharing the animal care to be successful. It is important to note that many of the benefits of having animals in the building are lost if residents are not directly involved in the care of the pets. Birds in an aviary are not considered as therapeutic as a bird living in a residents' room.

- At The Cedars in McPherson, Kansas the pets are truly part of the family. One of the resident's cats has diabetes and has to have insulin every day. He has his own Medication Administration Record (MAR), and the nursing staff is more than willing to pass his medications.
- A resident at Sandstone Heights in Little River, Kansas has taken a strong liking to Smokey, the cat. He sleeps on her bed each night. She makes sure he gets to the room with his food and litter box by giving him a lift in the pouch on her walker. Smokey has been at Sandstone Heights for about five years.

There are many responsibilities and costs

associated with having a facility pet. Careful planning should be done prior to getting a pet to ensure the needs of residents, staff and pets can be met. Having a meeting with interested residents, staff and family members is a good way to get feedback. There will probably be some strong opinions on both sides of the issue. Meetings should be held with an open mind. Pets should only be considered if they are wanted by elders and the environment is ready to handle them.

### **Considering Pets Activity**

If you are considering the addition of a pet or have pets and need to clarify your existing pet program, get a group of residents, staff and family members together and consider the following:

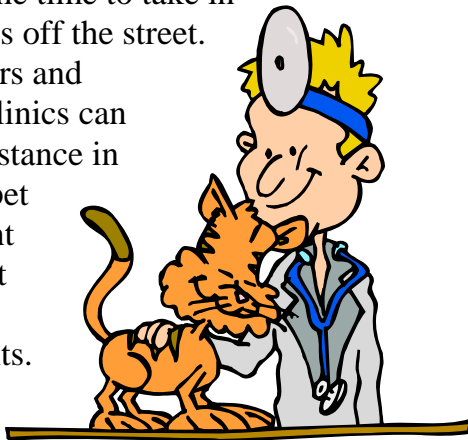
1. What outcomes do we wish to achieve by having pets in the building?
2. What types of pets will match the desired outcomes?
3. Do we want to get a baby or an adult animal?
4. If we get a puppy or kitten who will be responsible for its training (this includes potty-training and obedience)?
5. Will we be able to provide a good home for the animal? Dogs and cats tend to need one primary care giver. Do we have someone on staff willing to serve in this role? Who will provide the needed care when the designated person is out (nights/weekends)?



6. How will we pay for the upkeep which will include veterinary bills, food, toys, etc.?
7. How much responsibility do residents wish to have in caring for the pets?
8. What other homes have adopted pets and can we ask them for advice?
9. Do any of the residents and/or staff have allergies to animals?
10. What can we do to assure residents that do not enjoy animals that they will not be bothered?
11. How will we assess the outcomes of having pets in the building?

After the items above have been worked through, it will be necessary to set up policies and procedures regarding pets in the home. The policies and procedures you set will need to be based on goals and the environment. There is a sample in Appendix D to help get discussion started. Once these are in place it will be necessary to provide copies to anyone interested in bringing a pet into the facility.

It is now time to begin looking for a pet. This is not the time to take in stray animals off the street. Local shelters and veterinary clinics can provide assistance in selecting a pet and excellent advice about animal temperaments. Once a suitable pet



has been identified, taking a group of interested residents to the clinic to pick-up the animal is a good way to begin fostering ownership of the pet immediately. Another great way to arouse interest in a new pet is to have residents suggest and then vote on a name for the pet.

Maintaining pets can be costly. In addition to food, supplies and toys there are other expenses related to the animals health. The Kansas State University

## Care For Your **PET**

Veterinary Teaching Hospital recommends that pets in a nursing home

be spayed or neutered, have yearly vaccinations, monthly heartworm medication and topical flea/tick medication. For a cat that will always be indoors a front declaw is recommended (Dr. M. Artzer personal communication April 28, 2006). Dr. M. Artzer cautions that care must be taken to ensure the pets are getting their calories from good pet food and is not receiving extra food. Talk to your veterinarian to see what he or she recommends for the new pet. Some veterinary clinics may provide discounted or donated services to an animal that is a nursing home pet. Other potential sources for animal related donations are pet stores, individuals, veterinarians or local animal interest groups.

In addition to the basic needs we have



discussed, there are some very specific things cats and dogs will require.

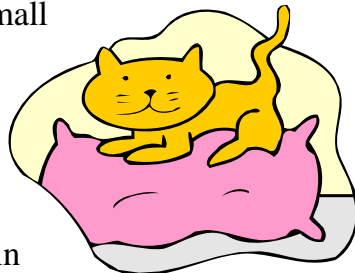
Other cat necessities:

- Litter boxes spread throughout the facility
- Someone to scoop litter box daily and clean as needed

Other dog necessities:

- Daily exercise
- Multiple restroom outings per day
- Someone to clean the lawn after the dog

In the nursing home environment, pets will be around many people and get lots of attention. Even the most affectionate pet will need a place to get away and have some quiet time. Setting up a place that the animal always has access to, but where he/she can get away from people will make for a happier, healthier pet. Dr. M. Artzer notes the animals are working too and they need a break just like everyone else (personal communication April 28, 2006). At Village Manor in Abilene, Kansas A.J., the dog, has a bed tucked under the nurses' desk. This way he can slip in and get a little break whenever he needs one. Another option might be to have a closet or small room that is usually closed off. A pet door could be installed, and the animals could go in and out at their leisure.



The Eden Alternative has developed a book called *Animal Welfare Guidelines*. This book was written by veterinarians and can serve as a guide as pets are chosen, brought-in, and maintained in the home environment. The decision to have a pet should not be taken lightly. Animals are also living beings and have the right to reside in environments that can meet their needs.

### **Friendly Visitors**

If an in-house pet is more responsibility than staff want to tackle, there are still ways to have pets involved in the lives of residents. Even though the animals will not have the same impact as those living in the home, there are still benefits from interactions with visiting pets. The nursing home could take part in visiting pets programs either formalized in the community or created by the home. With a call to local veterinarians or pet obedience instructors a list of possible volunteers and visiting animals could be developed. A sign could also be posted asking residents, staff members and families to volunteer their pets for the program. The extension office could provide the name of the local 4-H program's pet obedience leader. Prior to having the visiting pets in the facility, documentation will need to be provided showing that the animals are up to date on all of their vaccinations and that they are healthy. It is also a good idea to let the owners of the pets know that animals need to be docile and able to handle all of the stimulation.



- At Anthony Community Care Center (ACCC) in Anthony, Kansas a few nurses and the administrator bring their personal dogs to the home to interact with residents. The dogs make rounds to those who want their companionship. ACCC has found that hospice residents, those with dementia, and those in pain benefit greatly from the pet interaction. When the pets are not visiting residents they spend the rest of the day with their respective owners.
- St. Joseph's Village and Meadowlark Hills both of Manhattan, Kansas have worked with the Kansas State University School of Veterinary Medicine's student group Pets-N-People. This group of vet students brings pets to the home for friendly visits. The animals used by the group are the pets of the students or faculty and have undergone temperament testing prior to becoming visitors.

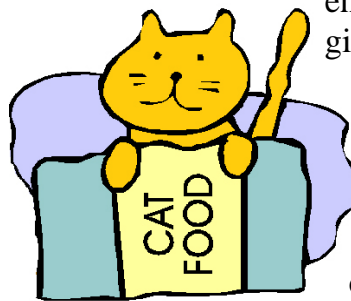
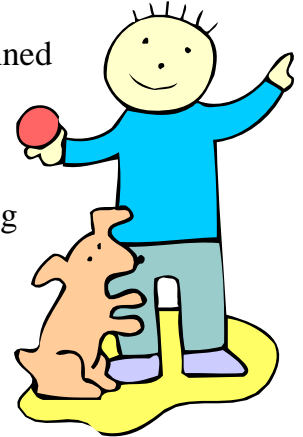
In an article, Laura Bruck (1996) gives the following suggestions for pet visits:

- Schedule visits during regular activity times.
- Hold visits in a large, but enclosed room. This allows the animals to wander without the risk of getting off the premises.
- Include as many residents as possible. Even those who are disabled or disoriented can benefit.
- Assign a few staff members to assist.
- After the event, encourage residents to talk about the activity or memories

of their pets.

## Animal Activities

Whether the pets are in house or visiting there are many activities that can be planned with and around pets. Possible activities with pets could include walking a dog or throwing objects to it for retrieval. Fine motor skills may be developed by petting, grooming, or feeding the animal. Resident communication is



encouraged by giving commands. Activities such as writing or talking about the animals or past pets may also help to develop or maintain cognitive

skills and communication (Gale Encyclopedia of Alternative Medicine, 2001).

*The Best Friends Book of Alzheimer's Activities: 147 Fun, Easy, and Enriching Activities* (Bell, Troxel, Cox, & Hamon, 2004) suggests that pets are good sources of love and entertainment. The ideas offered in the book could be used for dementia or non-dementia programming and are a great way to incorporate animals into activity whether or not the





home has a pet. Ideas:

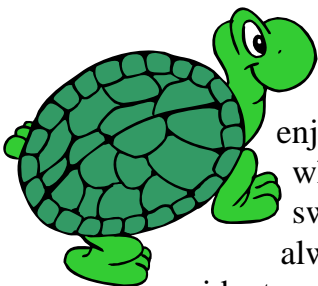
- artwork: create a collage of pictures of pets
- exercise: take the dog for a walk or play fetch
- humor: laugh at pictures of dogs and people that look alike
- think of sayings related to animals and pets, i.e. “A dog is a man’s best friend,” “cat’s meow,” “swimming with the fishes”
- create conversation by reminiscing about past pets

(Bell et al, 2004).

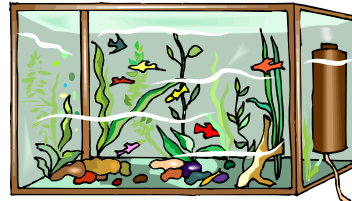
It is important to remember that not all residents enjoy pets. Care must be taken to ensure that residents never feel forced to be around the animals. Pets must be trained to respect the wishes of those who do not want them in their space. A chemical called Boundary is being used at Sandstone Heights in Little River, Kansas to keep animals from areas they are not welcome.

While this section has focused on dogs and cats as pets there are other options.

- At Golden Heights Living Center in Garnett, Kansas residents can be seen enjoying the afternoon by watching the turtles in the “Turtle Town” courtyard. Many of the residents enjoy the peace and quiet while watching the turtles swim. The turtle babies are always a big hit with residents.



- In 1996, Mennonite Manor in Hutchinson, Kansas welcomed it’s first dog Howie into the home. Since then they have added a few dogs and cats.



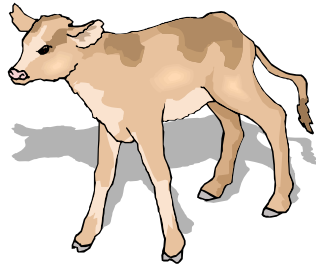
The Manor is now home to numerous birds including: parakeets, cockatiels and a parrot. Residents also enjoy watching the fish in the tanks spread throughout the home. They even have a chinchilla named Herbana.

- Pete, the resident cockatiel at Anthony Community Care Center in Anthony, Kansas, spends his time studying the actions of the residents as they enjoy observing him. In addition to Pete, residents also enjoy birds in an aviary.
- Arkansas City Presbyterian Manor hosts an annual dog show in August. They invite residents, staff and family members to show off their dogs. The dogs are judged in various categories by the residents. Residents then vote for the highly coveted “Best in Show” award.

If space and zoning allows, consider getting a few chickens or maybe even a baby calf. Many residents who lived on farms would enjoy having the animals to tend to, and it would bring a sense of normalcy to the environment. It might



be possible to find a local farmer who would donate the animals and then take the calf back when it became too large to bottle or bucket feed.



#### *Activity Idea:*



Invite the 4-H clubs in your county to have a practice dog show on the nursing home lawn. The animals in this program are in obedience training and are up to date on shots and grooming. This provides wonderful practice for the kids and their dogs to prepare them for the distractions they will encounter at the fair. Residents could help with judging and could also interact with the kids and their pets.

### **Green and Growing**

*Plants possess life-enhancing qualities that encourage people to respond to them. In a judgmental world, plants are non-threatening and non-discriminating. They are living entities that respond directly to the care that is given them, not to the intellectual or physical capacities of the gardener. In short, they provide a benevolent setting in which a person can take the first steps towards confidence.*

*—Charles A. Lewis, Morton Arboretum  
(Bassen & Baltazar, 1997, p. 53)*

Horticulture is the number one leisure pursuit among older Americans (Simson

& Haller, 1997). A sizeable proportion of the older generations served in nursing homes would have had gardens when they were younger, and many would have continued to raise their own fruits and vegetables well into their later years. Creating opportunities for gardening or tending to plants will bring a sense of normalcy to the lives of those who have always taken part in horticultural activity. Residents' health both physical and mental, can be improved by the therapeutic nature of horticulture (Simson & Haller, 1997).



Having plants around brings life to the home but may not be as beneficial for the residents as caring for the plants would. Plants can be used to promote a sense of responsibility and value in a resident. An early Langer study (Langer & Rodin, 1974) demonstrated that residents who were given responsibility for the care and maintenance of a plant had much better physical and social outcomes. In fact, residents who were instructed to care for their own plants were more likely to be alive a year later than residents who were given plants cared for by the staff.



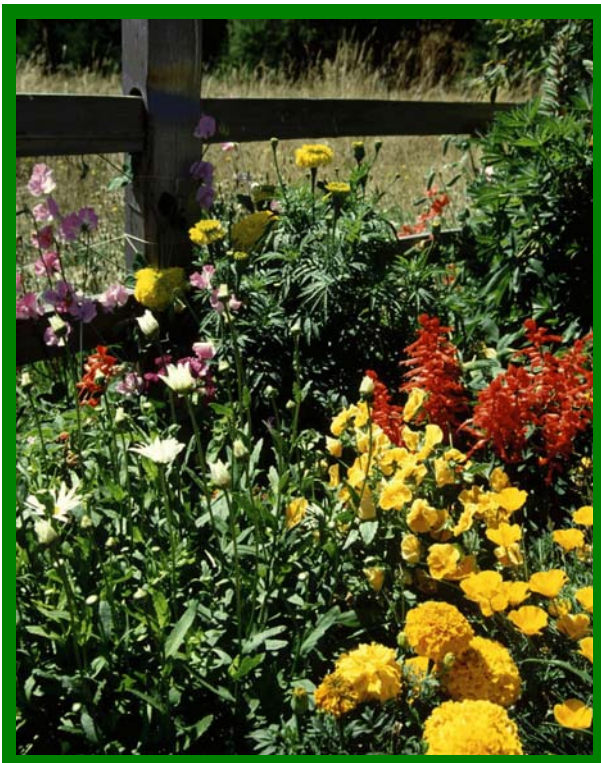
## **HORTICULTURAL THERAPY IN NURSING HOMES**

**Candice Shoemaker, Ph.D. Horticulture Therapy**

Horticultural therapy is the engagement of a client in garden-related activities, facilitated by a trained therapist, to achieve specific treatment goals. Therapeutic benefits occur when people are exposed to plants and when they are involved in planning, planting, growing, and caring for plants. Horticultural therapy is an adaptable treatment tool for clients of all ages and abilities. Given that gardening is a popular leisure-time activity for older adults it is particularly well-received with older adult populations.



Horticultural therapy is practiced in healthcare, rehabilitation and vocational facilities, as well as in community programs such as senior centers and community gardens. Several universities and institutions offer certificate, associate, and bachelors degree programs in horticultural therapy. The American Horticultural Therapy Association is a national association serving the profession and offers a voluntary registration system for horticultural therapists.



### **What research tells us:**

Physical, psychological, and cognitive abilities as well as social roles are impacted as a person ages. Gardening can be used in a therapeutic way to address these issues and improve the elder's physical and emotional conditions, cognitive ability and social interactions. Reported outcomes from passive contact and active participation in gardening experiences at geriatric care facilities include:

- ❖ Maintenance of life satisfaction
- ❖ Reduced stress
- ❖ Providing sensory stimulation
- ❖ Improved memory and concentration
- ❖ Improved social interaction
- ❖ Reduced agitation in residents with Alzheimer's



### **What horticultural therapy practitioners say:**

Due to the nature of gardening, a horticultural therapy program in a long-term care facility can address some of the needs that arise from simply living in an institution. A horticultural therapy program can provide opportunity for:

- ❖ Self expression: horticulture activities offer excellent outlets for creative expression, for example, designing a flower bed or patio container, flower arranging, or caring for bonsai
- ❖ Variety: horticulture activities are guided by the seasons, i.e. planting seeds in spring, harvesting produce through the summer, etc.
- ❖ Change: gardens and plants are always changing, over time a seed becomes a mature, flowering plant
- ❖ Control and independence: care for indoor plants, patio plants, and providing residents their own garden space
- ❖ Social interaction: horticulture and gardening tend to bring people with a common interest and past experiences together in an enjoyable way
- ❖ Service: horticulture activities offer many opportunities for service from making and delivering flower arrangements to bed-ridden people or to the dining area to growing and selling plants to raise funds for special projects for the institution
- ❖ Mental stimulation: for the novice gardener as well as the experienced, horticulture is a stimulating field of study
- ❖ Physical activity: many of the activities of gardening are moderate-intensity activity



### **Getting started:**

A horticultural therapy program in a long-term care facility can add much to the lives of the residents. In establishing and maintaining a program consider the following:

1. Conduct an informal (or formal) feasibility study of the residents to determine their interest and degree to which they feel they would be involved

2. If an outside garden is to be implemented

1. The site should receive at least 6 hours of direct sun for vegetables and most flowering plants
2. A source of running water should be nearby
3. Assess the soil and amend if needed
4. The site should be easily accessible by the residents
5. The site should be in view of a high traffic area to remind the residents to visit the garden
6. Shade and seating should be near the garden for





passive enjoyment of the garden

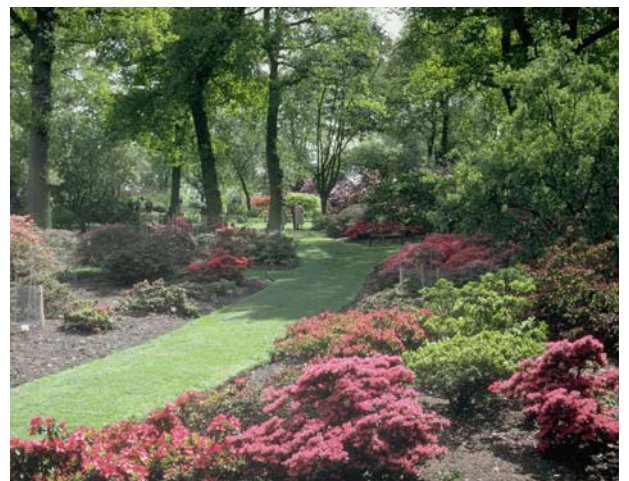
### 3. If a patio garden is to be implemented



1. Stained concrete reduces the amount of glare and provides a level surface
2. Shade and seating should be nearby to offer rest, provide a break from the sun, and provide an area for seated activities such as transplanting or just socializing
3. Consider the view from the inside, design the patio garden in such a way to lure people to the outdoors
4. Provide choice by using movable seating
5. The patio can be designed with raised beds of varying heights, table-like raised containers, vertical-frame beds, hanging baskets on pulleys, and containers to provide gardening opportunities for residents of varying abilities

### 4. For indoor gardening

1. Consider tropical plants, many are well suited for the reduced light levels of indoor environments
2. Most plants can be grown under fluorescent bulbs, in a sunny room provide 8 hours of lighting, in a windowless room provide 14 hours of lighting
5. Plant selection is important, consider plants for their fragrance, texture, taste, sound, familiarity
6. Look to your community for support
  1. Contact your local county extension agent for gardening advice
  2. Look to your local Master Gardeners, educated through the state extension service, for gardening advice and service
  3. Contact your local gardening clubs, most have service as part of their mission, as well as providing gardening advice
  4. Contact your local nurseries, garden stores, hardware stores for donation of materials and supplies, including the large chain stores





## **Resources**

American Horticultural Therapy Association, <http://www.ahta.org>, 3570 E. 12th Ave. Suite 206, Denver, CO 80206, 1-800-634-1603

Gardening for Good, <http://www.gardening4good.org/>

Thrive, <http://www.thrive.org.uk/>

## **Selected Books:**

*Accessible Gardening: Tool and Techniques for Seniors and the Disabled.* Joann Woy, 1997, Stackpole Books, ISBN 0-8117-2652-5

*Gardening is for Everyone.* Audrey Cloet and Chris Underhill, 1990, B.T. Batsford Ltd, 4 Fitzharding Street, London, ISBN 0-285-64954-X

*Gardens in Healthcare Facilities: Uses, Therapeutic Benefits, and Design Recommendations.* Clare Cooper Marcus, MA, MCP and Marni Barnes, MLA, LCSW, 1995, University of California at Berkeley. The Center for Health Design, Inc. ISBN 0-9638938-2-3

*Growing with Care: Using Greenery, Gardens and Nature with Aging and Special Populations.* Betsy Kreidler, 2002, Venture Publishing, ISBN 1-892132-34-6

*Horticultural Therapy and the Older Adult Population.* Suzanne E. Wells, MS; Ed. with American Horticultural Therapy Association and Friends Organization. 1997, Haworth Press, Inc. ISBN 0-7890-0045-8. [Also published as: *Activities, Adaptation & Aging*, Vol. 22, Numbers (1/2)(3) 1997.]

*Horticulture as Therapy: Principles and Practice.* Sharon P Simson and Martha C. Straus, editors, 1998, Haworth Press, Inc. ISBN 1-56022-859-8



There are a number of horticulture activities typically designed to be incorporated into an activity program in the nursing home. These include raising plants in greenhouses, raised beds or container gardens. Taking care of indoor

plants, helping with grounds keeping and crafting with flowers may also be appreciated.

Cooking with herbs grown in a garden and selling floral arrangements within the community are creative ideas about

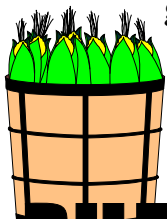
how to use garden produce.



- At Windsor Place in Coffeyville, Kansas residents are busy year round caring for plants. In the spring and summer, they can be found planting flowers in containers to decorate their community area. Some residents enjoy gardening and have grown tomatoes, cucumbers, strawberries and watermelon. Each year the residents choose the crop. Those who do not wish to plant or tend the plants enjoy spending time outside just watching. A few years ago the elders

grew a huge crop of tomatoes and cucumbers.

The ladies had fun visiting while washing and cutting all of the produce to get it ready for the salad bar.

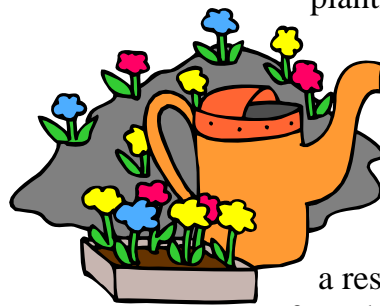


**HARVEST**

Even when it is too cold to work outside some elders take great pride in tending the plants in the courts or planting seeds in the greenhouse.

- Residents at Hillsboro Community Medical Center in Hillsboro, Kansas enjoyed the sunny weather while planting spring

flowers with a local church group. The flowers planted were donated by the family of a resident in honor of Mother's Day.



### Horticulture Activity:

Not all horticulture activities have to be offered by a professional to be beneficial. Brainstorm resources from the community that may be called upon to help with a horticulture program. Area Extension programs, local nurseries, service groups and college horticulture programs are sources you may wish to investigate. Keep in mind that if plant products are donated you will need to think about the other equipment and products that may be needed. Think about the needs of residents. For instance, how would you use this particular activity with a resident who had limited hand coordination or strength. What adaptive devices could be used to assist this particular resident (think bigger grips on tools or larger work surfaces)?



## Put 'Em Together

### *"Little Boy and the Old Man"*

*Said the little boy, "Sometimes I drop my spoon."*

*Said the old man, "I do too!"*

*The little boy whispered, "I wet my pants."*

*"I do that too," laughed the old man.*

*Said the little boy, "I often cry."*

*The old man nodded, "So do I."*

*"But worst of all," said the little boy, "It seems grown-ups don't pay attention to me."*

*And he felt the warmth of the wrinkled old hand.*

*"I know what you mean," said the little old man.*

*-Shel Silverstein*

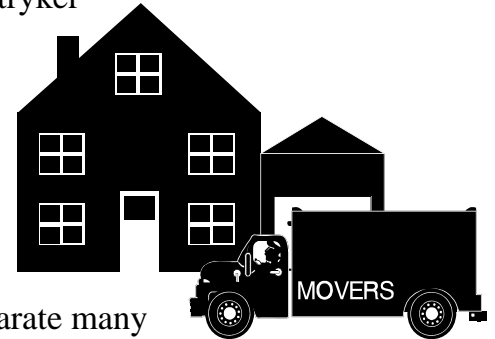
While children and the elderly are at very different ends of the life span, they are both groups that are often in need of more attention. One nursing home administrator said the common thread she sees between the residents and the children in the intergenerational program is time. Time to visit. Time to play. Time to share. Time to learn. Time to connect. In today's society we are so

busy that we often overlook our children and our elders.

Setting up intergenerational programs is a wonderful way to unite these generations and fill the time for both with joy, laughter, learning, growth, and love.



According to Stryker (2003), "the mobility of contemporary American families and the lifestyle of retired persons conspire to separate many children from their



grandparents except for occasional visits. As a result young people miss the nurture, support, and sense of roots that closeness to grandparents provides. By the same token, older persons miss the joy of knowing youthful perspectives and the gratification that comes from the role of generativity" (Stryker, p. 290). Generativity is elders giving back to their family, community, and society. For some this might be rearing children or grandchildren, and for others this might be staying active in the community.

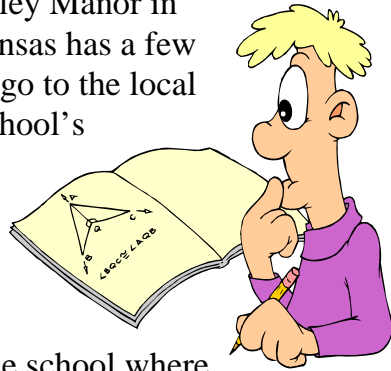
The perpetuation of the negative image of nursing homes can be reduced through intergenerational programs. Those working with intergenerational programs believe the children who are exposed to elders have a more positive image of aging.

Persons of all ages may benefit from shared programs in a nursing home setting. The following are examples of intergenerational programs that may help to foster relationships within the nursing home environment.





**Tutoring:** Some elders may gain value from helping students with their studies. Chapman Valley Manor in Chapman, Kansas has a few residents that go to the local elementary school's weekly tutoring program. The activity staff take the residents to the school where they assist students with reading and other homework. A nursing home could also host a tutoring program. By working with a local school, the nursing home may be able to provide the facility and the volunteers for a previously organized tutoring program.



**After School Program:** Many students need a place to go after school, and the elders in nursing homes have the time to spend nurturing these students. This provides a great way for the facility to interact with the community. At Village Manor in Abilene, Kansas every Tuesday and Thursday around noon you begin hearing the question, "Are the kids coming today?" Village Manor hosts second and third grade students in an after school program. They received a grant from the community foundation to purchase games and supplies. The administrator said, "When the program first started the time was very formatted with planned activities. Now the time



has evolved into a natural feel because the residents and children make decisions of how it is filled." The outcomes have been extraordinary for both the residents and the students. The administrator also said, "It is a wonderful learning experience to expose the children to the elders. It helps to dispel the negative view of the elderly and nursing homes."

**Mentoring:** Residents can provide an older adult perspective for college level students, especially if their interests and past career options mirror those of the student. Some residents at Meadowlark Hills have been paired up with Kansas State University Gerontology students to work on solutions to aging problems and provide guidance as the students prepare to enter the work world. Another idea would be to have a group of elders answer questions sent to them via e-mail. The questions could come from teens in the community or surrounding areas. They might include questions that the teens do not want to ask a parent or teacher. The elders could read the questions and as a group compose an answer to e-mail in response.

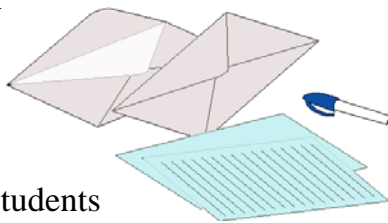
**Guest lectures:** Some elders may be able to travel to schools to share their life experiences, but other options might be to bring guest lecturers to mixed groups of seniors and students. Examples might include a traveling zoo exhibit or a health related presentation. The presentation could be





offered at the home, and other groups could be invited to join in.

**Students Serving Elders:** Young people involved in youth organizations may earn service hours by volunteering in a nursing home. Many older people get few visits and may benefit from having a companion. Some students will find it difficult to initiate conversation, so providing some topic ideas will make the first visits more comfortable. Many residents would love to write letters to friends or send cards, but they cannot write. Students or other visitors could take dictation from the residents, get the correspondence ready, and mail it.



**On-Site Day Care Program:** Many nursing homes have found benefits for staff, community members, residents and children when on-site day care programs or preschool programs are offered. At Schowalter Villa in Hesston, Kansas a daycare is connected to the nursing home by an enclosed walkway. Throughout the day children can be seen interacting with residents in a wide variety of activities. Each time the children learn a new letter they don costumes of something that begins with the letter and share their new knowledge with residents. Not long ago the children were learning about the letter “T,” so they designed turtle shell costumes and gave the residents a parade of turtles.

This parade, however, did not occur at a turtle’s pace! The children were all eager to spend some quality time with the elders. Some elders prefer to have hands-on interaction with the children, while others just enjoy watching the children.

**Reading and Literacy:** Reading to an older adult can help build children’s literacy skills that are critical to academic success. Children may find that older adults in a nursing home are more tolerant with reading mistakes and make a better audience than their peers in the school setting. An afternoon of reading together can have a huge impact on the child and the elder. At High Plains Retirement Village in Lakin, Kansas a first grade class from the elementary school comes to the nursing home every other week to practice their reading. The students spend time reading short stories to individual residents or small groups. Each student has the opportunity during the visit to read several different stories to multiple residents. The children gain confidence and social skills from reading aloud and interacting with the elders. The elders enjoy the opportunity to socialize with the children and use their knowledge to help students when they come to difficult words.



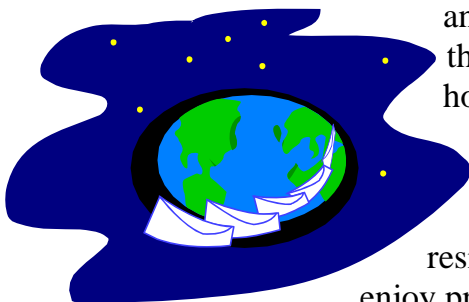
**Oral History, Storytelling:** Telling one’s story is a way of fostering generativity, making the next generation stronger and better than the last.



Students in a variety of classes could benefit greatly from the experiences of residents. While students at one high school were studying WWII, the teacher mentioned that there were a few WWII veterans at the local nursing home. The class asked if they could learn about the war from them instead of the text book and videos. The students went to the nursing homes and were educated by a panel of veterans. The veterans shared stories and answered many questions. Being able to hear history from those who lived it made it more fun for the students. The residents also benefitted because it allowed them the opportunity to review the events of their lives.

**Pen Pal Programs:** When it is difficult to bring the children to the nursing home an option may be to exchange letters. This gives young people practice with the underdeveloped skill of writing and helps the older person to feel valued and connected. When reading or writing letters with the necessary assistance physical disabilities will not hamper positive interactions. Residents at Larksfield Place in Wichita, Kansas have adopted four soldiers who are in Iraq. They correspond back and forth. The

residents made cookies and cards for their soldiers to honor them during Valentine's Day. The residents really enjoy preparing the



care packages they send. Several residents are veterans, and they love having the opportunity to support today's soldiers.

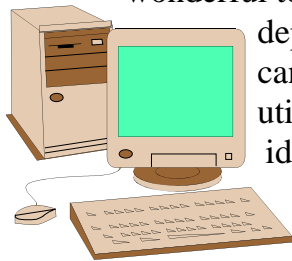
**Adopt A Grandparent/Adopt a Grandchild:** In today's mobile society, many families are separated by many miles making frequent visits to grandparents almost impossible. Long distance families where grown children live too far from the resident for regular interaction are increasingly common. When elders lack this ability to interact, they may benefit from a formalized Adopt a Grandparent or Adopt a Grandchild program. Local Extension agents may be able to help locate or help organize such a program at nursing homes. This type of program provides necessary interactions for both the child and the elder.

As we have stated many times before, culture change is about developing relationships. Many will become attached to their new friends, so it is important, when possible, to sustain these relationships over time and not to limit them to a semester or summer vacation. Interaction should be scheduled, to the highest degree possible, by the resident. Having a visitor and being able to choose the time the visitor arrives promotes normal relationships and helps residents to maintain control over interactions. All intergenerational activities will need to be monitored for the comfort and fatigue levels of each resident.

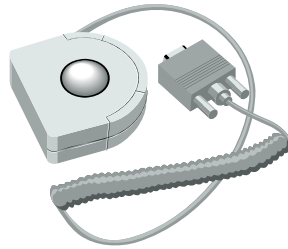


## Going High Tech

A computer and the Internet can be wonderful tools for an activity department. Not only can staff members utilize it to look for ideas, residents can also explore their interests via the web. There are now



computer systems designed specifically for older adults. These systems are user friendly and offer adaptive devices to make them more functional. Also font size and the contrast on the screen can be increased to assist residents with visual impairments. Many residents may not know how to use a computer or the internet and will need to be taught how to do so. This could provide a wonderful opportunity to involve a school or service group.



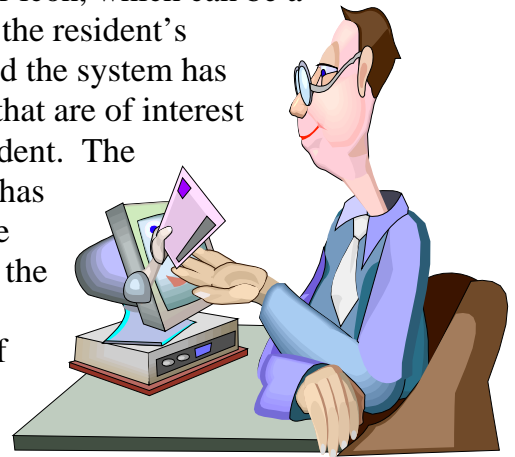
Once residents know how to use the Internet the world is theirs. There are no limits on the information they can access. By having internet access residents have the opportunity to use e-mail to stay in contact with family and friends. The Internet can be a valuable tool for finding fun. “Fun and laughter help



people relax and focus on being well” (Dunning, 2005, p. 85). Dunning suggests using Google to

search a resident’s birthday to see what else happened on his or her day. Since the focus of this module has been on meaningful activity, it seems appropriate to mention that the Internet can be used to identify, learn about and facilitate any type of activity a resident finds meaningful. For some hobbies it may even be possible to connect the elder with an online group. When it comes to information on the internet, “Ask and ye shall receive!”

- At St. Francis Good Samaritan Center in St. Francis, Kansas, residents are busy making greeting cards, playing games and taking virtual vacations on the home’s “It’s Never Too Late” computer system. The residents enjoy sending and receiving e-mails. The system offers a special keyboard as well as a touch screen. Residents select their icon, which can be a picture of the resident’s choice, and the system has activities that are of interest to the resident. The computer has had a huge impact on the activity pursuits of the residents.



- Larksfield Place in Wichita, Kansas has a resource center filled with computers. The center is staffed so that anyone wishing to use the equipment has the assistance they



need. The room has several computers with adaptive aides. One computer has a giant screen, so those with visual impairments can still enjoy computing.

## Conclusion

Activities are a wonderful way to connect with residents. If only one lesson is taken away from this module it should be that activities need to be individualized. Everyone is different and people enjoy spending time in different ways. By building relationships, finding out what residents enjoy, offering variety and choice, and listening to feedback, activity programs can be transformed from run of the mill to a challenging and rewarding environment that fosters resident growth. There are many opportunities to stimulate residents physically, socially, intellectually, spiritually, and creatively. Activities can also ensure residents stay connected with their community and are able to enjoy their leisure pursuits. Meaningful activity enhances the quality of life, and life should have quality wherever it is lived!



Photos Courtesy of Stephanie Gfeller



## Projects

The following list may generate ideas for a project you may wish to start in your home. Some projects are more appropriate for organizations just beginning the process of change while others may be activities that will help those who have already started change to reassess their progress. Some of the suggested projects are continuations of activities described in this module. Each will be followed by suggestions for assessment and evaluation that will provide information about successful or unsuccessful implementation. (For more in-depth review of assessment and evaluation, refer to the Measuring Change module.)

### **1. Pet Policies and Procedures:**

Using the sample policies and procedures for pets in Appendix D of this module, get a group of interested persons together and write a set for the home. Remember that this will be necessary for pets living in the facility and those who visit.

*Assessment and evaluation:* The evaluation for this project has an outcome and a process based component. After writing a set of policies and procedures revisit them one year later and ask the following questions. “Have the policies and procedures been implemented?” “Do the policies and procedures reflect what is actually

happening?” “Did having the policies and procedures in place help ease the transition to having a pet program?” “By having a diverse group help with development, was reaction to the program positive?”

### **2. Daily Pleasures Interview:**

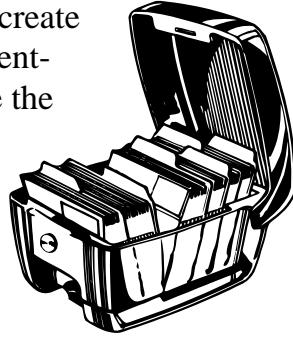
Earlier in the module, you brainstormed activity ideas for a particular resident. Now take the time to go visit with the resident and find out what is actually meaningful to them. Use the Daily Pleasures interview in Appendix A, and ask the resident questions about his or her preferences. After the interview is completed, look back at the activities the resident mentioned and compare them to your list. How well do you know the elder? Once you feel you have accurate and detailed information place it into the resident’s care plan so that everyone has access to the information you have compiled.

*Assessment and evaluation:* To determine the effectiveness of the interview, look over the interview and visit with a resident six months after doing the Daily Pleasures Interview. Ask the resident if any of the pleasures discussed are now happening. Take a look at the resident’s care plan to make sure it is still reflective of the resident’s daily pleasures.



### **3. Activity Cards:**

Using the sample activity card shown in this module, create an activity file of resident-favored activities. Use the types of activities described as categories for the file.



*Assessment and evaluation:* Prior to implementing the activity card file do an assessment of activities for one week. Note the number of activities offered and the type. Six months after the file is implemented assess the activity offering. Use the results from the assessments to see if the file has increased the number or variety of activity. If the file is effective the results could also be seen in resident satisfaction surveys.



## Post-test

*The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.*

1. In a culture change home, which of the following types of individuals could be involved in meaningful activity with an elder?
  - A. Activity person
  - B. CNA
  - C. Family
  - D. Maintenance person
  - E. Nurse
  - F. All of the above
  
2. Meaningful activity is dictated by the
  - A. Activity calendar.
  - B. Resident council.
  - C. Resident's preferences.
  - D. Staff's preferences.
  
3. Spirituality activities must include a religious element.
  - A. True
  - B. False
  
4. Which of the following is a culture change strategy for learning the preferences of elders?
  - A. Learning Circles
  - B. Asking family and friends of the elder before giving the elder an opportunity to share
  - C. Caregivers learning about an elder during ADLs
  - D. A and C
  - E. All of the above
  
5. Which of the following illustrates the compensation component of the Selective Optimization with Compensation (SOC) theory?
  - A. Sewing needles with a larger eye hole
  - B. Making an afghan using only the stitches that the person can still do
  - C. Growing only one type of vegetables in a container garden because it is your favorite to eat
  - D. Using utensils with larger handles so a cake can be easily stirred
  - E. All of the above.
  - F. A and D





6. The benefits of being engaged in meaningful activity include all of the following except
  - A. Maintained autonomy.
  - B. Improved quality of life.
  - C. Worsened health outcomes.
  - D. Increased socialization.
  
7. Which of the following quality-of-life domains can be directly influenced by individualized activity programs?
  - A. Relationships
  - B. Spiritual well-being
  - C. Autonomy
  - D. All of the above
  
8. A comprehensive activity assessment is necessary to provide individualized activity.
  - A. True
  - B. False
  
9. Which of the following has not been identified by Bill Thomas of the Eden Alternative as a scourge of nursing home living?
  - A. Loneliness
  - B. Hopelessness
  - C. Boredom
  - D. Helplessness
  
10. Which of the following is not a component necessary for activity regulatory compliance?
  - A. Resident activity preferences are assessed.
  - B. Resident preferences are used in planning activities.
  - C. Modifications are made to the care plan as needed.
  - D. Activity staff members are the only people who can lead activity that is documented.
  - E. All activities must last at least 25 minutes.
  - F. D and E

**Answers can be found on page 61.**



## **Pretest and Post-test Answers**

1. F
2. C
3. B
4. D
5. F
6. C
7. D
8. A
9. B
10. F



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## **Appendix A: Daily Pleasures**

### **Neighborhood Team Work - Month Three - Building a Resident Centered Team *High Involvement and Pleasures in Daily Life***

We've begun to build some of the skills so important for an excellent team. We've worked on listening skills and on giving each other positive feedback. We've begun to learn how to talk about problems, and maybe we've solved a few along the way.

But now it's time to get the residents involved. After all, everything we do here is to make this a great place for our Elders to live. How do we go about getting residents involved? The first step is to find out what we could do together to make their daily lives better. And we're going to use our listening skills to make this happen. Over the next few weeks we're going to do the following:

#### **Step One:**

Find out what each of the Residents would like using the Daily Pleasures Interview.

#### **Step Two:**

Discuss our interviewing experiences at the next team meeting -- review the daily pleasures requested and set up a schedule to invite Residents to come to the team meetings to share their requests.

#### **Step Three:**

Invite the Residents for a future meeting.

#### **Step Four:**

Involve the Residents at the meeting in helping us come up with solutions.

#### **Week One: Step One**

Pass out the Resident Questionnaire titled "Daily Pleasures Interview. Each team member should choose at least one person they would feel comfortable interviewing between now and the next meeting. Someone should write out the master list of each of the residents and who will be interviewing them. If everyone agrees that a resident is unable to answer the questions, then someone could volunteer to contact their family member. However, remember that even confused residents can sometimes share their thoughts on daily pleasures.

#### **Week Two: Steps Two and Three**

Staff members come back with their questionnaires filled out. Each should report on their



interviews - how it felt, what they learned, what they hope can be done to improve quality of life for the Resident they interviewed. A schedule is developed involving Residents in future meetings -- perhaps 2 or 3 Residents at each meeting (you need to count on at least 10 minutes to talk about how the team will be able to accomplish a resident's pleasures). Each staff member should invite the Residents they interviewed to attend a future meeting. Some thought could be given to grouping residents who might enjoy helping each other with solutions.

### **Weeks Three, Four and Five: Step Four**

At each of the next three meetings, Residents should be invited and encouraged to share what would improve their lives. Each problem should be problem-solved -- either as a total team, or assigned to a small sub-group. Residents should be treated as equal team members -- and encouraged to brainstorm solutions and volunteer their help to solve their own or other residents' problems.

### **Neighborhood Team Work**

Excerpts from "Good Neighbors"

From the *Porch Swing Series* of workbooks from Action Pact, Inc.

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## Daily Pleasures Interview

Resident: \_\_\_\_\_

Family member (only if interviewed): \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Ask the Resident if you can take a few minutes to ask a couple of questions. Explain to the Resident that the team is trying to solve problems and find solutions to make daily life more satisfying.

Say to the Resident:

*We all have “daily pleasures” that help us get through our day -- things that are important to us -- that make our day unique -- it could be that first cup of coffee in the morning, or walking the dog, or working in the garden, or watching a certain show on T.V. Before you came to (name of facility) what were some of your daily pleasures? (list as many as they share.)*

*Are you still able to enjoy that daily pleasure here? If not, why not. (list the discussion of each of the pleasures)*

*Thinking about the little things in your day, what do you enjoy the most about each day here?*

*What little things would make your life here more enjoyable?*

*Is there anything that we could do, as a team, to make your life happier?*

*Would you be willing to attend one of our Team Meetings in a few weeks to talk about this and help us come up with solutions?*

### **Neighborhood Team Work**

Excerpts from “Good Neighbors”

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## Appendix B: Getting to Know You

The sample below contains some wonderful suggestions that do not appear on most activity assessments.

Person's Name \_\_\_\_\_

Where were you born?  
Where did you grow up?  
Favorite parts of childhood?  
High school days?  
College/Secondary Ed/Service?  
Married?  
Children?  
Career/Life Role/Spouse's career?  
Moves?  
Retirement?  
Grandchildren?  
Favorite pastime  
Favorite hobbies  
Favorite leisure activity  
Favorite spectator sport  
Favorite active sport  
Favorite music  
Play an instrument?  
Have what you need to enjoy your music?  
Favorite intellectual activity  
Favorite games  
Favorite arts/crafts  
Favorite outdoor activity  
Favorite drinks  
Favorite baked goods  
Favorite meals  
Favorite snacks  
Favorite restaurant  
Morning Routine  
Afternoon Routine  
Evening Routine

Sleep Routine  
Daily Pleasure  
Birthday Tradition  
Special Holiday traditions  
Ethnic culture/culture traditions  
Volunteer work/community service  
Psychosocial Needs  
Spiritual/Religious Beliefs/Traditions  
Is there something you would like to learn?  
If you could do anything, what would it be?  
What is something you never got to do you wanted to?  
What things around you bring comfort?  
What can we do to make you feel more comfortable here?

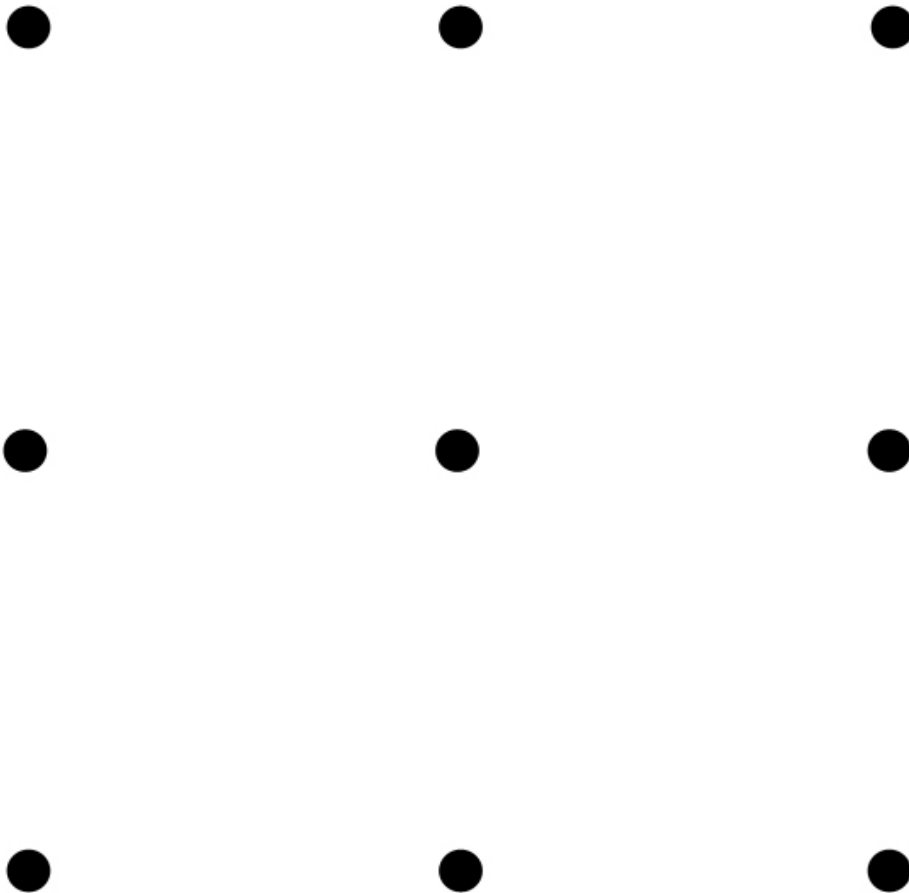
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## Appendix C: Connect the Dots

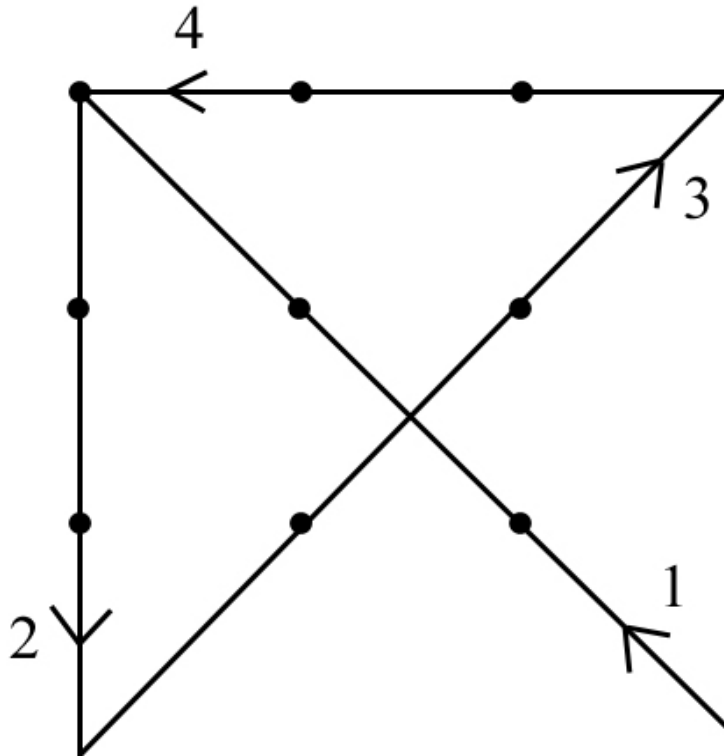
### Connect the Dots Worksheet

Instructions: Connect all the dots by drawing four straight lines. You may not lift your pencil off the paper or retrace any of the lines. The lines may cross.





### Connect the Dots Solution





## Appendix D: Pet Policies and Procedures

### Policies and Procedure for Pet Therapy and Companion Program in a Long-Term Care Facility

#### A. Purpose:

To establish procedures to allow pets to live in nursing facilities for extended lengths of time for therapeutic reasons. This policy concerns the details for having a cat boarding long-term on a nursing facility floor and general guidelines for other animals that may spend time on a unit.

#### B. Scope:

This policy applies to this specific long-term care (LTC) unit in this facility.

#### C. Policy Statement:

Pets significantly add to the quality of life for many people and individuals who receive care in an institutional setting and who often must leave their pets behind at the time of admission. Pets can reach patients/residents in ways that people cannot.

These policies and procedures were developed in order to ensure appropriate supervision and care for both live-in animals and pet visitors for maximum enjoyment by patients/residents and staff without infringing on the rights of others.

#### D. Responsibility:

1. A Program Director will be selected to coordinate and oversee all aspects of the Pet Therapy and Companion Program in the facility.
2. The Program Director or designee must approve all group or single pet visitations, including the time of the visit, length of stay, place, and supervision of visitation. Long-term stays (live-in) for cats must also be approved by the Program Director. Only one cat per ETC [*sic*] unit will be authorized.
3. Pet therapy sessions will be supervised by at least one staff member, in addition to any volunteers. These staff members may include recreational therapists, nurse managers, staff nurses, or other qualified individuals.
4. Personal pets may visit with the permission of the Program Director and must meet all of the listed requirements in this document.

#### E. Procedures:

1. All pets must have the required vaccinations, including rabies, and a copy will be on file with the Program Director.



2. All pets on ETC [*sic*] units must be screened by the Program Director or designee prior to allowing them to visit the floors.
3. All pets must be free from fleas, ticks, and other infestations as well as being in good health. Long-term oral or topical anti-flea medication is acceptable as prevention of fleas for cats.
4. All pets must be clean and free of open skin lesions, diarrhea, respiratory infections, and/or other active infections. Long-term cat boarders must have current veterinarian's report plus all required vaccinations. The Program Director or designee will be responsible for personally visiting any cat being considered for adoption to ensure its temperament would be suitable for such an environment.
5. Patients/residents and staff should wash their hands prior to and after handling pets, and this procedure will be reinforced by signs posted on the unit.
6. Patients/residents handling pets should be those who have the ability not to harm the animal. Judgment and responsibility for this criterion will be left up to the pet owner and Program Director or designee.
7. Pets should not be left unattended (unless it is a long-term cat boarder). They should be caged, wear a collar and leash, or be carried when on the unit.
8. Long-term cat boarders should be spayed or neutered, and front claws must not be present. Additionally, the following requirements must be followed:
  - a. Any evidence of disease, including parasitic infections, will be brought to the immediate attention of the Program Director, who will arrange for evaluation and treatment by a veterinarian.
  - b. Annual health check-ups are required along with any required vaccinations.
  - c. A health file for the cat will be stored in the office of the Program Director.
  - d. Staff will be informed that care should be taken to avoid direct contact with animal urine or feces; this is especially important for all pregnant visitors and staff. Such an advisory will be posted on the unit.
  - e. Clean-up of all litter will be the responsibility of the Program Director or designee. All personnel touching the litter will be required to use non-sterile gloves and use leak-proof plastic receptacles for disposing of such material.
  - f. The supplying of all required materials and food will be coordinated by the Program Director.
  - g. A committee of interested residents, family, and staff may volunteer to care for the cat. The Program Director will be responsible for maintaining the list of interested individuals.
  - h. Any staff member with knowledge of or suspected allergies to cats should make an effort to avoid direct or indirect contact with these animals or their care items. This is similar to the current recommendations given by the CDC in regard to those with severe allergies to latex products or peanuts. For any individuals that develop possibly related symptoms from exposure to the cat, the Program



Director should immediately be notified so an investigation can be initiated. Any employees who feel they have been injured by exposure to the cat should notify their supervisor so an on-the-job injury form can be filled out. All injuries should be reported as soon as possible but in no case more than 24 hours after the incident.

- i.** Any visitor or employee claiming a significant phobia to cats will inform the Program Director so that possible solutions can be formulated.
- j.** Staff members will be instructed by the Program Director or designee on how to avoid bites and scratches from the cat.
- k.** All staff will be instructed to keep doors closed to supply rooms, laundries, kitchen areas, central sterile areas, and areas outside of the authorized unit. Isolation rooms, other restricted areas, patient rooms requested to be placed off-limits to animals by residents or families, and any medication rooms will be considered off-limits to animals. The cat should also be removed from common dining areas by an employee and returned to its own feeding area during mealtimes.
- l.** The Program Director will be notified of any elopements of the cat and will coordinate the cat's return back to the unit.
- m.** During any period where staff supervision or other issues arise that are of concern to the charge nurse, the cat will be placed in the area where their food is located and closed in along with their litter box until such time as the issues are resolved.

**9. Restrictions:**

- a.** Pets that are not allowed are turtles, wild animals (eg, feral, raccoon, squirrels), non-human primates, roost birds (eg, chicken, pigeons, doves), snakes, and loud animals (eg, barking dogs).
- b.** Birds will be restricted to cages while on station. Birds should have been purchased from a licensed dealer and arrangements for cage cleaning must be prearranged.
- c.** No pets are allowed to enter isolation rooms, dietary kitchen, treatment room, medication room, bath areas, and public restrooms.
- d.** All toileting activities of visiting pets are the responsibility of the owner, and all visiting pets must be housebroken.
- e.** Pets may only visit during scheduled visiting hours. The pet must be accompanied by the owner/handler at all times with the exception of long-term cat boarders.
- f.** Pets are not allowed in rooms or on tables where meal trays are present unless pet supervision is present.
- g.** Feeding of animals (if needed) must be prearranged and a schedule posted.
- h.** Patients/residents/staff having known allergies to animals should not be exposed



to pets, and notices announcing pet visits should be posted in advance of a visit.

- i. Only patients/residents desiring pet therapy should be involved with this program.

The policies and procedures are taken from Pet Therapy/Companion Programs in Nursing Facilities: Policies, Procedures, Potential Complications, and Clinical Issues (Weinberg et al., 2004) and used with permission from Annals of Long-Term Care.