DEMENTIA TRAINING
FOR AMBULANCE WORKERS

LEARNER’S GUIDE
PATIENT TRANSPORT OFFICER

THE DEVELOPMENT AND PRODUCTION OF THESE MATERIALS WAS FUNDED BY THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING
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INTRODUCTION

This training program has been developed as part of the Department of Health and Ageing’s Dementia Initiative: Helping Australian’s with dementia, and their carers – making dementia a national health priority.

The aims of the training program ‘Dementia Training for Ambulance Workers’ is for the ambulance workers to understand how to manage people with dementia in the pre-hospital setting.

Learning Outcomes

• Possess a basic understanding of the condition of dementia.
• Recognise the signs and symptoms of dementia and the significance of dementia in an engagement in a pre-hospital setting.
• Provide appropriate pre-hospital patient management procedures and communication techniques with people with dementia.

Ultimately, the training program has been designed to ensure appropriate and timely attention is given to the patient living with dementia, while at the same time minimising risks to all involved.

Probable patient engagement scenarios for Patient Transport Officers are identified below:

• Transportation of low risk, non-urgent patients from home to hospital
• Transportation of low risk, non-urgent patients from nursing home to hospital
• Transportation of low risk, non-urgent patients from hospital to home
• Transportation of low risk, non-urgent patients from hospital to nursing home
• Transportation of low risk, non-urgent patients from home to GPs and specialist for booked procedures e.g. medical checkups, X-rays
• Transportation of low risk, non-urgent patients from nursing-home to GPs and specialist for booked procedures e.g. medical checkups, X-rays
OVERVIEW AND GUIDELINES

During the training program, the following topics (or modules) will be explored:

- Aged care
- Mental health
- Medico legal considerations for transport officers
- Dementia
- Communicating effectively with clients, colleagues and others

The topics (modules) can be studied in any order. There are assessment tasks that will be required to be completed for each section studied. The assessment tasks will comprise of a combination of the following written assessments including:

- True / false questions
- Short answer questions
- Multiple choice questions
- Multiple answer questions
- Reflective writing exercise

Links will be provided to guide further reading in areas of particular interest to learners. These will be identified by ‘suggested further reading’ within the text.

Key principles/action for the management of a patient with dementia have been developed for ambulance workers. These have been included as a resource document.
Dementia Training for Ambulance Workers: Learner’s Guide – Patient Transport Officer

Community Services and Health Industry Skills Council   www.cshisc.com.au

Key Principles / Action for the management of a patient with dementia have been developed for ambulance workers. These have been included as a resource document.

<table>
<thead>
<tr>
<th>Key Principle</th>
<th>Action</th>
<th>Rationale</th>
</tr>
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<tbody>
<tr>
<td>Promote a trusting and supportive relationship</td>
<td>Adopt a positive, controlled, calm and caring frame of mind.</td>
<td>Ambulance officer's composure in any given situation is important in providing cues that guide the responses of the person with dementia.</td>
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<tr>
<td></td>
<td>Be confident in the approach to a patient without being loud, arrogant or insensitive to the situation.</td>
<td>Body language is a powerful communication tool and can help the person with dementia to understand your intent to help.</td>
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<td></td>
<td>Establish and maintain eye contact where appropriate.</td>
<td>Lack of appropriate eye contact gives subliminal impression of dishonesty and lack of trust and lack of interest in patient.</td>
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<td></td>
<td>Introduce yourself by first name, ask the patient his or her name and use this name.</td>
<td>Reciprocal knowledge of each other's name promotes a personal relationship enhances trust and security.</td>
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<td></td>
<td>Use encouragement, praise and re-assurance and avoid the expression of criticism, anger or frustration.</td>
<td>The use of a calm voice with reassuring words will assist to reduce anxiety, fear or disorientation.</td>
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<tr>
<td>Minimise risk to patient, self and carer</td>
<td>Assess the situation and ensure safety to patient, self and carer.</td>
<td>A person with dementia may be verbally abusive or become aggressive to the point of physical violence.</td>
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<td></td>
<td>If the person with dementia is aggressive, separate them from the person or situation that is triggering their aggression. Sometimes it is easier to remove the other person. Alternatively, if the aggression is the result of a request to do something, delay what you are trying to do until the person has settled down.</td>
<td>Removing the trigger may defuse the situation. The loss of short term memory often results in a different response when the person with dementia is approached a little later.</td>
</tr>
<tr>
<td>Minimise disruption and dissipate stress or emotion</td>
<td>Avoid, wherever possible, putting the patient in unfamiliar situations or situations where they feel unable to control what is happening to them.</td>
<td>Anxiety caused by unfamiliarity or lack of control may result in a violent response or withdrawal from the situation.</td>
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<td></td>
<td>Do not blame, accuse, criticise or enter into arguments with patient.</td>
<td>These are judgmental actions which will diminish rapport and trust. Empathising with the feelings of the person (not necessarily agreeing with the content of speech) may enhance feelings of security and trust.</td>
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<tr>
<td></td>
<td>Avoid making the situation worse by shouting, abusing or touching the patient.</td>
<td>The unusual and/or non-compliant behaviour of the patient is symptomatic of the illness not the fault of the person.</td>
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<tr>
<td></td>
<td>Only attempt to restrain the patient as a last resort.</td>
<td>Loss of control often results in aggression or withdrawal that is damaging to self esteem.</td>
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<td></td>
<td>Approach the distressed patient slowly but minimise the time spent at arms length.</td>
<td>The sudden invasion of a personal space may be perceived as threatening. You and the person with dementia are safer if you are out of reach or very close.</td>
</tr>
<tr>
<td>Promote a person centred model of care</td>
<td>Explain why you are there.</td>
<td>This validates your presence and allows you to express your desire to help the patient.</td>
</tr>
<tr>
<td></td>
<td>Explain your intentions, actions and motives.</td>
<td>This promotes empathy and trust. It helps to reduce possible anxiety by explaining what is going to happen or where you are going to take them.</td>
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<tr>
<td>Apply effective communication</td>
<td>Keep questions short and simple.</td>
<td>People with dementia cannot process complex questions.</td>
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<td></td>
<td>Identify the feelings being expressed and reflect them back.</td>
<td>The actual words used by the person with dementia may be garbled but body language, tone of voice and expression still convey the feelings and validating the feelings builds trust.</td>
</tr>
<tr>
<td>Ensure the patient's needs are met and the service outcome is person led</td>
<td>Observe and recognise presentation of patient in domestic environment and related to management intelligence.</td>
<td>Information obtained by the observation of the presentation of the patient in the domestic environment may provide helpful intelligence related to case management.</td>
</tr>
<tr>
<td>Ensure patient is left with a supportive and caring person</td>
<td>Apply continuity of care by seeking the handover of patient with a health professional at hospital, or with concerned carer or relative in home.</td>
<td>Responsible management of continuity of care will promote confidence in end to end ambulance services and reduce unforeseen patient discontinuity.</td>
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# SYMBOLS USED IN THIS GUIDE

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
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<tbody>
<tr>
<td><img src="image" alt="Information" /></td>
<td>Information&lt;br&gt;Provides the learner with information about the topic.</td>
</tr>
<tr>
<td><img src="image" alt="Case Study" /></td>
<td>Case Study&lt;br&gt;Presents a situation or problem for learners to work through.</td>
</tr>
<tr>
<td><img src="image" alt="Tools for further learning" /></td>
<td>Tools for further learning&lt;br&gt;Provides links to websites and further references for the learners to continue their learning.</td>
</tr>
<tr>
<td><img src="image" alt="Assessment Activity" /></td>
<td>Assessment Activity&lt;br&gt;Refers to either the activity in the learning resource or an additional individual activity for the learners to complete.</td>
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</table>
The ageing population in Australia has been influenced by two things:

1. A decreasing birth rate
2. A longer life expectancy

As a patient transport officer, many of the patients you are required to transport will be elderly.


Read the ‘Aged Care in Australia (May 2006)’ publication with particular focus on ‘Aged care in context’ and ‘Aged care facts – did you know?’.

Ageing and sensory loss

Some interesting facts:

- Older adults hear low pitched sounds the best but have trouble hearing over background noise.
- Tinnitus (ringing or buzzing in the ears) often accompanies a hearing loss as a side effect of medication.
- Older adults have reduced visual fields, increased glare sensitivity, impaired night vision, reduced depth perception and reduced colour discrimination.
- Older people find speech sounds garbled (difficulty discriminating between f, s, th, ch) and there is often a delayed reaction to speech.
- Reduced taste discrimination and reduced sensitivity to odours is common.
- After age 60, many people experience difficulty with balance, proprioception and coordination.
- Older people experience tactile changes including declining sensitivity to pain, pressure and stimuli.

From: Crisp & Taylor in Tabbner’s Nursing Care 4E – Theory and Practice p.775 Clinical Interest Box

Mild cognitive impairment and changes in cerebral/brain function

It is estimated that up to one third of adults will experience a gradual decline in cognitive function known as mild cognitive impairment as they age (Low LF et al 2004; Busse A et al 2003). Less severe than dementia, mild cognitive impairment is defined as cognitive defects that do not interfere with daily living. It may include slower thinking, a reduced ability to learn, and impaired memory. Many conventional physicians view these defects as an inevitable consequence of aging.

From: Nutrition to Stay Sharp at [http://www.if.org/protocols/neurological/mild_cognitive_impairment_01.htm](http://www.if.org/protocols/neurological/mild_cognitive_impairment_01.htm)
Assessment Task

The Ageing Population

1. How many Australians were aged 85 or over in 2005?
   A) 11,000
   B) 510,000
   C) 312,000
   D) 1,000,000

2. Consider the response you gave to question one; this number was equivalent to what percentage of the population?
   A) 1.5%
   B) 5%
   C) 0.5%
   D) 15%

3. By 2055 the percentage of people aged 85 or over will rise to 6%.
   True / False

4. How many people are expected to be aged 100 or over by 2055?
   A) 100,000
   B) 15,000
   C) 312,000
   D) 78,000

5. Hair will tend to grey or thin with ageing.
   True / False

6. Older people will generally have less of their own teeth than younger people.
   True / False

7. Fat deposits increase with age.
   True / False

8. Renal and digestive Metabolic Rates decrease with age.
   True / False

9. Alzheimer’s disease is a normal part of ageing.
   True / False
Myths associated with ageing

10. Replace the word ‘older people’ in the statements with either ‘Doctors’ or ‘Ambulance Workers’ and see how ridiculous the statements become.

- Older people are a drain on society
- Older people use all the health and welfare budget
- Older people are physically falling apart
- Older people are not sexual
- Older people can no longer cope living by themselves
- Everybody has to make decisions for older people
- You have to speak loudly to older people because they are hard of hearing and/or just thick
- Employers see older people as not being capable of working, that they have lost productivity
- Older people no longer perform any useful work within society.

So why do we hold these myths about ageing? We do this because:

- The media can portray older people in a negative light
- Youth and beauty is promoted as a good thing in our society
- We fear death.

Case Study 1

Aged care – Frank (reflective scenario)

Remember old Frank Thomas? I think you picked him up a few weeks ago for a medical transfer. Well he has now started going for a routine check every fortnight. He’s such a nice old guy and is usually pretty cooperative although it takes him forever to get down the doctor’s front steps, he only let’s you assist him down the short path. Driving him back to the aged care facility he thinks he knows every short cut but I don’t have the heart to tell him it’s the longest way. It’s only a short trip and I think he enjoys getting out but by the time we drop him off he can never remember where he has been.

In managing a patient like Frank it is important to not label a person or make assumptions about their conditions.

Consider all of the information you have read so far in relation to the ageing process and its effect on the mind and body. Answer the following questions.

1. What would you take into account to ensure the safe transportation of Frank? (There may be more than one correct answer)
   a) Frank’s age
   b) Frank’s general physical condition
   c) Frank’s memory loss/slowed responses
   d) Frank’s cooperativeness
   e) Frank’s mood
   f) Frank’s ability to follow simple commands

2. Would it be appropriate to assume that Frank has a mental condition or a form of dementia of which you were unaware? Why or why not?
   a) Yes. Yes because Frank has memory loss and responds slowly.
   b) Yes. Yes because Frank can’t feel the cold and is unsteady on his feet.
   c) No. Frank’s behaviour indicates normal ageing.
   d) No. If this were the case Frank would not be in a residential aged care facility.
3. How would you modify your actions and movements when mobilising Frank? (There may be more than one correct answer)
   a) I would walk slowly
   b) I would guide Frank along the path
   c) Speak loudly and slowly
   d) I would take extra care getting into the car
   e) Ask him to hurry as it is getting late
   f) I would remind Frank to lift his feet

4. Would you modify your approach in relation to Frank’s age? Why or why not?

5. What precautions would you take, if any, to ensure Frank is safe during his mobilisation and transfer? (There may be more than one correct answer)
   a) Ask the receptionist if Frank has dementia
   b) I would ensure the path is free of trip hazards or uneven concrete
   c) I would ask him if I’m walking too fast
   d) I would remind Frank to lift his feet
   e) I would talk him through the activity
   f) I would not use any precautions
Case Study 2

Aged Care – Stan and May (perspective scenario)
You are required to transport May Gold from her home to a Community Health Centre for medical tests as organised by her local doctor. When you arrive at May’s home you find her to be a very frail lady despite her relatively young 69 years of age. May has difficulty walking and is slow in her verbal responses. She appears to be in pain but denies this. May has advanced arthritis obvious to you by the physical appearance of her hands and fingers.

May is supported at home by her husband, Stan, and they both rely quite heavily on their caring daughter, Carol, who provides a lot of assistance. Stan particularly relies on Carol to stay with May when he attends Meals on Wheels where he volunteers. May and Stan had both been heavily involved with Meals on Wheels before May’s arthritis rendered her continued service impossible.

1. How would you ensure your personal values and attitudes in relation to ageing are taken into account when escorting May to her appointment?

2. In the case of Stan and May, describe how you would demonstrate a non-ageist and accepting attitude and your understanding of the individuality of ageing? (There may be more than one correct answer)
   a) Speak with respect
   b) Maintain dignity by addressing May using her correct title
   c) Talk to Stan about May in front of her
   d) Validate the work May has done with Meals on Wheels
   e) Suggest May should go into a Nursing Home
   f) All of the above
3. **How can your work practices minimise the effect of stereotypical attitudes and myths on the older person? (There may be more than one correct answer)**
   a) Not treating older patients as if they are ‘old’
   b) Treating older patients like everyone else but with a little more patience.
   c) Talking loudly to all older people
   d) Be considerate of changes related to ageing without being patronizing
   e) Being respectful
   f) Making all decisions for the older person.

4. **Why do you think it is common for people generally to ‘write off’ the elderly or consider them ‘no longer useful’? (There may be more than one correct answer)**
   a) Some people may be threatened by older people
   b) People lack insight and underestimate the knowledge and wisdom of age
   c) Older people are usually incapacitated and unable to contribute to society
   d) People are generally afraid of getting old and so treat old age as a ‘bad thing’
   e) Some people are inconsiderate of the feelings of others
   f) This is easier than putting in a little more effort

Question 5 and Question 6 are not related to the case study.

5. **How would you in your job role promote the following:**
   a) The older person is encouraged and supported to be aware of their rights and responsibilities

   ...

   ...

   b) Principles of access, equity and client rights are always observed

   ...

   ...

   c) Strategies are employed to empower the older person

   ...

   ...
6. What are the common aims of advocacy?

- To help older people understand their rights and options
- To help older people express their wishes and preferences
- To help older people protect their interests and assets
- To help older people access necessary supports and services
- To help older people resolve disputes and conflicts

**Services available to older person**

The choice of housing of accommodation options for older Australians includes:

- Living in their own dwelling (house, caravan or other) with or without community services assistance (nursing care, meals on wheels)
- Living with a relative – usually an offspring
- Living in a Retirement Village
- Residing in an independent living unit or assisted living unit
- Residing in a low care residential aged care facility
- Residing in a high care residential aged care facility

As a Patient Transport Officer, ensure you are aware of the services offered in your area.

Some of the above alternatives provide the older person with one or more care or other service. Where services are provided as part of the older persons living arrangements such as:

1. Transport services
2. Community services
3. Meals on wheels
4. Home nursing services
5. Home care including cleaning, shopping and other non nursing support
6. Retirement Village with assisted living facilities
7. Low care residential aged care
8. High care residential aged care

The service providers will usually have philosophies in place that support quality of care and service to the older person.
**Dementia – definition**

Dementia is generally defined as the ‘loss of intellectual abilities (medically called cognitive function) of sufficient severity to interfere with social or occupational functioning’ (Diagnostic and Statistical Manual of the American Psychiatric Association).

**Components of intellectual capability include:**

- Memory and learning
- Attention, concentration and orientation
- Thinking (e.g. problem solving, abstraction)
- Calculation
- Language (e.g. comprehension, word finding)
- Geographic orientation

World Health Organization  [http://www.searo.who.int/en/Section1174/Section1199/Section1567/Section1823_8057.htm](http://www.searo.who.int/en/Section1174/Section1199/Section1567/Section1823_8057.htm)

Dementia can happen to anybody – even people in their 40s and 50s, but it is more common after the age of 65 years.

It is important to note that your approach to a situation may change the outcome for the patient.

**How the prevalence of dementia increases with age**

- Under 64 years, less than 1% may have dementia.
- From 65 to 74 years, 1.5% may have dementia.
- From 75 to 84 years, 6.3% may have dementia.
- Over 85 years, over 30% may have dementia.

Source: Access Economics P/L, Dementia Estimates and Projections: Australian States and Territories, 2005

Most people with dementia are older, but it is important to remember that most older people do not get dementia.

Suggested further reading:


Read the ‘Statistics & Dementia Facts at a Glance’.
Forms of Dementia

There are many different forms of dementia and each has its own causes. Some of the most common forms of dementia are:

- Alzheimer’s disease
- Vascular dementia
- Parkinson’s disease
- Dementia with Lewy bodies
- Fronto Temporal Lobar Dementia (FTLD)
- Huntington’s disease
- Alcohol related dementia (Korsakoff’s syndrome)
- Creutzfeldt-Jacob disease


Read ‘What is dementia’, ‘Who gets dementia?’ and ‘What causes dementia?’

### The Difference Between Alzheimer’s Disease and Normal Age-Related Memory Changes

<table>
<thead>
<tr>
<th>Someone with Alzheimer’s disease symptoms</th>
<th>Someone with normal age-related memory changes</th>
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<tbody>
<tr>
<td>Forgets entire experiences</td>
<td>Forgets part of an experience</td>
</tr>
<tr>
<td>Rarely remembers later</td>
<td>Often remembers later</td>
</tr>
<tr>
<td>Is gradually unable to follow written/spoken directions</td>
<td>Is usually able to follow written/spoken directions</td>
</tr>
<tr>
<td>Is gradually unable to use notes as reminders</td>
<td>Is usually able to use notes as reminders</td>
</tr>
<tr>
<td>Is gradually unable to care for self</td>
<td>Is usually able to care for self</td>
</tr>
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</table>


The ‘Diagnosing dementia’ link provides information about the early signs of dementia and the ways in which it is diagnosed. The importance of an early and correct diagnosis is emphasised.
Degrees of Dementia

Dementia can be divided into degrees of severity. There is no international consensus on exactly how it should be done. The World Health Organization (WHO) has made a simple division of dementia into three degrees or stages.

- **Mild dementia:** The person can for the most part manage in their daily life without help.
- **Moderate dementia:** The person cannot manage without some help from relatives. The person often cannot be left alone for long periods of time.
- **Severe dementia:** The person is completely dependent upon care and nurturing, and supervision is necessary.

Alzheimer’s disease is progressive, which means that symptoms worsen over time. How fast the disease progresses and what pattern (if any) symptoms might follow will vary considerably between individuals.


Refer to the ‘Changed behaviours’ resource that looks at some of the common behaviour changes that may occur when a person has dementia. Reasons for the changes and some general guidelines for coping with them are discussed.

Assessment Task

**Dementia signs and symptoms**

1. Name four early signs of dementia.

2. Name four changes of behaviour that may occur in a person with dementia.

3. When someone has dementia sections of the brain gradually become damaged and stop working properly.
   
   True / False

4. A person with dementia may find it harder to do previously familiar tasks, such as writing, reading, showering.
   
   True / False
Effect of Dementia

Of relevance to the ambulance worker is the changes in the behaviour of a person that dementia can cause. People with any degree of dementia will experience frustration, doubt and insecurity. Some will experience one more than another, some will become angry and anger may present as agitation or aggression.

Such changes are very common and can place enormous stress on families and carers. It can be upsetting when someone who has previously been gentle and loving behaves in a strange or aggressive way.

There are many reasons why a person’s behaviour may change. Dementia is a result of changes that take place in the brain which affect the person’s memory, mood and behaviour. Sometimes behaviour may be related to these changes taking place in the brain.

In other instances, the behaviour may be triggered by changes in the person’s environment, health or medication.

Aggressive behaviour is not a usual or expected symptom of dementia but it does occur.

Suggested further reading:

‘Changed behaviours and dementia’ will give you an insight into the types of behavioural changes that can occur in a person with dementia. The effect these behaviours can have on you in your job role will vary considerably depending on:

- Your recognition of these behaviours as being a symptom of dementia
- Your understanding of the effect of these behaviours on the person with dementia themselves as well as the carers and others around them
- Your ability to respond appropriately once you have identified the behaviour as a symptom of dementia
- Your ability to identify which of these behaviours pose a risk to you in your job.

Remember that many conditions have symptoms similar to dementia, so do not assume that someone has dementia just because some of the symptoms are present. Strokes, depression, alcoholism, infections, hormone disorders, nutritional deficiencies and brain tumours can all cause dementia-like symptoms. Many of these conditions can be treated.
Behaviours of Concern

Behaviours of Concern have been listed as the following:

- Verbal disruption
- Physical aggression
- Repetitive actions or questions
- Resistance to personal care
- Sexually inappropriate behaviour
- Refusal to accept services
- Problems associated with eating
- Socially inappropriate behaviour
- Wandering or intrusiveness
- Sleep disturbances

A behaviour of concern is any behaviour that causes stress, worry, risk of or actual harm to the person with dementia, the care staff, family members or those around them.

*From: The ReBOC Guide - The National Dementia Behaviour Advisory Service and Alzheimer’s Australia*

**Case Study 3**

**Behaviours of Concern (perspective scenario)**

In your role as Patient Transport Officer your task is to transport Mrs Thompson, a 60 year old client, to the GP for a medical check-up. You arrive at the house to find Mrs Thompson in the garden at the back of the house arguing and hitting her husband with her hand and then with a newspaper. She is accusing him of having a lady friend staying in the house. She appears confused and aimlessly wandering in the garden, incessantly moving pot plants around and accusing the next door neighbour of stealing them.

1. List the behaviours of concern exhibited by Mrs Thompson that might make you think she has dementia.
2. Which behaviours if exhibited by Mrs Thompson would you consider a risk to your personal safety? (There may be more than one correct answer)
   a) Argumentative behavior
   b) Delusional behavior
   c) Anxious behaviour
   d) Wandering
   e) Disinhibited behaviour
   f) Physical aggression/violence

3. As a Patient Transport Officer what is/could be the risk to your personal safety for each of the following:
   i. physical aggression

   ii. sexually inappropriate behaviour

   iii. refusal to accept services

   iv. socially inappropriate behaviour?

4. Consider the key principles/actions for the management of patients with dementia. Which of these could be applied to a pre hospital encounter with dementia where the identified ‘behaviours of concern’ are exhibited?
   a) ‘Promote a trusting and supportive relationship’ and its associated actions
   b) ‘Minimise risk to patient, self and carer’ and its associated actions
   c) ‘Apply effective communication’ and its associated actions
   d) All of the key principles and their associated actions

5. Which key principles/actions do you believe would be the most useful resulting in successful transport of the patient? Why?
Before undertaking transport of a patient where presenting dementia is a condition of the patient or carer it is important to:

- Explain the purpose of the transport
- Ensure the personal safety of the ambulance worker
- Ensure the safety of the patient.

Every person with dementia is a unique individual, when we support people living with dementia it is important to focus on the person not their diagnosis. To do this we need to gather as much information as we can about the person so we can engage with them in their reality building a trusting relationship aiding a successful transportation.

**Pre hospital encounters with people with dementia – different scenarios**

Let’s revisit the possible scenarios where a patient transport officer is likely to engage with dementia in a pre hospital setting. Problems can arise for the patient transport officer where the presenting dementia is a condition of the patient OR when the patient is the carer of someone with dementia. We will consider which is the most likely or possible case in each of the following scenarios.

1. Transportation of low risk, non-urgent patients from home to hospital.
   - In this scenario the patient could have dementia or be the carer of someone with dementia e.g. spouse.

2. Transportation of low risk, non-urgent patients from nursing-home to hospital.
   - In this scenario the patient could have dementia.

3. Transportation of low risk, non-urgent patients from hospital to home.
   - In this scenario the patient could have dementia or be the carer of someone with dementia e.g. spouse.

4. Transportation of low risk, non-urgent patients from hospital to nursing-home.
   - In this scenario the patient could have dementia.

5. Transportation of low risk, non-urgent patients from home to GPs and specialist for booked procedures e.g. medical checkups, X-rays. In this scenario the patient could have dementia or be the carer of someone with dementia e.g. spouse.

6. Transportation of low risk, non-urgent patients from nursing-home to GPs and specialist for booked procedures e.g. medical checkups, X-rays. In this scenario the patient could have dementia.

When we consider the above findings, it is apparent that there is as much likelihood in your job role that the patient you are transporting will have dementia as the likelihood that the patient is caring for someone with dementia.
Assessment Task

Significance of dementia in a pre hospital setting

1. How would you explain the purpose of the transport to a patient living with dementia?

2. How would you explain the purpose of the transport if the patient is a carer of someone who is living with dementia?

3. How would you ensure your personal safety if the patient is living with dementia?

4. How would you ensure your personal safety if the patient is a carer of someone who is living with dementia?

5. How would you ensure the safety of the patient if the patient is living with dementia?

6. How would you ensure the safety of the patient if the patient is a carer of someone who is living with dementia?
Catastrophic Reaction

A catastrophic reaction is an over reaction by a person with dementia to something that would normally be seen as trivial or insignificant. Acute changes in behaviour result, often loud outbursts or hysterical behaviour.

This might involve them screaming, shouting, making unreasonable accusations, becoming very agitated or stubborn, or crying or laughing uncontrollably and inappropriately. This tendency to overreact is part of the illness and is called a catastrophic reaction.

Sometimes a catastrophic reaction is the first indication that makes relatives aware of the dementia. It may be a passing phase, disappearing as the condition progresses, or it may go on for some time. Some causes of catastrophic behaviour include:

- Stress caused by the excessive demands of a situation
- Frustration caused by misinterpreted messages
- Another underlying illness.

The patient experiencing a catastrophic reaction is unable to control this behaviour. Prevention is obviously better than cure so it is important to try to anticipate and respond to the person’s needs and so reduce aggression.

A catastrophic reaction may be the first sign of dementia in the patient you are about to transfer. You must always consider the possibility that the onset of dementia may be unknown to significant others.
Effective Communication and Dementia

Losing the ability to communicate can be one of the most frustrating and difficult problems for people with dementia. As the disease progresses, the person’s ability to communicate effectively also lessens. They find it more and more difficult to express themselves clearly and to understand what is being said. Other people find it an increasing struggle to understand what the person with dementia is feeling or trying to say.

As a Patient Transport Officer, it is important to note that when relating to patients with dementia, and there are two (2) officers on the scene, it is recommended that one officer take the lead role in communicating with the patient. If multiple people try and talk to the patient at the same time it can be very confusing for the patient and if they are psychotic and responding to internal stimuli it may increase their agitation.


This link describes some of the changes in communication that occur as a result of dementia and suggests ways that families and carers can help. It also includes some personal tips on communication by a person with dementia.

Non Verbal Communication

Studies have been done that show us the percentage of understanding that is gained from the spoken word. It is considerably less than the meaning that people gain from listening to a person’s tone of voice and looking at their non-verbal communication.

**NON VERBAL COMMUNICATION**

- 38% Tone of voice
- 7% Spoken words
- 55% Non verbal

By worrying less about what you are trying to say and concentrating more on how you say it you might have greater success communicating with a person with dementia.

Body language is a very effective communication tool and one which sighted people generally take for granted. We have ascertained that people with dementia will often struggle to understand words, long sentences will confuse them and asking questions can be confronting for the person as they attempt to formulate a response.

Consider the following example:

‘What I would like you to do is to walk with me to the car so I can accompany you to the appointment at the Community Centre that your doctor arranged last week to get those eyes of yours checked’

This sentence is far too long. It contains too many words and too many concepts.

It would be more effective to gesture with your arm or hand toward the car and simply ask: ‘Can we go?’ Giving some thought to simplifying the language you use and using your face and your body to do most of the talking will often be effective in gaining the cooperation of the person with dementia.

**Case Study 4**

**Effective communication (reflective scenario)**

Remember old Mrs Graham, we picked her up a few weeks ago from her home to take her to the Health Centre for X-rays? I think I may have been out there four of five times since and it’s the same routine every visit, when you walk up the driveway you can see her peering through the curtains. By the time you get to the door she is quite agitated and won’t come outside, after being there so many times you would think she would become familiar with us? We’ve now learnt that if you start talking to her about her rose garden she soon becomes quite accommodating and willing to cooperate.

1. List the effective patient management and communication skills to enable a successful transport outcome for the client.
Skills for effective communication

The application of the following skills for effective communication must also form part of your overall strategy when attempting to communicate successfully with a person with dementia.

- Dealing with cultural diversity
- Effect of sensory loss and cognitive impairment
- Adjusting communication to meet differing needs
- Being appropriately assertive
- Using active listening and recognizing non-verbal triggers
- Providing feedback
- Minimising conflict and tensions

Alzheimer’s disease does not respect the boundaries of culturally and linguistically diversity or culture. Diverse ethno-cultural groups adapt to the stresses of Alzheimer’s disease in their own unique fashion.


This statement has been taken from a Newsletter dated 2004. It has been recognised that dementia will affect people from cultural and linguistically diverse backgrounds in similar proportions as it does that of the caucasian Australian population.

Just as true, the ageing population we refer to includes all elderly Australian’s, those born here as well as the elderly from all the cultural sub groups within this country. The chance that an ambulance worker will encounter a patient living with dementia from a culturally and linguistically diverse background is very high as a result.

Use interpersonal skills to fulfil job roles as specified by the ambulance service

As a patient transport officer, it will be necessary for you to be able to effectively communicate with your colleagues, the carers you encounter and others such as health professionals, as well as with the patients you are tasked to transport.

Some of the communication techniques you will be required to employ will include:

- Using interviewing techniques
- Asking questions
- Active listening
- Asking for clarification and probing as necessary
- Negotiating solutions
- Acknowledging and responding to a range of views
At the completion of the transportation of the patient, the patient should be left with an appropriate supportive and caring person such as a health professional, relative or carer. It is essential that this person receives a thorough handover which will include all information relevant to the ongoing appropriate management of the patient.

Effective communication with colleagues and others supports the patient’s health care and promotes positive outcomes.

Applying responsible management of continuity of care on all occasions is an important aspect of the transport officer’s job role.

1. **Who would be a suitable person to leave a person with dementia within the home environment?** (There may be more than one correct answer)
   a) Family carer
   b) Next door neighbour
   c) Power of attorney
   d) Young child
   e) Health professional
   f) All of the above
Mental illness is a general term for a group of illnesses that affect the mind or brain. These illnesses, which include bipolar disorder, depression, schizophrenia, anxiety and personality disorders, affect the way a person thinks, feels and acts.


The fact sheet, Understanding Mental Health identifies different psychiatric disorders and discusses causes, susceptibility, early warning signs and symptoms.


Statistics about mental health are concerning and in your job role as an ambulance worker, the more you are aware of the prevalence of mental health disorders, the more you can protect yourself from the possibility of danger when you encounter a patient with a mental health problem.

Case study 5

Mental Health (reflective scenario)

We had quite a strange call out earlier today. We arrived at the house to see the front door wide open and you could hear a lot of yelling and banging. At first we were a bit reluctant to go inside but soon realised we had been to the residence before. If I remember correctly I think his name was Tony and he is suffering from Korsakoff's dementia and a mental illness. He hasn't been in Australia very long, as he has recently arrived from another country where he was persecuted. We entered the house to find Tony highly agitated and trying to jump out the back window. We soon worked out what all the yelling was about – he was trying to hide as he thought the authorities were on their way.

1. Which mental illness would be most likely to increase the personal risk to a Patient Transport Officer?
   a) Anxiety
   b) Mood disorders
   c) Psychosis
   d) Depression
2. How would you manage a patient with altered behaviour with reference to your safety? (There may be more than one correct answer)
   a) I would explain why I am there and what I’m doing (or wanting to do)
   b) I would gain cooperation and clarify understanding
   c) I would move quickly to control the scene
   d) I would only approach the person if there was no likelihood of physical danger
   e) I would be watchful for changes in mood or temperament
   f) I would dominate the scene to show my control over the situation

3. How would you manage a patient with altered behaviour with reference to their safety? (There may be more than one correct answer)
   a) I would try to control and restrain the patient as soon as possible
   b) I would keep my professional distance by remaining aloof
   c) I would try to connect with the patient
   d) I would ensure the immediate environment remains calm
   e) I would be reassuring and empathetic
   f) I would try not to make them feel threatened or in a corner
This is a reflective writing exercise that will require you to undertake individual research outside of the dementia e-learning platform. You will need to attach your response to this activity and present this along with your Learner’s Guide to your facilitator.

You will need to conduct a search of the Internet and find the Mental Health Act for your state or territory and consider the implications on the medico legal issues relating to patient management and the impact of this Act on your job role.

Think about things such as:

- The legal constraints relating to the conduct of the job
- Legal responsibilities for the safety and well-being of the patient and any relevant sections of the Mental Health Act that relate to detaining a patient,
- Physically handling a patient or other applicable areas.
Congratulations you have now completed the dementia e-learning paramedic training program. Having completed this course you now:

- Possess a basic understanding of the disease process of dementia
- Recognise the signs and symptoms of dementia and the significance of dementia in the engagement in a pre-hospital setting
- Provide appropriate pre-hospital management procedures and communication techniques with people living with dementia.

Please provide your completed Learner’s Guide and response to the reflective writing activity to your facilitator.
FURTHER INFORMATION

Commonwealth Carelink Centres
Phone: FREECALL™ 1800 052 222
Web: www.cmmcarelink.health.gov.au

HealthInsite
Web: www.healthinsite.gov.au/topics/Dementia

Alzheimer’s Australia
Dementia Helpline
Phone: FREECALL™ 1800 100 500
Web: www.alzheimers.org.au

Carers Australia
Commonwealth Carer Resource Centre
Phone: FREECALL™ 1800 242 636
Web: www.carersaustralia.com.au

Multicultural Mental Health Australia (MMHA)
National leadership in building greater awareness of mental health and suicide prevention amongst Australians from culturally and linguistically diverse backgrounds.
Phone: (02) 9840 3333
Web: www.mmha.org.au

For DVD’s and videos to promote a higher understanding of Dementia, go to:

Resources can be borrowed from Alzheimer’s Australia dependent upon supply being available.

Recommended Viewing: Video – Understanding Dementia (Alzheimer’s Australia)