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TRAINING GUIDE FOR CARE SERVICES AT HOME

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PREFACE

Policy reforms and precaution determined by countries with Employment and Social Reform Programme (ESRP) social inclusion and social protection policies distinguishes. As part of new approaches which enlarge the scope and priorities of the Europe Social Inclusion Strategies, with given weight to social protection the Strategy started to be called "Europe Social Protection and Social Inclusion. With the new approaches of the Strategy especially the two field became prominent in the social protection field:

- Retired pays
- Health and long term care facilities

The general purpose of the II.Chance projects in which the target group of the Project the caregivers who are in charge of elder or disabled care at home with low socio-economical status, is to contribute Europe Social Protection and Social Inclusion Strategies.

The special purpose of the Project is, from point of view of the target group the determination of the present dimension of the social exclusion, the consideration of the diffuculties of social inclusion in short and long term,the development of the effective struggle with poverty and social exclusion in terms of integrated national strategies, the development of social statistics systems and to support the adoption of the common AB indicators related with social exclusion in EU member and candidate countries.

The target group of our Project is the informal caregivers who are in cahrge of elder care at home.

Most of the carers are not aware that this is really a hard work and most of them think that it is just meeting the basic needs like eating, having bathed and etc. But it is far deeper than all these basic needs.

The main objectives of project is enhancing the quality and relevance of the home care by developing new and innovative approaches and supporting the dissemination of best pratices and promoting take up of innovative practices in training the home care companions by supporting personalised learning approaches. It is a common view that the elder care only contains the phsical care . In our project the care has been taken into consideration in different approaches . The different approaches contains the health , physical conditions,emotions,religion values,social life.

The project will start with the search which each country will do about the national policies and the existing implementations. A survey will be done in each partner countries and according to the survey the incomplete parts and the best practices will all be pointed. As a result of the survey and the beginning analyses the training kits will be prepared for both the trainers groups and the traineees (the caregivers) The training will be both theorotical and practical . The training kits will contain managing the health, managing the physical conditions, managing the emotions, managing the religion values, managing the social life.

The outputs of the project will be published as a booklet and will be delivered to all the partner countries.

Our partners are a university from Poland, a municipality and private sector from Italy, Governorship, municipality and directorate of family and social policies and other public sector from Turkey.

We will give education to 300 informal caregivers who are in charge of elder care at home in 3 countries with 30 trainer with our project.

Under all the above the caregivers will benefit as below ;

-The role of the caregivers will be defined as a part of the healthcare system.

- The caregivers will navigate the health and the social system so they can help care recipients get the appropriate level of care by the appropriate providers as smoothly as possile .

-Withın this project the caregivers will get free and confidential information throug interactive learning sessions.

-The caregivers will enable to balance personal and social life with care responsibilties.

Module 1

MANAGING THE PYHSICAL CONDITIONS

Elder Care at Home

The aim of this module is to inform relatives/caregiver of the disabled to enable the necessary conveniences for the rest of the disabled and the caregiver, to make the necessary adjustments of the room in which the disabled stays most to prevent the disturbing light and noise in the room, clean the room, and to enable the disabled reaching out the caregiver when needed during the process of care of the disabled.

Note that the information provided here does not mean that it is detailed instruction or rule for an institution, but it is advisory in the light and support of the science of agronomy.

The Scope of the Modul:

- Reviewing the environmental physical conditions in general terms of the rooms of people who get the care service;
- How to develop the necessary agronomy process in order to protect those who provide care service;
- The benefits of applying the agronomy process;
- Assessment and analysis of the problematic tasks of those who provide care service;
- Understanding the practical solutions for the problematic tasks;

WHAT IS CARE?

A whole of supportive services provided to endure people's daily life activities independently and to increase their quality of life by aiming to minimize the problems due to their physical, cognitive and social incapability, and by enabling them to use their available capacities.

Primary Goals in Care Service

- Through effective and positive communication, to enable person to be accepted and to prevent dependency and endure the active life by prompting person's available capacity.
- To enable self-respect by considering the dignity and personal values of the person.
- To provide all of the care services at the highest level of standards without damaging oneself and the person cared.
- To enable the person to involve in social life and increase the life motivation by occupation therapy selected according to the person's social and physical conditions.
- To perceive the person as a whole and to increase his/her life quality by providing the service to meet his/her expectations.

WHAT IS HOME BASED CARE?

Home care is providing health and care services required by individuals and families in their living area where they feel comfortable and safe by considering the specific personal characteristics and home setting conditions.

At Home Care

OUR GOAL

Is to improve the quality of life by improving the functional capacity!

WHY HOME BASED CARE?

1- Because home setting is the place where the person feels connected to his/her culture, familiar and in control, safe and autonomous, and connected to his/her past memories,

2- Because care services in social institutions is incompatible with our collectivistic culture, and is a novel setting in which person feels relatively lost in controlling the environment and has to share the area with strangers coming from different cultural backgrounds,

3- Because home care enables the elderly and the disabled live autonomously and healthily in their own home settings which is familiar to them,

4- Because home care prevents the patient to get infections from the outer environment and decrease the possibility of getting sick,

5- Because home care enable the disabled or the elderly feel more satisfied with their lives by improving their life quality,

6- Because home care involves people in the process of decision making within the family and increase their self-esteem,

7- Because home care enables people to perform their daily activities by prompting their own strength and prevents them from the conditions related to constantly lying down,

8- Because people are purified from the negative feelings of loneliness, fear and insecurity.

Providing the correct and efficient care to the elderly or the disabled requires making the physical adjustments at home settings with the aim of taking the necessary security measures to ease our lives and prevent risks in addition to meet the basic needs of the people we provide care.

Noise Level

World Health Organization (WHO) suggests that the noise level in the rooms of patients should not exceed the 35 dB during the day and 30 dB during the night. In addition, the maximum noise level should be 40 dB at nights.

Noise causes not only irritation in patients, but also leads to sleep disorders, decreases the oxygen intake, increases the blood pressure and heart and inhale pace, and protracts healing period.

Advices for Noise Level

Measures should be taken in order to eliminate the noise sources or reduce their level. Unused electronic devices should be turned off or if any new equipment is going to be purchased, the silent one should be preferred.

The acoustic of the room environment should be considered. In order to prevent echoing, the appropriate materials; such as ceiling, floor covering, curtains, which absorb the noise, should be used.

Quality of Air (Warmth, Ventilation)

The patients are acknowledged to be comfortable at a temperature between 21.5 °C and 22 °C, and at a humidity level between %30 and %70.

Ventilation less than 10 liters/second per person causes health problems and decrease in the perceived air quality.

Advices for Air Quality (Temperature, Warmth, Ventilation)

Pleasurable and comforting temperature should be obtained. If possible, patient should adjust the temperature in accordance with his/her choice so that s/he could feel having the control over the situation.

Ventilation systems allowing the fresh air in should be implemented in the room and if possible, it should be adjustable by the person.

Natural and mechanical systems are usually preferred to air-conditioning systems.

Air-conditioning systems should be preferred in the rooms which require profoundly high air quality under extraordinary circumstances (eg. too hot climate) or to prevent infections.

Lighting/İllumination

Light is one of the fundamental requirements of the person performance. Light enables us to see our environment so that we can perform our daily activities. In addition, it has impacts on person's physiological and psychological performance.

Day light may not be suggested to be better than artificial light to conduct the daily activities but it is more advantaged for the person's physiological processes and health than artificial light. In addition, day light creates time and space perception.

Advices for Lighting

- Rooms with optimum amount of windows should be preferred for the patients' room in order to provide enough amount of day light by considering dazzling and heat control.
- Prevent the direct day light enter the room as too bright and spot light.
- The room devoted for the cared person should be enabled to be positioned on the east façade in order to benefit more from the morning light.
- A better level of light should be provided for the patients who spend most of their time indoors.
- Artificial light mechanism that can be controlled and adjusted by the patient should be implemented.
- Consider the enough level of light for the caregivers.

A View to Internal Design

The rooms for single patient is more convenient than the rooms for multiple patients for the health and well-being of the patient and the caregiver when physical conditions are considered, such as, noise, infection, air-conditioning, hygiene, etc.

- Consider the stimulations (colors, odors, objects in the room, settling, etc.) and the density of these stimulants within the room.
- Avoid the crowd of the objects within the room which restricts the work area and provide the settlement of the objects in an organized way so that the functions could be managed properly.
- It is known that using carpet rather than plastic-based flooring material is preferred by the caregivers and the patients since it reduces the noise pollution and the accidents ending with falls.

ADVICES FOR PREVENTING OR REDUCING MUSCULOSKELETAL DISORDERS

Giving care to individuals who need constant care service is a physically challenging task. The duty of caregivers requires helping the patients walk, wash, and other daily activities.

Manually lifting or moving the patient causes to injuries or disorders that hinder the duties in care service.
By providing a safer and a more comfortable care environment, some additional benefits could be achieved for the caregivers and for those who receive care service.

A safe and comfortable care environment enables;

- Reducing health problems which may hinder the quality of care
- More beneficial and useful care
- Increment in positive psychological well-being of the caregiver
- Increment in comfort of the person who receives care service.

For the individuals giving and receiving the care service, a safe and comfortable care environment;

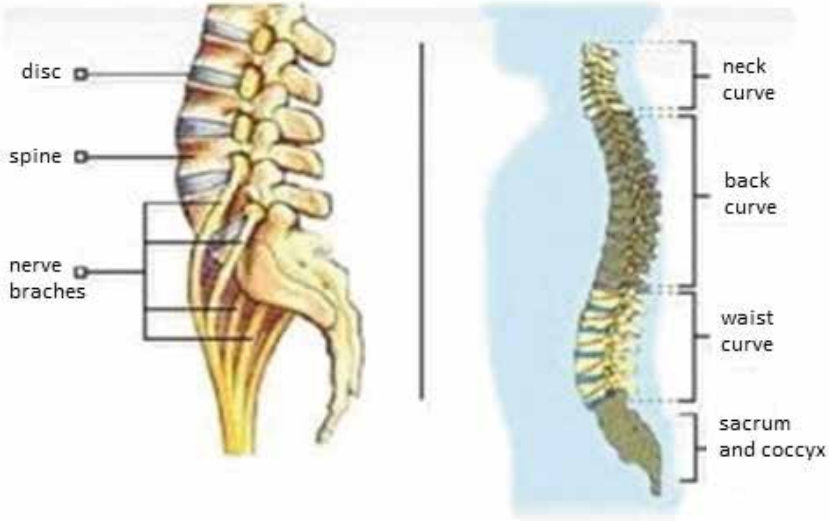
- Constitutes the feeling of honour and being honoured.
- Leads to feel free.
- Constitutes the feeling of safe.

What is Body Mechanics?

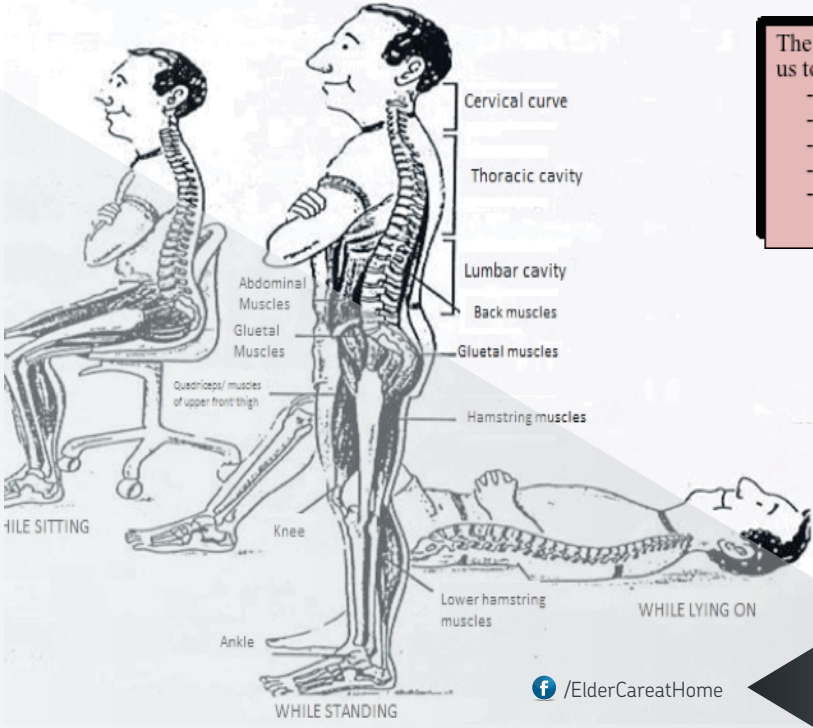
- Enables the movement and posture of the body.
- The coordinated functioning of central nervous system, skeletal system and muscles constitutes the body mechanics.
- Any disorders and injuries occurred in one of these systems prevents the body movement.

Chest and spine constitute the torso skeleton and posture. These organs are important for the body mechanics.

Spine is the most important component of the skeletal system.
Spine is the central bone chain of the body with 33-34 spine bones.



7 Cervical
12 Thoracic
5 Lumbar
5 Sacrum
4-5 Coccyx



The Spinal Cavity enables us to;

- Bend
- Stand in balance
- Move
- Stand up and sit down
- Carry things.

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THE ASPECTS THAT SHOULD BE CONSIDERED AND FOLLOWED TO USE THE BODY MECHANICS CORRECT

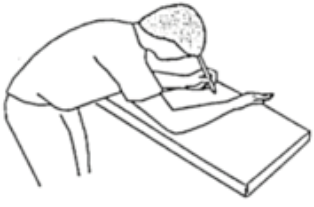
Elder Care at Home

To protect back health;

- Learn how to use your body right in accordance with the body mechanics and acquire behavioral change.
- Stand correctly on your feet.

CORRECT

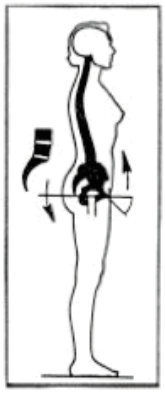
INCORRECT



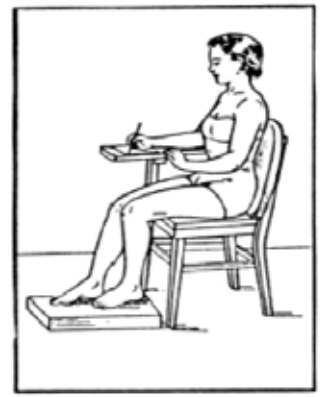
- Pull your legs towards you while lying down.

INCORRECT

CORRECT



Proper Posture for the Body Mechanics



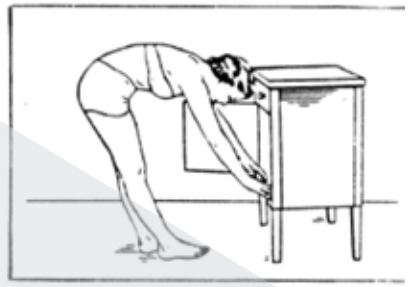
Proper Body Posture While Seating

Hold your back uptight and lean back while seating.

Wrong Posture

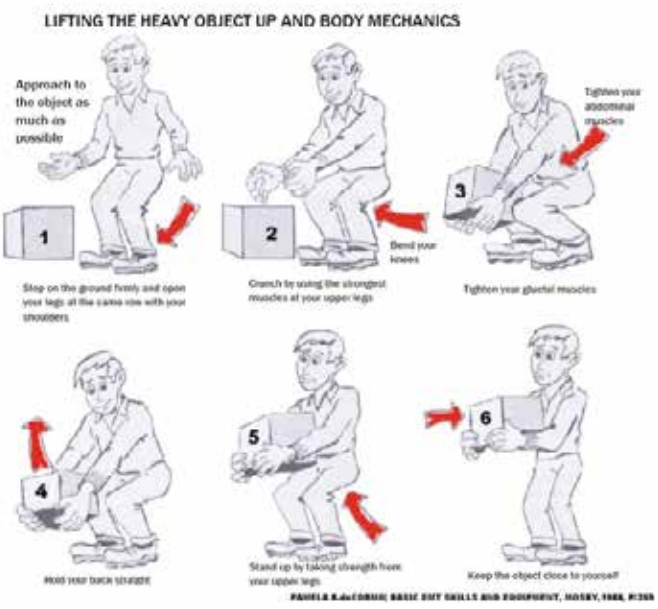
- Crunch by bending your knees while leaning.

Correct Bending



Incorrect Bending

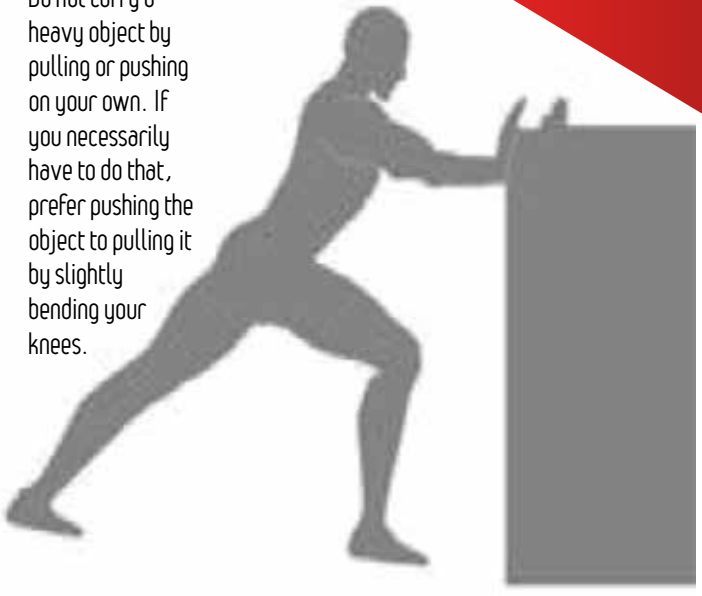
While picking up an object from the floor, even if it is light, break your knees and pick it up by crunching. Do not bend forward at your waist. Put the load on your leg muscles rather than your waist.



Do not pick up something from the ground by bending or rotating your waist to right or left while standing.

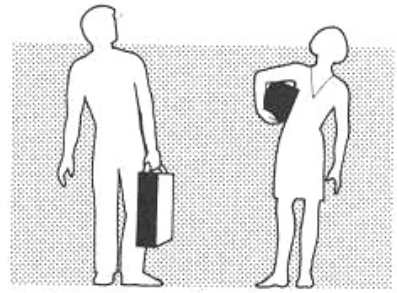
- Do not carry heavy load.

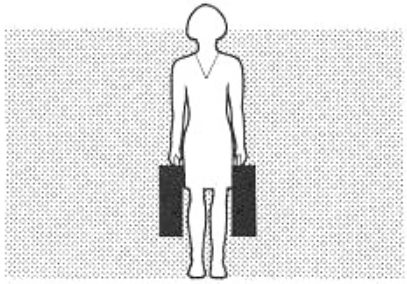
Do not carry a heavy object by pulling or pushing on your own. If you necessarily have to do that, prefer pushing the object to pulling it by slightly bending your knees.

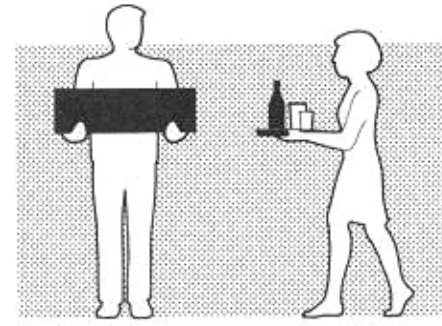


- While carrying an object, carry the load with two hands and keep the load close to your body.

The loads should be symmetrical.







- Exercise regularly. Work out your waist, back, and spine muscles on daily basis.

TO PROTECT THE BODY MECHANICS WHILE MOVING OR MOBILIZING THE ELDERLY/PATIENT;

While moving or mobilizing the elderly/patient, the principles of the body mechanics should always be considered.

The aspects needed to be careful while moving and carrying the elderly/patient are:

- Determining the level of cooperation ability of the patient,
- Taking the necessary safety precautions for the elderly/patient,
- Respecting the privacy,
- Considering the principles of the body mechanics,
- Preparing the wheelchair, stretcher or any other vehicle to be used in advance

https://www.youtube.com/watch?v=03uPF0lsdA

- The technique of correct posture
- How could we rearrange the posture of the patient on a wheelchair by oneself or with two people?
- How to move the patient confined to bed to a wheelchair with 3 people

https://www.youtube.com/watch?v=mvQGXjJjwGM

- Moving the patient on his/her side
- Standing up the patient
- Pulling the patient up in the bed

https://www.youtube.com/watch?v=_HbecwTgugc

- The transference of the patient from bed to wheelchair

https://www.youtube.com/watch?v=gcX6YjkDp Ck

- Moving the patient to a wheelchair with a waist band
- The transference of the patient confined to bed
- The transference of the patient with the help of a slide

https://www.youtube.com/watch?v=GPT2ipeYh z0

- Transference of the patient with a transfer plate and thin mattress from bed to bed

https://www.youtube.com/watch?v=NJmMKIaH 1-U

- Transference of the patient from bed to armchair with some assistive aid.

THE WAIST AND BACK HEALTH OF THE CAREGIVER

The person who holds the responsibility of elderly or disabled care should conduct exercises to protect his/her waist and back health and should consider the following aspects while working;

- The back should always be hold upright.
- The caregiver should work with open and bended legs
- The bed worked on should be raised up to the waist level which would be the proper level for convenient work.

- The caregiver should use the hips while bending forward.
- The patients weighted over 60 kg should definitely be lifted by two or more people.
- If two or more people are conducting the care, they should work through the instructions.
- During the short period of carrying, a breathe should be taken while lifting, hold while carrying, and exhaled while leaving the patient.
- During the long period of carrying, the breathe should be taken and given rhythmically and regularly.

BY BEING CAREFUL FOR THE BODY MECHANICS;

The exercises that you conduct 3 or 5 times a week for 15 minutes enable to shape and keep healthy the muscles on your waist and back.
These exercises would protect your overall health.

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MODULE 2

MANAGING HEALTH

Elder Care at Home

HEALTH

According to WHO (World Health Organization), health is the physical, mental, social and spiritual welfare, not a mere lack of illness or disability. Therefore, the most preferable approach to the issue of care demonstrated by all representatives of caring professions, is the one that treats this problem as the inseparable, structural integrity. This is closely connected with the holistic, comprehensive perceiving of a man and the surrounding reality. Man is a complex structural whole, who cannot be reduced to a sum of cells, organs or systems. Man is an element of a larger whole - family, environment, the world in which he lives and to which he contributes. Individual elements of this complex structure interact with each other and the change in one element (e.g. physical ailments) may result in the alteration of the whole.

Thus care activities should be aimed at the whole reality corresponding to the person being looked after. In this section, however, we will focus on the somatic and biological sphere of an elderly person, which has an immense influence on her/his functioning and which is worth being learned about and appropriately taken care of.

The present statistical data and demographic forecasts univocally indicate the increasing participation of the elderly persons in communities. The increase of life expectancy is connected with the growth of illnesses incidences. Old age is characterized by multiple morbidities and a different specificity of the ailments course. Thus, the care performed by a qualified in this respect personnel is of immense importance.

NUTRITION AND DIET

The body of an elderly person does not function so efficiently anymore and in some systems the somatic changes related to the ageing process can be noticed. For a person taking care of an elderly it is essential to obtain the information whether the patient is affected by the shortage, surplus or excess of food intake; whether the person is affected by the ailments requiring administering particular diet therapy (e.g. kidney problems, diabetes); whether he/she has health problems resulting in difficulties in eating (e.g. problems with swallowing which occur in the case of Parkinson disease); whether there are, if any, difficulties in food intake (the shortage of self-care and independence); and finally if there are any social and living problems (poverty, immobility problems, the necessity of doing the shopping), and the senior person's dietary habits (anti- or pro-health).

The elderly persons are usually faced with the difficulties in swallowing, experiencing pain while doing it, the sense of taste disorder, dry mouth, lack of the need to eat, quick gaining of the feeling of satiation, difficulties in biting, hypersensitivity to smells.

Elderly persons should use the easily digestible diet, high in fibre and beta-carotene (apricots, carrot, pepper, pumpkin) C vitamin (e.g. currants), E and B6 vitamins, due to lower ingestion. Hence their diet should be increased by 50% protein supply, enriched with the omega-3 fat. The aim of such a diet is to provide the patients with all the necessary nutrients as well as limiting the products and the difficult to digest dishes; preventing metabolic diseases, diabetes, arteriosclerosis and obesity.

The basis of this diet is limiting, and even excluding the fatty products and dishes, the fried as well as the traditionally roast and spicy ones, as they remain too long in the stomach resulting in its bloating.
At an advanced old age it is usually the versatile diet - one can east anything, provided it does not cause any problems.
The proper diet should include about 2 litres of liquids - the right amount of liquid per person in advanced age is calculated using the following model:
30/35 ml/kg body weight, however not less than 1,5 litre (this amount should not be lowered for the underweight patients).

Meals are eaten 5-6 times daily. It is recommended that the last one is eaten 2 hours before the sleep.

It is also important that they are freshly prepared without storing them in the fridge as this reduces the risk of meal contamination with bacteria.

The meals should be tasty - flavoured with mild spices and attractively arranged so as to boost the frequently impaired craving.

Nutrition demand for the senior patients

Between 20 and 70 years of age calorific demand diminishes by about 30%.
That includes the reduced demand for energy, fat and iron. While the calorific demand for women comprises 1500-1700 (kcal) and for men - 1700-1900 (kcal), respectively, the demand for calcium grows, i.e. D vitamin, folate, B6, B12, B2 vitamins and sodium intake do 5 g daily.
Older people are at risk of being undernourished. The BMI index (body mass index) is used to calculate the mentioned risk:
Calculation: body mass (kg) / height (m)2.
Following the WHO definition, the BMI threshold for the underweight person over 65 is <20.

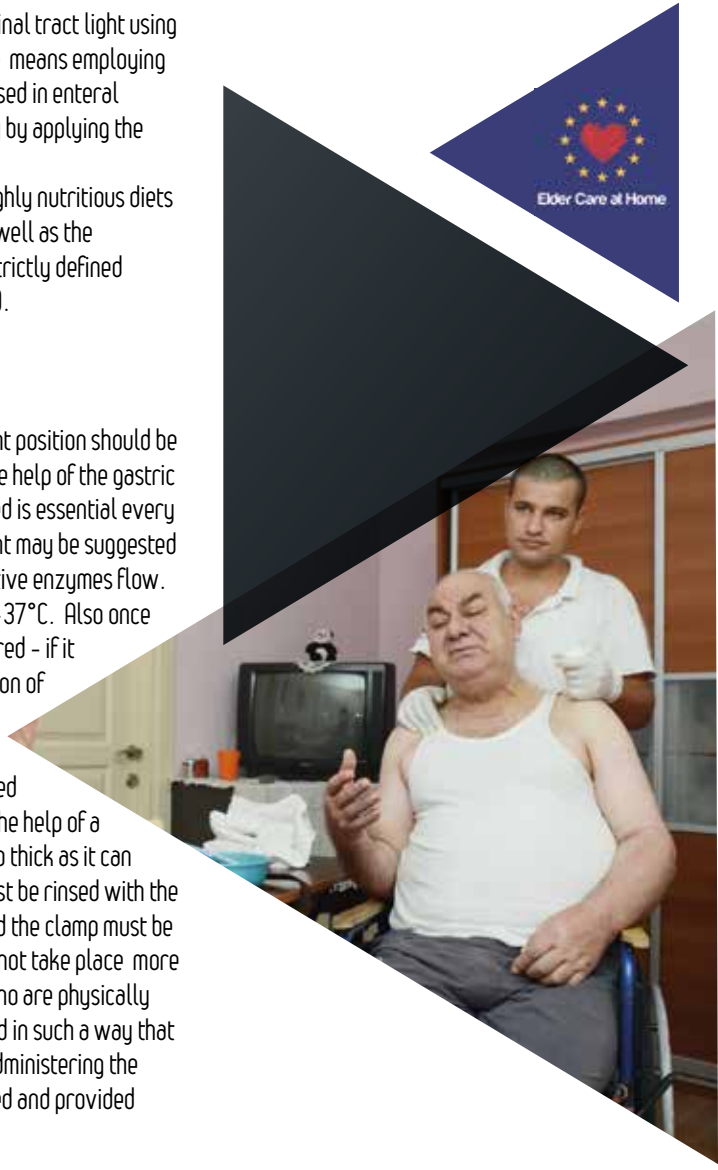
Enteral nutrition

It involves providing nutrients into the gastrointestinal tract light using the way other than the oral route, which in practice means employing gastric tubes or feeding fistulas. The gastric tube used in enteral nutrition can be introduced through the nasal cavity by applying the transdermal invasive technique or a surgery.
Enteral nutrition embraces: hospital diet (liquid, highly nutritious diets which are obtained by mixing natural products) as well as the industrial diets (they have standard composition, strictly defined amount of nutrients and the energy value is known).

Feeding through the gastric tube:

During the feeding process a full height or half height position should be employed. In the case of providing the food with the help of the gastric tube, checking whether the tube is properly mounted is essential every time the feeding operation is carried out. The patient may be suggested to chew gum before the meal to stimulate the digestive enzymes flow. The optimal temperature of the meals should be 35-37°C. Also once a day the retained gastric content should be monitored - if it exceeds 300 ml, it should be removed and the portion of the provided food should be reduced.

The amount of 200-500 ml of the food which is mixed for about 10 -15 minutes is administered once with the help of a 100-150 ml syringe. The food pulp should not be too thick as it can cause the blockage of the gastric tube. The tube must be rinsed with the 20-50 ml of boiled water to remove the digesta and the clamp must be fixed at the end of the drain. Serving meals should not take place more often than every 2 hours, except for the persons who are physically active. It is recommended that the meals are served in such a way that the night break is minimum 6-8 hours. Instead of administering the medications through the oral route, they are crushed and provided with the use of the tube.



SELF-CARE AND PERSONAL HYGIENE

A. Hand Washing

Hands constitute the most important way of transmitting pathogenic microorganisms. Therefore proper hands hygiene is the basic principle in preventing contaminations, which is of significant importance for the health, prevention and safety every day. It is important that the habit of washing hands after leaving the bathroom, the housekeeping activities, having contact with the soil, animals, food processing and before having meals, is enhanced.
Washing hands under the running water with the liquid soap is the most important hygienic activity. The appropriate amount of the cleaning liquid is applied to the whole surface of the hands (palms, spaces between the fingers, thumbs, wrists). The whole activity should take about 30 seconds, after which the hands are to be dried.

B. Foot Care

The elderly person should be allowed to assume a comfortable sitting position. The temperature in the bowl ought to be 36-38°C. The feet should remain in the water for about 2-3 minutes while the caregiver should use this time to have a conversation with the patient. The foot bath ought not to exceed 10 minutes, after which the feet, the spaces between the toes and shanks should be cleaned. The skin must be examined with the view to detecting any signs of probable mycosis of the foot, reddening, pains or skin cracks between the toes. The feet have to be thoroughly dried, alternatively personal care products or the ones recommended by a doctor should be rubbed in.

C. Nail Care

The well-groomed finger- and toenails are the best hallmark of the quality of the whole body care. They should be short and clean. Taking care of the fingernails should be done right after patient's bath. In order to do it properly a towel is placed and the nails are cut short and round, next they are smoothed with a nail file and in the end both the nails and the hands are treated with hand cream.
Toenails are cut evenly to prevent the case of the ingrown toenails. This entails the soft toenails only as in the case of the hard ones, this activity ought to be carried out by a person who is professionally involved in medical feet care. The patient's skin must be examined with the view to identifying reddening, cracks, scratches and fungal infection. Cutting toenails has to be handled with extreme care, especially in the case of the people with diabetes (the problem of injuries healing) as well as those undergoing the therapy with anticoagulants (the risk of bleeding).

D. Skin Care

Healthy skin is well supplied with blood, dry, flexible and showing no signs of injuries. It has to be observed on a daily basis. The skin condition is unique and depends on many factors, eg. the person's mobility, sphincters functioning, concomitant illnesses, mental state or financial situation.

Bodily hygiene should be consistent with the person's wishes and habits and during this process the elderly ought to use personal body care products and be encouraged to engage in motor activity. Every day, during the basic care - the toilette - the patient must be provided with intimacy and during these procedures his/her skin should be carefully examined.

All these activities have to be conducted with the possibly largest participation of the patient (behaviour / once again learning one's independence in performing tending activities). During these operations taking a shower rather than a bath should be given preference (baths parch the skin and constitute a burden for blood circulation). It is recommended that during the full baths lubricating products are used and the temperature should be adjusted to the wishes of the patient, not exceeding 36-38°C. The skin must be well but delicately dried, without rubbing. Washing face can be done with water and it is suggested that during the patient's toilette all kinds of detergents are avoided, and the products with the neutral pH enriched with the lubricating substances are used. In the case of disorders and the function of the sphincters remaining in wet underwear should be avoided. The room temperature while the toilette is performed is about 20-22°C and that is why the windows have to be closed before it.

E. Perineal Care

Taking care of the intimate parts requires taking into account the principle of hygiene in order to avoid the risk of infection by both the patient and the carer. Therefore single-use gloves should be worn by the caregiver.

Woman's intimate spheres treatment

The patient should be laid down on her back, the legs are bent and apart. Washing ought to be carried out in the direction from the vagina to the anus, starting with the outer vaginal lips, next the inner ones and finally finishing with drying them well. After that the patient should be turned on her side and the anal area must be washed from the anus towards her back and then dried. The skin must be closely examined to see if there is any sign of reddening, blisters, any other changes or leaks. Finally the skin of the intimate areas and the buttocks should be treated with cream.

Man's intimate spheres treatment

The patient should be laid down on his back. The penis and the scrotum have to be examined with the view to noticing any potential changes (increased secretion, swelling). The foreskin should be slid and the glans washed from the urethra outlet on the outside, after which the foreskin should be slid back, the scrotum washed and dried. In the end the skin of the intimate areas and the buttocks should be treated with cream.

Treatment of the patient with the bladder catheter installed.

Grooming of the intimate parts has to be carried out two times daily. The drain should be cleaned with the help of a mild cleaning liquid with the neutral pH in the direction from the top to the bottom, removing the deposits. In the case of the drain getting grimed with the feces, it has to be cleaned with the disinfection agent for the mucous membrane, eg. Octenisept.

F. Eye, Ear and Nose Care

Special grooming of the eyes is performed in the case of: increased secretion (sealed eyes), lack or sporadic movement of the eyelids (e.g. unconscious persons), removing a foreign body from the eye or infectious diseases. The patient's head should be tilted back and a towel is placed on his/her chest. The eyes have to be cleaned with soft sterile gauze pads soaked in, eg. 0,9% NaCl, delicately from the outer to the inner corner of the eye (rubbing is not recommended). The gauze pads can be used once only and then they have to be discarded. Eye drops or ointment have to used as recommended.

Grooming of the ear involves cleaning the outer ear only - the earlobe. The ear canal usually cleans itself. The earlobe is cleaned with warm water, the earwax is removed with the help of the cotton buds only within the outer outlet of the ear canal. The cotton bud must not be inserted deep, therefore it is best to clean the ear canal with the finger.

Special nose hygiene has to be performed a few times during the day. This operation involves the patients who have a feeding tube with the nasal cannula installed through the nose; those who are unconscious and disabled; the ones with nose injuries and the patients in the semi-coma condition. The patient should be seated in the half-upright position with a towel placed on his/her chest. The nostrils have to be cleaned with a wet swab (soaked in, e.g. 0,9% NaCl) or a dry one. These operations should be conducted in such a way that the swab is introduced in a rotating manner about 1 cm deep. Finally, some ointment should be put on the treated area.

G. Hair Care

Well-groomed hair is an important, individual and external image of one's personality, giving the patient a sense of self-esteem. Daily hair grooming involves combing, brushing and arranging hair. Washing the patient's hair should be dependent on individual factors (e.g. dry / greasy hair) and if possible, it should be connected with the weekly bath / shower. Washing the hair of the bedridden patient is burdensome for him/her so if possible, two persons should be performing this operation. Drafts are to be avoided as there is a high risk of the elderly catching a cold. It is also important that the patient can look into the mirror while his /her hair is looked after. The bedridden persons must not have any hairpins in their hair to prevent getting injuries and bruises.

H. Oral Care

Oral cavity hygiene should be performed 2-3 times daily, unless the patient can do it on his/her own. Both the oral cavity and the denture have to be cleaned after each meal, while the mouth mucous membranes have to be closely examined (scabs and deposits forming on their surfaces). Unless the elderly person has difficulties in swallowing, he/she should be encouraged to chew (e.g. bread crust), suck lozenges as this boosts salivation.

Special oral cavity hygiene is performed min. 3 times daily in the case of the person with breathing disorders and when the problems regard breathing difficulties through the mouth, hygiene operations should take place minimum every 4 hours. In other cases that depends on the need. Such activities are carried out with the persons with the restricted overall capacity, unconscious, in the semi-coma, with chewing disorders, taking some medications (eg. antibiotics). The patient should be seated in the half-upright position with a towel placed on his/her chest. Using disposable gloves one should remove the patient's dentures, if it is possible, he/she should do it himself/herself. Next the patient is asked to rinse the mouth (in the case of his/her swallowing disorders it should be done very carefully) into the bowl passed on the side. The patient is told to open the mouth, if it is closed, the caregiver touches his/her lips and cheeks delicately or lightly presses the lower jaw to push it down. A gauze grabbed with the forceps or a spatula wrapped in the gauze and soaked in the solution for oral cavity hygiene can be used to thoroughly clean the inside of the mouth, cheeks, teeth, tongue and the palate, however reaching too far inside the mouth should be discouraged owing to the risk of causing the patient a gag reflex.

The swab should be used once only. The deposit on the tongue has to be removed very carefully with a soft toothbrush. The patient is told to rinse his/her mouth and next the cleaned denture is replaced. Alternatively, the mouth toilette can be performed with a finger wrapped in the gauze, however there is a risk of getting bitten by the patient.

KEY POINTS TO PROVIDE SELF-CARE FOR THE ELDER/ DISABLED AND CONFINED TO BED

A. Communication

Each grooming activity and interpersonal relationships are elements of communication. The ability to communicate and establish contacts are significant tools in taking care of the elderly persons.
The main causes of the problems in communicating with an elderly person are: the involution changes or / and lesions with regards to the sense of sight and hearing; weakening of the cognitive functions as well as chronic psychosomatic ailments

While communicating with elderly patients, we should refer to their still efficient cognitive functions, practise memory, logical thinking and provide various incentives. To do that the caregiver can introduce himself to the patient many times, remind the time of the day, week, month, the place of stay by supplying memory boosting aids, such as solving crosswords.
Talking to an elderly patient one should do it in a simple way and the person's concentration is maintained by constant keeping an eye contact or touching his/her hand. Moreover, by frequent addressing the person by using his/her name, assures him/her that he/she is the recipient of the message. What is also important is getting from the patient the feedback which proves that the information was understood by him/her.

While talking to the persons diagnosed with aphasia, certain techniques increasing speech understanding or using, for instance, drawing or non-verbal gestures, are employed. The message consists in illustrating verbal communication with adequate facial expression and gesticulation, showing objects or pictograms to the person. Moreover, he/she should be given as much independence within verbal communication as possible and even the slightest hints of progress should be acknowledged. It is important that the patient is not relieved in speaking.

When it comes to the unconscious persons, communication is also held.
They should be talked to as if the conversation regarded a conscious person, explaining what grooming activities will be carried out. The caregiver should observe the patient to see if he is sending some signals, e.g. reaction to pain.

B. Observing the Number of Respiration/Respiratory Rate and other Vital Signs

Breathing:

Breathing is regulated by the respiration centre in the cerebrum and depends on the level of oxygen, carbon dioxide and blood pH. Breath is composed of breathing in and out. The type of breathing, its frequency, depth, rhythm, smell, breath sounds, coughing and secretion are equally important. Other factors which have to be taken notice of are: breathing economy (body posture, auxiliary respiratory muscles), pain and psychic factors. The patient should be observed in such a way that he/she does not realize it as this might affect his/her breathing manner.

Breathing observation should be carried out at least for 1 minute. One breath means one breath in and one breath out. Healthy elderly persons should take 14 -20 breaths per minute. While resting healthy patients should exhibit even and uniformly deep breath. The correct time between one and the next breathing in is even, likewise the volume of the breathed in air. Normal breath is regular, unhindered, nasal while the breath out is 2 times longer than the breath in. Usually the breathed out air is without any smell, the physiological breath is the same as the smell of the recently eaten food.

Pulse and blood pressure:

Pulse is felt on the arteries running shallowly, where they can be pressed to the basis, usually on the radial artery on the wrist or the carotid artery on the neck. The pulse should be checked, if possible, under the same conditions, at rest, before the meal. The wrist should be slightly relaxed, bent and leaning against the basis. The caregiver slightly presses the artery with the fingertips of his forefinger, middle and ring finger. The thumb should not be used to feel the pulse because then it is the pulse of the checking person, not that of the patient's. The pulse wave is to be counted for 15 seconds, the first wave is counted as zero and the result is multiplied by 4. The pulse quality and the rhythm should be evaluated. If the pulse on the radial artery is barely palpable, then the central pulse should be checked. The place of the measurement is the carotid artery, in the groin - femoral artery.

The first measurement is taken on the right and left side as there might be some differences. In the case of the persons with heart diseases, the measurement should last for the whole minute at the first time. When the central pulse is taken, it cannot be measured on both sides simultaneously.
The frequency of the pulse - the number of beats per minute. Adults: 60-90 beats per minute. The elderly persons: 80-85 beats per minute (this is conditioned by atherosclerotic changes). With the healthy persons, the rhythm of the next beats is regular.
The accurate values of the healthy elderly persons' blood pressure should be as follows: systolic - 120-145 mmHg, diastolic - 60-90 mmHg. At older age, blood pressure is growing successively.

Measurement with a manometer:

The measurement of blood pressure should always take place in a quiet atmosphere without any conversations held. The measurement must always be taken on the same limb and if there is any discrepancy, then the one with the higher values should be used. The procedure of taking the measurement must be done in the same position (sitting or standing) at all times. The length and width of the cuff should be adjusted to the circumference and length of the patient's arm, otherwise the measurements will be incorrect.

Operation: the patient leans the upper limb, slightly relaxed and bent against the table or on the pillow at the height of his heart. The non-inflated cuff is placed 2-3 cm above the elbow on the exposed arm. The stethoscope eartips have to be placed in the ears, the membrane is located in the elbow flexion. Next, the valve is closed, the manometer pointer should be set at „zero''. The cuff is inflated to 30 mmHg above the expected value. The air is slowly released. The first audible tone relates to the systolic (SBP) value, the last heard tone means the diastolic (DBP) blood pressure value. During the inflating operation the pulse must be felt on the radial artery; from the moment it is not felt, the caregiver has to inflate another by 30 mmHg. The manometer should be held at the patient's heart height.

Watching the body temperature

The properly running vital processes decide about the correct body temperature. It changes depending on the body part and the place of the measurements taken. The appropriate body temperature is 36,3-37,4°C, individually diversified. Temperature fluctuations:
during the day up to 1°C; the highest temperature is around 4-5 pm, whereas the lowest one is about 6 am.
The measurement under the armpit: 8-10 min.
Per rectum measurement: 3-5 min., discrepancy in the measurement by about 0,5°C above the temperature taken under the armpit.
The measurement taken sublingually: 5-8 min. discrepancy in the measurement by about 0,3°C above the temperature taken under the armpit
The measurement in the ear: for 1second, the value corresponds to the measurement taken in the mouth.

C. Following the Nutrition and Diet

Owing to the slowing down of the metabolic processes and limited mobility, energy requirements of the bedridden patient are also smaller. However, the demand for minerals and vitamins remains the same. Senior persons need the food which is energy poorer, yet rich in nutrients. The products rich in protein help wounds healing. In the case of the patients with limited mobility or confined to bed, the total energy demand decreases to the basic requirement (the energy which is necessary for the body to function at rest/ while lying in bed). In order to reduce the energy content of the meals, the amount of fats and carbohydrates has to be cut down.

Calculation of the basic requirement
4,2 kJ x body mass x 24 hours.

Example: 4,2 kJ x 60 kg x 24 hours = 6048 kJ/24 hours.
1 kcal = ca. 4,2 kJ
The required amount of the liquid for the elderly person who is confined to bed, is calculated according to the model below:

- For the first 10 kg - 100 ml
- The next 10 kg - 50 ml
- The remaining kg- 15 ml

While feeding the persons with limited mobility, their independence should be encouraged as much as this is possible. In order to do so, various auxiliary devices to help with eating and drinking, can be introduced. It is recommended that the patient is provided with that much assistance as is needed, and that little as possible. The elderly person should be encouraged to eat using his/her hands if it means keeping demonstrating more independence. The caregiver should refrain from criticizing the patient even if it results in leaving marks on the clothes. In such a situation it is better to suggest the patient that he/she uses some clothes protective material.

In the situation when the persons who are nourished are confined to bed, it is important that they are appropriately placed for the time of being fed - raising the torso is necessary to prevent the risk of the patient's choking. Using some sort of support would be a good idea or the patient who is normally lying in bed can be encouraged to sit at the table at the time of the meal. One must not feed the patient when his/her head is bent backwards, nor put the food too deep into the mouth as this will cause the vomiting reflex. Only 2/3 of the spoon should be filled and slid carefully into the patient's mouth, without touching the incisors (impulsive biting).

D. Excretory System Activities

The elderly persons who are confined to bed are frequently troubled by urine and stool incontinence. It is essential to find the reason of such a state, the kind of incontinence, alternatively choose appropriate exercises and medications.

While looking after such a person, proper skin care is essential - the crotch area has to be attended to a few times during the day. Also the clothes should be adequately selected: loose, light, easy to take off and wash. If necessary the right hygienic and auxiliary products should be used - pads, diapers, incontinence pads, wads. With the persons suffering from some ailments (e.g. bed sores) placing a bladder catheter should be considered. The persons confined to bed can be provided with a bedpan or a urine bottle.

The bedridden persons, with the limited mobility frequently suffer from constipation. This leads to difficulties in passing small quantities of hard stool less often than 3 times a week. The reason of constipation may be the low fibre diet, not enough liquid drunk, coexisting illnesses and provided medications. The elderly patients, especially the ones with dementia and limited physical activity, have problems with rectum emptying disorders - in such cases removing the stool has to be performed manually. Treating constipation consists mainly in treating the illness which causes it, in other cases the diet rich in fibre is recommended, providing ample liquids and avoiding the products causing constipation (e.g. black tea, chocolate). When giving the elderly persons the laxatives one has to remember about their side effects, e.g. absorption disorders and dehydration.

THE WAYS OF ADMINISTERING MEDICATION

A. Orall (through mouth) medication

Wash your hands, check the name of the medication which has been recommended and its expiry date. The proper dosage, the time of application and the form of the medication have to be carefully complied with. After the elderly patient is given the medication with a glass of water, the caregiver has to make sure that the medication has been swallowed.
If the patient has difficulties with swallowing, the pills can be crushed, e.g. in the mortar, and the content should be removed from the capsules. Such prepared medication can be administered with the food or in the spoon with the water.

B. Rectal (through anus) medication

Suppository:

Ensure that the elderly person can push the suppository herself - if not, do it yourself. Intimacy has to be ensured. The patient has to lie down on his/her side, with the right leg bent loosely in the joints (the hip and knee joints). Inform him/her that the muscles around the rectum and the buttocks have to be loosened. Next, wearing the gloves insert the suppository with its pointed end beyond the sphincter muscle as far as 3-4 cm. This operation has to be performed with utmost delicacy, in case the patient suffers from any pathological changes (e.g. haemorrhoids, inflammations). The suppository should remain for about 15 minutes.

Enema administration

Put your gloves on and oil the applicator. Next, insert the applicator's neck into the rectum as far as about 3 cm. You should never do it if some resistance is detected. Fold and squeeze the vessel with the infusion into the rectum and then remove it. The lotion should remain in the intestine for about 15 minutes.

C. Parenteral administration of medicine

The medication is introduced intravenously in order to let it act immediately. It can be applied into the already installed central or peripheral venous catheter. In this way the continuous or drip infusions (also parental nourishment, haematoid preparations) are carried out and the prepared medications are introduced indirectly into the venous vessel. Some of them demonstrate a strong efficiency and therefore have to be administered in large dilution and slowly. Medication applied in this way starts acting immediately.

Wash your hands, remove the syringe from the package while not infecting the cap. Place the needle in the syringe and fill the syringe with the medication. Change the needle for injection and leave a plastic casing on. Put the gloves on.

Put the tourniquet on, choose the relatively big, well-apparent vein. Sanitize the area of the injection and then take the casing off the needle. Stretch the skin beneath the intended area of injection and insert the ¾ length of the needle into the vein at sharp angle, depending on the depth of the vein placement. Aspire by drawing back the plunger - the sign of blood in the syringe means that the needle is in the vein light. Release the tourniquet. Slowly administer the medication. Having done that gently press the place of injection with a swab and remove the needle from the vein light. Protect the injection area with an adhesive bandage, pressing it until the bleeding stops. Wash your hands.

Placing the peripheral venous catheter

Wash your hands and put the gloves on. Put the tourniquet on, choose the relatively big, well-apparent vein. Sanitize the area of injection and then take the catheter out of the package. With the thumb of the left hand stretch the skin beneath the intended site of injection. Insert the catheter partly. Partly eject the stylet - if blood appears in the catheter light, that means that it has been inserted into the vein light. Insert the catheter to the end and then release the tourniquet. Next, put the sterile swab under the end of the catheter. Remove the stylet from the catheter. Check whether the cannulation is effective by adding about 5-10 ml 0,9% NaCl into the vein. If there is no pain reaction and bumps that means that the injection went through correctly. Fasten the cap. Next remove the swab and put the dressing on the catheter. Use 0,9% NaCl with heparin to rinse it.

Installing drip intravenous infusion

Wash your hands. Take the cap off the spot where the bottle is punctured and sanitize it. Inject the needle of the device in the bottle with the infusion liquid. Tighten the apparatus clamp and hang the bottle on the rack. Press the dropper chamber to introduce up to ½ of the liquid volume. Loosen the clamp to remove the air by the liquid leaving the device. After removing the air, tighten the clamp. Connect the end of the apparatus with the end of the catheter. Loosen the clam and set the speed of administering the infusion. After the medication has been applied, tighten the clamp, disconnect the apparatus from the catheter. The catheter has to be rinsed with 0,9% NaCl with heparin. Always close the catheter with a sterile cap. Afterwards wash your hands.

Maintenance of the vessels' access

The site of injection should be constantly kept sterile and protected by a sterile dressing. Also this place must be observed on a daily basis with the view to noticing any signs of swelling, infiltration, reddening, pain, abscess and an overall infection of the body (e.g. fever). The used devices must be properly maintained and kept sterile which means that single-use vessels (e.g. syringes, faucets, drains, etc.) can only be used. In the case of sterile fluid transfusion the vessels must not be damaged. Fluids have to be supplied on an ongoing basis, hands must be washed thoroughly and sanitized. Access to the veins must be maintained 24 hours by adding the fluid in the drip continuous infusion. The cannula must be handled with utmost care while the medication is administered, otherwise it may lead to its bends, fractures or slip out.

D. Intramuscular (into the muscle) medication

Injections are made into the larger muscles:

- The upper outer part of the large gluteal (back gluteal region);
- The thigh quadriceps (middle, outer part of the thigh);
- The deltoid and biceps (2-3 cm below the acromion, small amounts of medication is administered here);
- The front gluetal region (between the anterior superior iliac spine, greater trochanter of the femur and the iliac crest).

Wash your hands, remove the syringe from the package, avoiding infecting the cap. Insert the needle on the syringe and leave the casing on. Sterilize the plug of the vial or the ampoule neck and break it off. Take the casing off the needle and fill the syringe with the drug. Change the needle for the injection, leave the plastic casing on. Put the gloves on. Place the patient in a comfortable position to administer the medication. Select the injection area, examine it and locate it by palpation. Sanitize the injection area. Stretch the skin of the area of the injection, inform the patient what you intend to do. With a decisive move insert the needle till the ¾ length of the needle at the angle of 90 . Perform the aspiration to prevent the medication getting into the blood vessel. Press the plunger evenly, introducing the medication into the tissues. Remove the needle from the tissue, slightly press the injection area. Finally, wash your hands.

Up to 10 ml medication can be administered by means of intramuscular injection. Large amounts of medication or their prompt application may result in the muscle tissue impairment. Remedies administered in this way are absorbed within 10-15 minutes.

E. Subcutaneous (hypodermically administered) injections

It can be performed in the areas abounding in the loose subcutaneous tissue. Most often this is the outer central section of an arm, the outer central part of the thigh, the navel area and the area under the scapula.

Single administration of the medication should not exceed 2 ml.

Wash your hands and remove the syringe from the package, avoiding infecting the casing. Put the needle on the syringe and leave the plastic casing on. Prepare the medication to draw it into the syringe. Sanitize the neck of the ampoule (the ampoule stopper) and break it off. Take the casing off the needle. Draw the drug into the syringe. Change the needle for the injection and leave the plastic casing on. Put the gloves on. Prepare the injection area, stabilize, examine it palpably, avoid the infiltrations, bruises, dilated blood vessels. Remove the casing from the needle, remove the air from the syringe. Sanitize the injection area. Then grasp the skin and the subcutaneous tissue in the fold. Inform the patient when you are going to apply the injection. With a firm motion insert the ¾ needle at the 45o angle into the subcutaneous tissue. Release the skin fold and slowly and evenly press the plunger while administering the drug. Observe the patient. Next, hold the tissue with a swab in the puncture area and then energetically remove the needle from the tissues. The puncture area should be protected, the swab should remain there until the bleeding stops completely. Secure the used equipment. Wash your hands.

Subcutaneous administration of low molecular weight heparin:

It is necessary to designate the area of administration - usually in the skin folds on the abdomen (on each side at least 5 cm from the navel). The injections can be administered alternatively, on the left, next on the right side. In order to do so, the patient has to be seated or assume the reclined position so that the skin fold could be easily grasped. Put the gloves on, disinfect the injection site. Take the cap off the pre-filled syringe, do not let the air out. The syringe has to be held in the same way as the pen is while the sanitized skin fold is grasped between the thumb and the index finger. The whole syringe needle has to be injected perpendicularly into the skin fold (at the 90 angle) while delicately pressing the plunger and introducing the entire content of the syringe under the skin. Next, remove the needle from the skin fold and release it. The injection area must not be pressed as this could lead to haemorrhage formation.

Principles of insulin injection:

Insulin is injected into the subcutaneous tissue in the following areas: buttocks, abdomen, thigh and arm. The area of the injection has to be regularly changed, however no more often than every few days. Also this must not be performed in a manner not planned because the insulin is absorbed into the blood with various speed, e.g. from the abdomen much faster than from the arm, and from the latter faster than from the thigh. Hence, insulin should be injected in similar areas at the same time of the day.

F. Inhaled (through respiration) medication

Inhalations are conducted in the high reclined position or lying, which depends on the condition of the elderly person. Prior to the inhalation, the patient's nose should be cleared. During the treatment, rhythmic, slow and deep breaths are taken. Breathing is done through the nose or the open mouth, inhaling the steam. After the treatment the patient should rest for 15-20 minutes in the room. If there is a need, his/her lips can be lubricated. The mouthpiece, mask and the tube have to be washed - it is necessary that the manufacturer's recommendations are complied with.

Medication sprays: they are composed of a drugs container (spray), plastic container with a mouthpiece and the casing. The spray contains the medication which is released from the container after the lower surface with a specifically described dosage has been pressed. The apparatus has to be held upside down, between the thumb and the index finger. Next it has to be shaken and the casing is removed. Then the patient should exhale and cover the mouthpiece with his mouth. Next he takes a deep and quiet breath, firmly pressing on the bottle bottom at the same time. The air should be kept in for a few seconds. Finally, the patient should take the mouthpiece out of his/her mouth and quietly exhale through the nose.

G. Endotracheal (direct administration to trachea) medication

Adrenalin, vasopressin, atropine, lidocaine, and naloxone can be given through the tracheal tube. Calcium, sodium bicarbonate and amiodarone must not be provided in the same way. To obtain therapeutic plasma concentrations, endotracheal doses must be at least three times higher than the intravenous doses. The medication should be injected into the trachea in the 10-20 ml volume in a spray form. There is no need to provide the medication deep into the bronchial tree. For this purpose solutions in the pre-filled syringes can be used, however dissolving the medication ready for injection in the water instead of saline solution, may ease absorption. Supplying medication through the laryngeal mask respiratory tracts is faulty as most of the medication is left at the level of the larynx, hence this way of providing the remedy is not recommended.

H. Sublingual Medication Administration

The drugs which are supplied sublingually attain their blood concentration fast. The medication in the form of a tablet or spray is provided sublingually on the mucous membrane. Tables are not swallowed, they have to dissolve sublingually.

İ. Local or intradermal injection

Intradermal injections

Wash the area of injection with water and soap thoroughly, wait till it dries, do not wipe it. In order to do a test, select the area where the skin is soft, the least hairy and bearing no sign of pathological changes. Wash your hands. Remove the syringe from the package, do not infect the cap. Place the needle on the syringe and put a plastic cap on the syringe. Sanitize the ampoule neck or the vial stopper. Break off the end of the ampoule. Enter approximately 0.2 ml of medicine into the syringe. Change the needle for the injection (thin needles, e.g. 0,5 mm) and firmly press on the syringe cap. Remove the air together with the rest of the drug from the syringe. Leave 0,1 ml. Arrange a stable and comfortable position for the limb, i.e. a planned place of the puncture.
With the left hand, stretch the skin, the area of injection, pulling it from the bottom. Turn the needle at an angle of 5-15 with the semicircular motion so that the needle bevel is completely in the tissue. Use the right hand thumb on the syringe plunger and enter the drug in 0.1 ml volume. As a result a bubble with a diameter of about 0.5 cm will be formed. Remove the needle from the tissue with a firm movement. Do not touch or tap the puncture area, also tell the patient not to do it either. Circle the formed bubble with a line. Note the time of the procedure and the hour of reading the sample, which will take place after 30 minutes. Wash your hands.

Drug administration to the skin:

Medication in the form of ointment, creams, paste, powder, solutions etc., can be applied on the skin. This can be done by anointing, rubbing in or placing the dressing to increase the medication penetration into the skin. The local medical effect can be also achieved by therapeutic baths - general (conducted in the bathtub) and the partial ones (e.g. hands in the basin).

Applying cold:

Recommendations: contusions, sprain, dislocation, post-traumatic or post-operative oedema, hematoma, migraine, headaches, nose bleeding, internal bleeding, fever, burns, prevention and treatment of thrombosis, prevention of exudates and swelling e.g. insect bites.

Using heat:

Recommendations: muscle pains, contracting, bloating, difficulty in wounds healing (e.g. Solux lamp), cold, rheumatic diseases, neuralgia, otitis media. In the case of the haemorrhage, acute inflammation (e.g. appendicitis) as well as burns heat must be avoided. Special care must be taken in tending to the unconscious persons as well as those with sensory disturbances.

Administering the drug to the eye:

With your thumb and the forefinger open your eyelids and support them, placing the fingers at the orbital rim (when the patient does not blink, the lower eyelid can be pulled down). Tell the patient to look up, insert the medication into the conjunctival sac.

Administering the drug to the ear:

The patient should be laid down with the ill ear pointed up, or assume the sitting position with the head tilted to the side of the healthy ear. The auricle should be tilted upward and backward, after which the medicine should be inserted into the external auditory canal.

J. Nasal way (through nose) of medicine administration

Tell the patient to thoroughly clear the nose. Next he/she should assume the sitting or lying position with his/her head tilted backward. With your finger slightly raise the tip of his/her nose. Insert the medication into each nostril, tell the patient to breathe through the mouth. The patient should remain in this position for a few minutes.

FIRST AID

A. PRIMARY GOALS OF FIRST AID

Before the rescue arrives, the time has to be used to apply the life saving procedures as well as other first aid operations. In every emergency rescue operations have to be started already on the site of the accident. The person who provides first aid must not allow additional serious complications to occur before the arrival of the ambulance.
Survival chain - the interventions which contribute to a successful final result after the SCA (sudden cardiac arrest). The strength of the entire chain depends on the strength of the individual cells, which in this case must be equally strong.

1) Early diagnosis and urgent emergency services - to prevent SCA;
2) Early CPR - chest compressions and rescue lung ventilation slow down the rate of brain and heart changes progression; Resuscitation performed by the witnesses extends the time that resuscitation can be effective and presumably doubles the probability of survival;
3) Early defibrillation - to restore cardiac function, in the case of cardiac arrest beyond the hospital, the goal is to perform defibrillation (when indicated) within 5 minutes of the notification of emergency ambulance (use of automatic external defibrillators in public);
4) Post-resuscitation care - to restore the quality of life, this period starts with the time when spontaneous circulation has been restored.

B. FUNDAMENTAL PRACTICES IN FIRST AID (PRR)

1. Make sure that the injured, all the witnesses of the event and you are safe.
2. Check the victim's reaction: gently shake his/her shoulders and ask loudly: "Are you okay?"
3. If:

3.1. Responds

- Leave the victim in the position you have found him/her provided he/she is not in any danger.
- Try to find out as much as possible about the victim's condition and call the rescue services, if there is a need.
- Regularly assess his/her condition.

3.2. He fails to respond:

- Loudly call for help.
- Turn the injured person on the back, then clear the airway, tilt the head backward and raise the jaw: place your hand on the victim's forehead and gently tilt the head backward. Put your fingertips on the victim's jaw, then lift it up to expose his/her airways.

4. Keeping the airways clear, assess whether breathing is normal by means of looking at the injured, listening and touching:

- Look at the movement of the chest.
- Listen for any respiratory murmurs at victim's mouth
- Try to sense the air movement on your cheek.
- Do not spend more than 10 seconds on this operations. If you have any doubts whether breathing is normal, act as if it was incorrect.

5. If:

5.1. Breathing is normal

- Place the injured in the secure position
- The position should be stable, as close as possible to placing on the side with the head tilted with no pressure on the chest so as not to lose breath. Kneel at the victim and make sure both legs are straight. Place the victim's hand which is closer to you at right angles to his/her body and then bend it in the elbow so that the hand is facing upwards. Place the other hand across his/her body and hold it near the closest cheek with the back of the hand. With your other hand, grasp the leg which is farther from you just above the knee and pull it upward without tearing the foot off the ground. Holding his/her hand pressed against his/her cheek, pull the limb which is farther in such a way that the injured turned to the side in your direction. Place the leg which you held when you turned the victim so that the knee was at right angles to the hip. Tilt the victim's head backward to ensure that the airway is clear. If necessary, put his/her hand under the cheek in such a way that the head was kept pulled away. Regularly check his/her breathing. If the victim has to be placed in this position for more than 30 minutes, turn him/her to the other side to release the pressure on the arm lying below. Pregnant women have to be placed on their left side.

- Send someone or go go on your own or call the emergency service.
- Regularly check the victim's breathing.

5.2. Breathing is incorrect:

- Ask someone to call the emergency service or do it yourself.

Start chest compression: kneel next to the injured person; place the wrist of one hand in the middle of the victim's chest; place the wrist of the other hand on the back of the first hand; interlock the fingers of both hands and make sure that you will not exert pressure on the victim's ribs. Do not compress the lower abdomen or the lower part of the breastbone. Bend over the injured, set the straightened arms perpendicular to the breastbone and press to the depth of 4-5 cm. With each pressure release the pressure on his/her chest without tearing your hand from the breastbone. Repeat the pressure at a rate of about 100 / min (slightly less than 2 squats/sec.). The duration and release of the bridge pressure should be the same.

6. Combine the chest pressure with rescue breaths.

- After performing 30 chest pressures, clear his/her airways, tilting the head backward and lifting the jaw.
- Squeeze the sides of the nose of the injured person with the index finger and the thumb of the hand placed on the victim's forehead.
- Leave them slightly open, at the same supporting the lifted jaw. Take a normal breath and tightly cover the mouth of the victim with your mouth, making sure there is no leakage of air. Blow the air slowly into the victim's mouth for about 1 second while observing whether the chest rises as in the case of normal breathing - such a rescue breath is effective. Keeping the victim's head tilted backward and the jaw lifted, move your lips away from his/her mouth and observe him/her whether his/her chest falls while exhaling. Perform one more rescue breath in the same way.
- If rescue breaths do not cause chest elevation, as with normal breathing, before performing another attempt, do the following: check the mouth of the victim and remove the visible foreign body; check whether the head deviation and jaw lift are properly made; make no more than 2 attempts of ventilation each time before resuming chest compressions.
- Next, without any delay place the victim's hands in the correct position on the breastbone and perform the next 30 chest compressions.
- Continue the chest compression and the rescue breaths in the 30:2 ratio.
- Stop your activities to check the condition of the injured person only when he or she begins to breathe properly. Otherwise do not abort the resuscitation.
- If there are more than one lifeguard on the scene, another one should replace him to continue the CPR every 2 minutes to prevent their fatigue.

7. If you do not want or are unable to perform the rescue breaths, do the chest compression only. It should be carried out continuously with the frequency of 100 compressions per minute. Stop your operation in order to check the condition of the victim only if he/she begins to breathe normally.

8. Continue resuscitation until the qualified medical staff arrive and take action; the victim will start breathing properly; you will run out.

Proceedings in the case of adults' choking:

- If the victim has symptoms of partial airway obstruction, encourage him or her to cough
- If there are signs of total occlusion and the victim is conscious, bend the injured person forward and holding his/her chest with one hand, apply five strokes with the wrist to the victim's inter-scapular area. After each stroke check whether the respiratory tracts are unobstructed and there is no need to perform 5 attempts.
- If the five strokes in the inter-scapular area did not result in the removal of the foreign body, apply up to five upper abdominal pressures: stand behind the victim and cover him with the shoulders at the upper abdomen; make him/her lean forward; tighten the fist and place it between the navel and the xiphoid process; with your free hand, grasp the clenched fist and firmly pull it inward and upward; repeat this step up to 5 times.

- If these steps did not remove the foreign body from the respiratory tracts, carry on stroking the inter-scapular area combined with the upper abdominal pressures.
- If the casualty loses consciousness, safely lay him/her down on the ground, call emergency ambulance and begin the CPR.

Proceedings in the case of fainting:

Ensure that the injured is breathing. Lay him/her down on the back, lift his/her limbs up.

Proceedings in the case of burns:

The burn has to be cooled under the running water at the temperature of 20°C for about 15 minutes. The burn must not be lubricated with ointments, the blisters must not be torn off or punctured, nor the clothing melted into the skin cannot be torn off. The burns must be covered with the sterile dressing.

ASSESSMENT OF THE PATIENT - INJURED FOR FIRST AID

Rules of conduct:

- The injured has to be seated in the comfortable position, the injured body part should be supported as the victim may lose consciousness.
- The general condition and the injured area should be observed; there is a risk of patient suffering from haemorrhage and shock.
- A piece of clothing should be uncovered so that the whole wound could be examined.
- No large foreign body must be removed from the wound.
- The wound must not be touched, only the thermal and chemical can be washed.
- Stop the bleeding and secure the wound with a suitable sterile dressing.
- The injured part of the body must be immobilized while the injured limb has to be raised.
- While waiting for the arrival of the qualified rescue staff, the condition of the injured person must be monitored all the time. The anti-shock procedures are implemented when necessary.

MEDICINE ADMINISTRATION AT HOME

The Respirator

The basic task of mechanical ventilation is to improve gas exchange in the lungs in the situations when the patient's breathing effort is insufficient to provide it. Mechanical ventilation is understood as a complete or partial take-over of breathing by the respirator.

The components of the respirator:

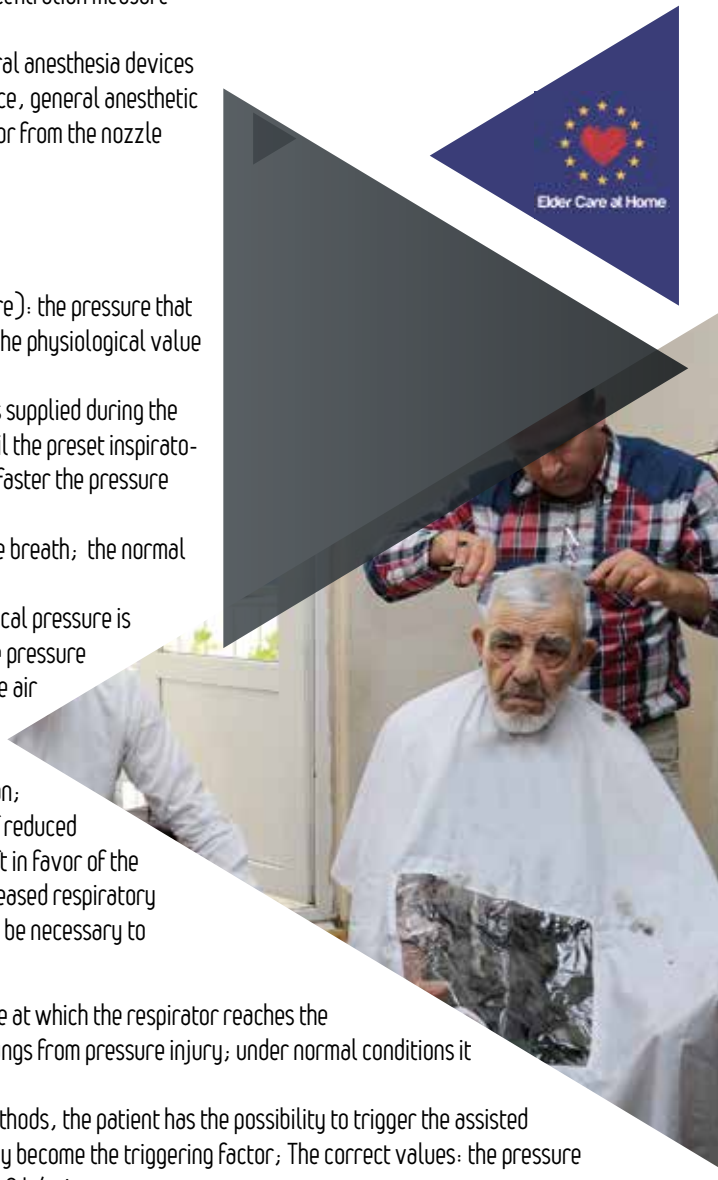
- Supply of gases:
- Central supply of gases (at least the oxygen and compressed air);
- Gas cylinders (less often): colours and combinations are regulated by the European Union standards to avoid confusion:

GAS	COLOUR	CONNECTION
Oxygen	White	Hexagonal
Compressed air	Black/White	Quadrangular
Nitrous oxide	Blue	Round

- Gas mixer: Each respirator has more than one device that allows mixing of the supplied gases. Oxygen concentration measurements are made by two independent devices.
- If needed, anesthetic systems in general anesthesia devices are employed. Depending on the type of the device, general anesthetic supplies are provided either from an evaporator or from the nozzle apparatuses.

Ventilation parameters:

- PEEP (positive end-expiratory pressure): the pressure that remains in the lungs after the end of expiration; the physiological value is 5 mm Hg;
- The flow: the speed at which the gas is supplied during the inhalation; The rate of the pressure build-up until the preset inspiratory pressure is reached - the higher the flow, the faster the pressure builds up.
- The respiratory volume: volume of one breath; the normal value is about 7-8 ml / kg m.c.
- Positive pressure ventilation: mechanical pressure is reversed during mechanical ventilation - positive pressure is generated during the inhalation to compress the air into the lungs; Expiration is passive;
- The I: E ratio (inspiration: expiration): The ratio of the inhalation time to expiration; The correct 1:2 value; It is changed in the case of reduced susceptibility to improve the inhalation time (shift in favor of the inspiratory phase, eg 1: 1, 2: 1), and with an increased respiratory tracts resistance, e.g. bronchial asthma), it may be necessary to prolong the expiration time;



- The upper pressure limits: the pressure at which the respirator reaches the inhalation interval, set to protect the patient's lungs from pressure injury; under normal conditions it reaches 30 mbar.
- Breath trigger: In some ventilation methods, the patient has the possibility to trigger the assisted breathing; The change in the pressure or flow may become the triggering factor; The correct values: the pressure trigger - 1 mbar below PEEP, the flow trigger - 2-3 l / min.
- FiO2 (inspiratory oxygen fraction - inspiratory oxygen concentration): When breathing in the atmospheric air 0.2 l, in the case of 100% oxygen - 1.0.

Methods of artificial ventilation:

- Non-invasive - without intubation (through the facial mask) (CPAP);
- Invasive - mechanical, with prior intubation:
- Volume controlled ventilation (volume controlled): the constant respiratory volume is set, the change in pressure (IMV, SIMV) occurs;
- Pressure Controlled Ventilation - (pressure control): the constant pressure is set - the exhaust volume is variable (PCV, BIPAP).

Suction of the secretion from the respiratory tracts through the intubation tube:

It is necessary to operate under strictly sterile conditions and the help of a second caregiver is necessary. Apply a high torso position. Disinfect your hands, wear sterile gloves. The assistant opens the sterile catheter package and connects it to the aspirator, next he gives it to the person performing the aspiration operation and turns on the apparatus.

The catheter is introduced without aspiration during the patient's inhaling. After it is entered at the appropriate depth, suction is turned on, the catheter is removed with a swivel movement, the maxim suction time is 15 seconds. The tube should be rinsed, the catheter discarded. Since suction irritates the respiratory tract and intensifies the production of secretions, aspiration should be performed as often as necessary and as rarely as possible.

PRESSURE SORES

Pressure sore (pressure ulcer) is defined by The European Advisory Group of Bedsores Treatment (EPUAP) as the area of injury with a specific localization of the skin and the lower lying tissues due to the localized compression and / or friction on the tissues. Bedsores are caused by the localized soft tissue damage resulting from the pressure inflicted on them due to their position between the bone height and the external surface.

In the case of bedsores, four factors are essential: superficial pressure (causes the ischemic tissue damage), friction (occurs when the body is moving on the ground), shear (occurs when the person is lying in bed and sitting while the body is slipping under gravity), humidity (maceration, leading to the softening of the skin and reducing its immunity.

Risk factors for bedsores (according to NICE):

Acute illness; age; state of consciousness, limited mobility, impaired sensation; severe chronic or terminal illnesses; vascular diseases; malnutrition and dehydration; occasional pressure ulcers identified by interview.

Gradual classification of pressure sores (EPUAP):

1° - The non-ablative redness of the undamaged skin. Color change, hyperthermia, lack of sensory perception or skin sclerosis can also be used as the indicators, especially in the case of the dark-skinned patients.

2° - Partial loss of skin thickness including: epidermis, dermis or both layers. The ulcer is superficial and clinically it forms a picture of abrasion or bladder.

3° - Loss of the full thickness of the skin with the accompanying necrosis of the subcutaneous tissue, not exceeding fascia.

4° - Extensive destruction, tissue necrosis or damage to the muscle level, bone or support structures, accompanied by the loss of skin full thickness or no loss.

Depending on the extent of bedsores, there are many specialized types of dressings used in the treatment of these problems, assistive devices - all sorts of anti-pressure ulcers mattresses, the equipment used for assisting the positioning of the patient, surgical procedures, physiotherapy or diet therapy.

Prevention of bedsores is the most important aspect of senior prevention. The basis for prevention is the risk assessment of pressure sores, followed by the implementation of appropriate measures: stimulation of movement activity - active and passive exercises, gymnastics which reduce the pressure and improve the blood supply. It is necessary to avoid shearing forces when moving the patient, using the armchairs with armrests, armchairs with adjustable backrest and raised lower legs supports which compared to other chairs reduce the compression load is recommended.

Also in order to take care of the skin it has to be kept dry while neutral pH washing emulsions should be used. The patient must be dried thoroughly to increase the blood supply after which appropriate cream has to be used. The temperature of the washing water has to be adjusted to the type of the skin since warm water leads to skin dryness while the cold one worsens the circulation. Skin dampness should be avoided as proper hydration improves the flexibility of the vessels.

Moreover, patients should be provided with the meals rich in protein and vitamins. Also risk factors should be reduced by means of taking care of proper weight, exercises in holding in urine and stool, avoiding external pressure (items in the chair, folds) as well as shear forces.

In the case of the bedridden patients, changing their position, e.g. every 2 hours to prevent possible reddening, is recommended. If necessary, this procedure should be performed more often. Also, the anti-pressure ulcers must be used. Small changes in the patient's positioning can be made in bed and in the wheelchair by placing a small folded towel under his/her back (shoulders) first under one side, after half an hour on the other.

MEDICAL DRESSING

Shield dressing - its aim is to cover the wound, the injury site, prevent the blood flow or other body fluids as well as wound infection. It only takes placing a sterile swab and attaching it with an adhesive plaster or a bandage. This kind of dressing is used only for the wounds of the following type: abrasions, burns, cranial wounds, eye injuries or gastroschisis.

Pressure dressing - this type of dressing is used for haemorrhage of the veins and arteries. The injured area should be pressed with the help of the dressing. The medical gauze is the best material while the materials which break down in contact with blood, such as cotton wool or lignin must not be used. The bleeding limb has to be lifted which will help reduce the bleeding. The material which will tighten the wound locally should be placed over the dressing. The best method do this is to use a rolled bandage and everything is tightly wrapped in the bandage or the triangular bandage.

Bandaging is performed in a circular motion. If we notice that the bandage is leaking, another coat of gauze must be put on. On no account must the layer of the dressing lying directly on the wound be removed. Finally, if the wound involves the upper limb, it has to be immobilized with the help of the sling made of the triangular bandage. This dressing, however is not the same as the compression band.

Stabilizing dressing - used in the case of a foreign body, such as a nail in the hand or a large piece of glass in the forearm. In this situation, the foreign body acts as a stopper in the wound so it must not be pulled out unless it is small, so one can try to remove it. The dressing of this type is made of gauze and something that stabilizes the foreign body, for instance, two rolls of bandage arranged along. Everything is bandaged together. In case the foreign body protrudes over the stabilization, it is bandaged in such a way so that it does not bend or move, as this could aggravate the injury. In the case of open fractures, bones are treated as foreign bodies in the wound so the stabilizing dressing must be applied.

Butterfly dressing - used only for nose injuries. The gauze is put on the patient's nose and cut in such a way that it reaches behind his/her ears. Then the two endings are tied together. In this way there is no need to bandage half of the patient's head.

Dry dressings - used with the postoperative wounds, with minor superficial wounds, superficial severe acute wounds with exudation, primary wounds healing, wounds with the infection features.

Moist dressings - the market offers many dressings produced by various companies. They are mostly applied in the case of the wounds healing by second intention (granulation), where there is a need for the tissue reconstruction. Among the dressings used in this system are: superabsorbent dressings, compresses with calcium alginate, hydrocellular gel dressings, hydrocolloid dressings, hydrofibrous dressings, hydrogels and silver dressings.

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Module 3

MANAGING FEELINGS

ATTENTION

Attention is a psychic function that leads and focuses the conscious mental activity of certain stimuli, elements or aspects of a particular situation. Attention capability is extremely variable and depends on environmental conditions, mood, degree of stress and age.
Difficulty in taking attention is the result of fluctuations, deviations or alterations of this mental activity. Symptoms:

- difficulty to be concentrated, to listen carefully other people and to pay attention to what you are doing.
- Difficulty in understand and overcome ordinary obstacles in your daily life, in organising your activities during the day.
- hyperactivity and impulsivity: talking all the time, answering in impetuous way, to be upset and in a mood swings.

What are the remedies?

a) Getting organized:

- Make a daily plan: organization and routines will help you stay on top of your daily activities.
- Split large and complicated projects into smaller ones: for exemple, make a to-do list for each project.
- Get rid of clutter. Reduce the amount of material sitting around.
- Choose a place where you will always put your important things (keys, personal book, phone).

b) Making some Lifestyle Changes:

- Spend more time in nature.
- Get plenty of sleep.
- Start the morning with exercise.
- Limit screen time.

c) Finding Support:

- See a mental health therapist.
- Join a support group.
- Assemble a support network.

EXHAUSTION

If you're feeling worn-out, weak and weary you may be suffering from exhaustion. This is a common problem which may be caused by many things, including lack of sleep, stress, poor diet, dehydration, and obesity. In most of these cases, the exhaustion can easily be dealt with. It's just a matter of taking better care of yourself.
Symptoms.
One of the main exhaustion symptoms consists in the sense of mental and physical fatigue, often accompanied by episodes of depression combined discouragement, anxiety and excessive worry about every little thing or task. You could tends to have frequent disagreements with people close to you by rising vocal tone or breaking out into tears. Other symptoms affecting the body could be constipation, bloating, anorexia, palpitations, insomnia.

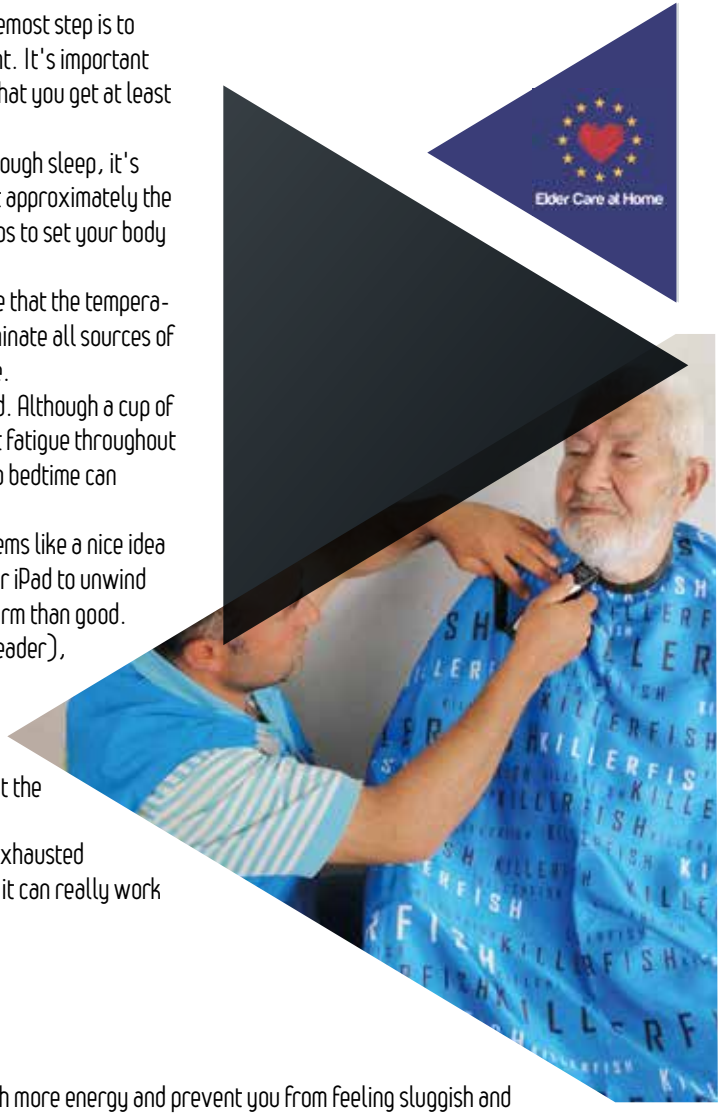
What are the remedies?

a) Making Positive Lifestyle Choices:

- Increase your physical activity. Even though it's the last thing you feel like doing when you're tired and out of energy, getting frequent exercise is one of the most effective ways to overcome fatigue. You don't need a professional performance to enjoy the benefits of exercise. You can find an activity you enjoy that still gets your body moving or you can try something that you like such dance class, yoga, take up martial arts, or go on a bike ride with a friend. Not only does exercise make you more energetic, it increases your overall health by strengthening the heart, lungs and muscles. It also makes you happier. Above all yoga is believed to be a particularly effective form of exercise for reducing fatigue. This is due to the fact that yoga, thanks to its calming, meditative nature, can increase mental energy in addition to physical energy levels.
- Reduce stress. Sometimes stress stems from a lack of "me time". If you feel this is the case, then make some time for yourself. Take up an activity which will help to clear your mind and reduce stress. If that's not your thing, just having a relaxing bath or spending time with friends and family can be enough.
- Drink more water. One easy step you can take to fight fatigue is just to drink more water every day. Although 6 to 8 glasses a day is a good guideline, it's also important to listen to your body. You can also increase your water intake by drinking herbal teas and eating fruit and veg with a high water content, such as tomatoes, cucumbers, lettuce, watermelon and beets.
- Quit smoking (in case you are a smoker). In general, smokers tend to have less energy than their non-smoking counterparts. Cigarettes contain an abundance of harmful substance which affect your overall health and wellness.
- Avoid alcohol. Although you may feel that having a glass of wine or beer in the evening helps you to unwind or maybe even fall asleep, it can actually leave you feeling more tired the next day.
- Lose weight (in case you are overweight). Simply by losing a little bit of weight, you can increase your energy levels and improve your mood and quality of life.

b) Getting Better Sleep:

- Get at least 7 hours sleep a night. the first and foremost step is to ensure that you are getting enough sleep every night. It's important that you go to bed at a reasonable hour, to ensure that you get at least 7/8 hours sleep per night.
- Stick to a sleeping schedule. Aside from getting enough sleep, it's important that you try to go to sleep and wake up at approximately the same time every day (even on weekends). This helps to set your body clock to a regular schedule.
- Make sure your room is comfortable. First, ensure that the temperature is comfortable for sleeping. Second, try to eliminate all sources of light. Third, reduce noise levels as much as possible.
- Don't drink caffeine for at least 5 hours before bed. Although a cup of coffee here and there can certainly help you to fight fatigue throughout the day, drinking too much or drinking it too close to bedtime can negatively impact your sleep.
- Avoid using technology before bed. Although it seems like a nice idea to watch television, or surf the net on your laptop or iPad to unwind before bed, these activities can actually do more harm than good. Try reading a book (although not from a backlit e-reader), meditating or listening to music.
- Take a warm bath. Taking a warm bath before bed is believed to be very effective at inducing sleep. A hot bath helps you to relax and forget about the stresses and worries of the day.
- If necessary, take a nap. If you're really feeling exhausted throughout the day, consider taking a short nap, as it can really work wonders for your energy levels.



c) Improving Your Diet:

- Make healthy food choices.

Eating a balanced, healthy diet will provide you with more energy and prevent you from feeling sluggish and fatigued. Therefore, you should increase the amount of healthy foods like fruit, vegetables, whole grains, low-fat dairy products and lean meats in your diet. On the other hand, you should reduce your intake of not-so-healthy foods such as those with a high salt, high sugar or high fat content.

- Eat iron-rich foods.
- Don't skip meals or overeat.

DISTRESS

The distress is characterized by a constant state of affliction and sadness, for the entirety of the day or part of it. A feeling of marginalization and despair can accompany you in all the tasks that they perform. In addition to that, there are symptoms of anxiety and depression, worse health perception (especially sleep disorders, nutrition, musculoskeletal problems, burnout).

The other prevailing feelings are: "feeling trapped" with no hope of change.

What are the remedies?

a) Relaxing Your Body:

- Exercise. Just 30 to 45 minutes of exercise three times a week can make you feel much healthier and in control of your own life. Here are some great ways to exercise:

- Take up running.
- Join a pool and swim.
- Take a yoga class.
- Join a team sport: you'll be able to make new friends and workout at the same time.
- Take up hiking.

- Get a massage. Massage therapy can help reduce stress. A massage is a great way to relax and to minimize the physical and emotional tension you are experiencing. You can give yourself a massage by massaging your neck, forearms, and palms, ask a friend to give you a massage, or even go to a professional masseuse

- Eat well. Maintaining the right diet is the key to reducing stress. Well-nourished bodies are better able to cope with the physical and emotional side effects of stress. Here's how to do it:

- Eat an healthy breakfast.
- Eat three balanced meals a day. Not skipping meals no matter how busy or stressed you are will help stabilize your routine and give you more energy;
- Make time for healthy snacks that will keep your energy high throughout the day.
- Minimize your caffeine and sugar intake.

Incorporate stress-relieving herbs and teas into your daily regimen. A number of herbs and teas can have a calming effect and reduce stress-induced insomnia, anxiety or anger. The most common herbs and teas used for stress relief include:

- Chamomile
- Passionflower
- Lavender
- Valerian root

- Improve your sleep schedule. Improving your sleep schedule will go a long way in helping you reduce stress, since sleep affects your memory, judgment, and mood. Most people need 7-9 hours of sleep a day to get a healthy night's sleep. Try to get the same amount of sleep every night and go to bed and wake up around the same time every day.

b) Relaxing Your Mind:

- Read. Reading is a great way to calm your mind and to gain knowledge. It's also a wonderful way to wake up your mind in the morning and to help yourself fall asleep at night. If you love reading and want to make it more social, join a book club. This is a great way to encourage yourself to read and make friends in the process.
- Think positively. Become a positive thinker and to take more pleasure in your everyday interactions. Think everyday about 3 small things that you are grateful for; this will help remind you of all of the positive elements of your life even when you're feeling stressed. Positive thinking can help you keep a little perspective.
- Laugh more. Laughing has been proven to reduce stress.
- Practice deep breathing. Focusing on deepening your breath is one way to invoke the relaxation response to stress.

c) Being Proactive:

- Let go (at least a little bit!). Recognize that you can't control everything. There will always be stressful elements in your life, but you can minimize the stress in your life by eliminating what you can and learning to cope with the rest.
- Address stressful situations head-on. Instead of avoiding or putting off dealing with your stressors, why not face them directly?
- Get organized. Getting organized, planning ahead and being prepared can reduce stress levels. One of the first key steps is to keep a day plan that lists all of your
- Make time for relaxation. Make time to relax for at least an hour each day, especially in the morning and in the evening before bed. Write it into your planner so that you don't end up skipping out on it. Everyone needs time to recharge their batteries.
- Surround yourself with positive social support. Spend your time with people who are positive forces in your life, who make you feel appreciated, valued, and confident and encourage you to be your best possible self.

d) Seeing A Mental Health Professional:

You don't have to deal with your stress alone. If you share your feelings, chances are that you'll be able to get some helpful feedback and a fresh perspective on your problems. If you constantly feel overwhelmed by every aspect of your life, If you're so stressed that you can barely sleep, eat, or think straight, then it's time to seek help.

LACK OF SLEEP

Adequate sleep is essential to staying healthy and functioning well. You need sleep to do your daily work safely, to cope with emotional stress, and to carry on giving care. Yet if you are caring for someone at home or sitting with someone round the clock in a care facility, you likely are not getting enough sleep. Researchers have found that 95% of family members who provide care have serious sleep problems.

What are the remedies?

a) Create a sleep environment that works on your sense:

Your sleep environment should contribute to a peaceful, calm atmosphere that promotes rest and recovery. One way to think about your sleep environment is by thinking in terms of your senses. It may seem like a small step, but selecting new, cozy bedding can help your body relax in the bed itself. Consider using soothing, cool colors in your bedroom as a visual signal that the space is for rest and peace. If you find that total silence helps you sleep, consider soundproofing the room. Alternatively, white noise machines let you experiment with different sleep-inducing sounds. You can even appeal to your sense of smell by misting your bedding with lavender or chamomile.

b) Develop relaxing bedtime rituals:

It's important to develop relaxing rituals in the latter part of the evening. Various relaxation techniques are proven to calm the brain and body, such as progressive muscle relaxation and deep breathing techniques:

- Deep breathing techniques prior to bed can help you relax and get to sleep.
- A warm bath can also help cure insomnia.
- Avoid doing anything too stimulating or stressful on the computer (or phone) and don't watch scary or action movies that get your adrenaline going.
- Don't go to bed hungry.

c) Making Positive Lifestyle Choices:

- Exercise regularly during the day.

Regular physical activity during the daytime can help regulate your sleep cycle at night, which is a good strategy for combating insomnia. If you don't have a regular exercise routine already, strive for at least 30 minutes of aerobic activity (walking, hiking, biking, swimming) per day. Don't engage in vigorous exercise too close to bedtime because your body produces adrenaline and it will prevent you from falling asleep quickly. Make sure your workouts occur 5-6 five hours prior to bedtime.

- Don't consume stimulants before bedtime. Caffeine and nicotine are all well-established stimulants that disturb sleep in people and the effects can last as long as 8 hours.
- Try natural sleep aids.

There are many plant-based remedies or natural supplements that act as mild sedatives and help to cure insomnia if there isn't an underlying medical condition. The most commonly used natural sleep aids are valerian root, chamomile, and melatonin.

ANXIETY

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying. These disorders affect how we feel and behave, and they can manifest real physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, having a serious impact on daily life.

What are the remedies?

Trying Proven Anxiety-reducers:
- Breathe deeply. Take a moment to focus on taking deep belly breaths. Inhale for 4 seconds, hold the breath for 4 seconds, and then release it for 4 seconds. Doing this for 1-2 minutes should help to calm your nerves quickly.
- Meditate or pray. Consciously taking your thoughts off of your stressor and focusing them inwards on something peaceful will reduce your anxiety and fear immensely.
- Keep a healthy diet. Although it may seem silly to link your anxiety to what you ate for breakfast, the foods you eat have a big impact on your mental functioning. Try to incorporate more fruits, veggies, and whole grains into your daily diet.
- Take a magnesium supplement. Magnesium works in your body to reduce the effects of anxiety from regular worries to panic attacks.
- Try a natural remedy. Certain herbs, teas, and supplements are said to decrease symptoms of anxiety (chamomile, Ginseng, Valerian).

HOPELESSNESS

Hopelessness is a common problem in people taking care of elder people. And its symptoms affect every aspect of their life, including energy, appetite, sleep, and interest in work, hobbies, and relationships.
Signs and symptoms of depression
Recognizing hopelessness in people taking care of elderly starts with knowing the signs and symptoms:

- Sadness or feelings of despair
- Unexplained or aggravated aches and pains
- Loss of interest in socializing or hobbies

- Weight loss or loss of appetite
- Feelings of hopelessness or helplessness
- Lack of motivation and energy
- Sleep disturbances
- Loss of self-worth
- Increased use of alcohol or other drugs
- Neglecting personal care

What are the remedies?

Help tip 1: find ways to stay engaged

If you feel depressed, you may not want to do anything or see anybody. But isolation and disconnection only make depression worse. The more engaged you are–socially, mentally, and physically–the better they will feel.
Make an effort to connect yourself with other people and limit the time you are alone. If you can't get out to socialize, invite someone to visit you, or keep the connection by phone or by mail. But digital communication isn't a replacement for face-to-face contact. Ways to feel connected and engaged in life:

- **Get out in to the world.** You shouldn't be at home all day. Go out or have lunch with a friend
- **Take care of a pet.** A pet can keep company, and walking a dog, for example, can be good exercise and a great way to meet people.
- **Learn a new skill.** Find out something that you have always wanted to learn, or that sparks their imagination and creativity.
- **Create opportunities to laugh.** Laughter provides a mood boost, so propose watch a comedy, or read a funny book.

Help Tip 2: Healthy habits matter

Staying in movement. Exercise is a powerful depression treatment. And you don't have to suffer through a rigorous workout to reap the benefits. Anything that gets you up and moving helps. Look for small ways to add more movement to your day.
Eat to support your mood. Dietary habits make a difference with depression.
Support quality sleep. You should sleep between 7 to 9 hours each day. For a better quality of sleep you should avoiding alcohol and caffeine, keeping a regular sleep-wake schedule, and making sure their bedroom is dark, quiet, and cool.

Help Tip 3: Know when to seek professional help

Counseling and therapy for adults. Therapy works well on depression because it addresses the underlying causes of the depression, rather than just the symptoms.

- Supportive counseling includes religious and peer counseling. It can ease loneliness and the hopelessness of depression, and help you to find new meaning and purpose.
- Therapy helps you work through stressful life changes, heal from losses, and process difficult emotions.
- Support groups for depression, illness, or bereavement connect you with other people who are going through the same challenges.

QUALITY OF LIFE

Care is considered to be very demanding, especially in emotional involvement while the continuous commitment to it leads to physical and mental health problems, burden and degradation of quality of life. However your quality of life is an essential ingredient in the care process which in turn may influence the quality of care provided. As a family caregiver, you're likely to face a host of new responsibilities, many of which are unfamiliar or intimidating. At times, you may feel overwhelmed and alone. But despite its challenges, caregiving can also be rewarding. And there are a lot of things you can do to make the caregiving process easier and more pleasurable for both you and your loved one.

What Tips?

These tips can help you get the support you need while caring for someone you love in way that may benefit both of you.
Learn as much as you can about your family member's illness or disability and about how to be a caregiver. The more you know, the less anxiety you'll feel about your role and the more effective you'll be.
Seek out other caregivers. It helps to know you're not alone. It's comforting to give and receive support from others who understand what you're going through.
Trust your instincts. Remember, you know your family member best. Don't ignore what doctors and specialists tell you, but listen to your gut, too.
Encourage your loved one's independence. Caregiving does not mean doing everything for your loved one. Be open to technologies and strategies that allow your family member to be as independent as possible.

Accept your feelings

Caregiving can trigger a host of difficult emotions, including anger, fear, resentment, guilt, helplessness, and grief. It's important to acknowledge and accept what you're feeling, both good and bad. Don't beat yourself up over your doubts and misgivings. These feelings don't mean that you don't love your family member–they simply mean you're human. What you may feel about being a family caregiver:

- Anxiety and worry
- Anger or resentment
- Guilt
- Grief

Even when you understand why you're feeling the way you do, it can still be upsetting. In order to deal with your feelings, it's important to talk about them. Don't keep your emotions bottled up, but find at least one person you trust to confide in.

Don't try to do it all

Even if you're the primary family caregiver, you can't do everything on your own. You need help from friends, siblings, and other family members, as well as health professionals. If you don't get the support you need, you'll quickly burn out–which will compromise your ability to provide care. Ask family and friends for help. It's not always easy to ask for help, even when you desperately need it. Many times, friends and family members want to help, but don't know how. Make it easier for them:

Set aside one-on-one time to talk to the person

- Point out areas in which they might be of service
- Ask the person if they'd like to help, and if so, in what way
- Make sure the person understands what would be most helpful to both you and the caregiving recipient

Take time to relax daily and learn how to regulate yourself and de-stress when you start to feel overwhelmed.

Talk with someone to make sense of your situation and your feelings. There's no better way of relieving stress than spending time face-to-face with someone who cares about you.

Feed your spirit. Pray, meditate, or do another activity that makes you feel part of something greater. Try to find meaning in both your life and in your role as a caregiver.

Social and recreational needs for your quality life

- Stay social.
- Do things you enjoy.
- Maintain balance in your life.
- Give yourself a break.

Physical needs for your quality life

- Exercise regularly.
- Eat right.
- Avoid alcohol and drugs.
- Get enough sleep.
- Keep up with your own health care.

SOCIAL SUPPORT

Social support is the attachments among individuals that provide a sense of being assisted and supported by others and is regarded as one of the moderating factors which can potentially reduce caregiver burden and depression.

As a caregiver, if you have frequent contact with family and friends you tend to have higher psychological wellbeing and lower levels of burden. Accepting help from others isn't always easy. When tough things happen, you could tend to pull away. You could think, "I can handle this on my own." But things can get harder.

Don't be afraid to ask for help. Remember, if you get help for yourself:

- You may stay healthier and have more energy.
- Your loved one may feel less guilty about your help.
- Other helpers may offer time and skills that you don't have.

How can others help you? People may want to help you but don't know what you need. Here are some things you can ask them to do:

- **Help with tasks such as:**
  - Cooking
  - Cleaning
  - Shopping
  - Yard work
- **Talk with you and share your feelings**
- **Help with driving errands such as:**
  - Doctor visits
  - Doing your ordinary activities
- **Find information you need.**
- **Tell others how your loved one is doing.**

SOCIAL CIRCLE (DEVOTING TIME FOR FRIENDS AND RELATIVES)

You may feel that your needs aren't important right now. Or that you've spent so much time caring for your loved one, there's no time left for yourself. Taking time for yourself and your life can help you be a better caregiver.

Make time for yourself

Caring for your own needs and desires is important to give you strength to carry on. You may want to:

- Find nice things you can do for yourself. Even just a few minutes can help. You could watch TV, call a friend, work on a hobby, or do anything that you enjoy.
- Be active. Even light exercise such as walking, stretching, or dancing can make you less tired. Yard work, playing with kids or pets, or gardening are helpful, too.
- Find ways to connect with friends. Are there places you can meet others who are close to you? Or can you chat or get support by phone or email?
- Give yourself more time off. Ask friends or family members to pitch in. Take time to rest. Do something for yourself each day. It doesn't matter how small it is. Whatever you do, don't neglect yourself.

Caring for your body

You may feel too busy or worried about your loved one to think about your own health. But if you take care of yourself, you can have the strength to take care of someone else. So you should:

- Go to all your checkups
- Take your medicines
- Eat healthy meals
- Get enough rest
- Exercise
- Make time to relax

These ideas may sound easy. But they can be hard to do for most caregivers. Try to pay attention to how your body and your mind are feeling.

Talking with your partner

Nearly all caregivers and their partners feel more stress than usual in their relationship. Dealing with the many decisions and changes can be hard. Some couples find that their bonds get stronger during cancer treatment. Others find they get weaker.

Some of the common issues couples feel stress about are:

- How to support each other
- Changing roles and routines
- Making decisions
- Managing daily life such as work, chores, and child care

Try to be open about stress and its causes. You may want to:

- Talk about how each of you feels:
  - Share how you are each coping.

- Look at things that are causing you both stress.
- Talk about choices you can make together.
- Try to be grateful for each other.

• Make time to focus on things besides cancer.

Talk to other family members and friends

Talk with the people close to you. Try to be open and caring. During stressful times, ask someone else to update others about how your loved one is doing. Sometimes people offer help you don't need. Thank them for their concern. Tell them you'll let them know if you need anything. Some people may offer unwanted advice. They may do this because they don't know what else to say. It's up to you to decide how to deal with this. You don't have to respond at all. Otherwise, thank them and let it go. Tell them you are taking steps to help your family.

COMMUNICATION

As a caregiver, you have to communicate with many people: your loved one, family, friends, co-workers, healthcare providers and insurance companies. Effective communication is key to your success.

Communication tips - Talking to your family:

• Talk openly about your fears, worries and needs.

• Remember that everyone is feeling the pressure and insecurity of the event and try to be patient. Give everyone time to adjust in his or her own way.

Talking to your loved one:

• Give both of you time to accept what has happened. Realize that your roles may have changed.

• Be firm, honest, patient and kind.

• Use "I" messages rather than "you" messages. Saying "I feel angry" rather than "You made me angry" allows you to express your feelings without blaming others or causing them to be defensive.

Talking to healthcare providers:

You can improve the care your loved one receives by talking about your concerns, asking questions and getting the facts. Simple communication skills can help you get what you need from your doctor – over the phone, at the hospital, or during office visits.

• When you talk to your healthcare providers, clarify what you hear to be sure that you understand the information or instructions.

• Write down your questions before doctor's visits to make sure you get all your topics covered.

• Keep records of all that occurs with your loved one. It will help the doctor give better treatment.

• Separate anger and frustration about not being able to help your loved one from your feelings about the doctor. Remember, you are both on the same side.

MODULE 4

RELIGIOUS VALUES

Elder Care at Home

Human being has various needs due to his nature. Besides physiological needs, such as hunger, thirst, breathing, cleaning; people also have psychological and social needs such as love, being loved, being respected, being accepted by others.

Human being differs from other creatures and is in need of others help and support in order to survive beginning from the moment of birth. A person can meet his/her own needs without being dependent on others as s/he grows up. However, some people are in continuous need due to some physiological, cognitive, or mental incompetence that could have occurred at birth or later in life.

Families who have a disabled member needs constant care could question process of the occurrence of the disability to the acceptance of the disabled member in family in terms of their belief systems. Family members who give care to a disabled person could benefit from their religious beliefs and spiritual values as well as get social support from their interpersonal relationships through contacting to their relatives, friends, neighbors, and spiritual leaders in order to cope with the difficulties they encounter during the process of care.

Religious values provide several doctrines supporting helping the neighbors and relatives visit and meet the needs of elderly and ill people.

The multifaceted support for the caregiver is closely related to increment of the life quality of the disabled. In order to overcome the problems and difficulties faced with while giving care to a disabled, the strength and improvement of caregivers who need to be supported for their well-being is thought to effect the continuity and the quality of the care service.

TURKEY

THE APPROACH OF ISLAM TOWARDS THE PATIENT AND THE CAREGIVER

The illness is a great exam both for the patient and for the caregiver of the patient.
"We will certainly test you with some fear and hunger, and some loss of possessions, lives, and harvests." (Baccaret, 155)

Being ill or giving care to a patient or a disabled is not a punishment. "Nothing will happen to us except what God has ordained for us. He is our Protector. Then, believers should trust only in God." (Tawbah, 51)

Showing compassion, care and concern to people who are close to you is favor. Every favor is worship.
Serving to spouse, mother, and father is worship. There is reward for this both in life and Hereafter.
"They all have ranks on God's level according to what they did." (An'am, 132)
"Whoever removes a problem of a friend on earth, God removes one of the problems of him/her on Hereafter. Whoever meets a need of a friend, God meets a need of him/her..." (Buhari, Mezalim, 3)

God never wastes any good action.
"God gave them both benefits of the this world and the most beautiful reward of the Hereafter. God loves the ones who behave well and do favors." (Al-I Imran, 148)

Giving Care To A Patient And A Disabled Gets Close To God
"Surely, it is in the remembrance of God that hearts find peace." (Ra'd ,28)
None of the miseries is bigger than God. Turning to our miseries, we shall say "I have my God".

Giving Care To A Patient, A Disabled, And An Elderly Is A Penance For Sins
"If any pain, tiredness, patience, misery, even a little worry comes to a believer, these would be the penance for the believer's sins." (Muslim, Birr, 52)

Giving Care To A Patient, A Disabled, An Elderly Could Be A Mean To Reach Heaven.
"Something that you dislike could happen to be a good thing for you, and something that you find pleasant could happen to be a negative thing for you. God knows, but you don't." (Baccaret, 216) Being a caregiver, which is a hard and demanding task, may lead to many positive happenings, also may be the good act to reach Heaven.

Gaining The Pray Of A Patient Is A Priceless Fortune.
Our Prophet Mohammed said; "Get the good pray of the patients, their pray for you is acceptable" (Ibni Mace, Cenaiz, 1)

Giving care to a patient, a disabled, an elderly requires;

1.Mercy: "Whoever does not show mercy could not get any" says our Prophet Mohammed. (Buhari…)
Giving care and compassion to someone who is in need is getting care and compassion when we need.

2.Patience: "God is together with who is patient." "Announce the good news to the patients"(Baccaret,155)

3. Sacrifice: Bigger prize should be expected from God.

The Values Gained By The Caregiver Due To Giving Care to a Patient, a Disabled, and an Elderly

- Keeps the helping manner alive.
  "Love increases by sharing, pain diminishes by sharing.''
- Appreciates the blessing of health.
- Learns to thank.
- Perceives the goods s/he has as deposits.
- Experiences the spiritual peace and comfort.
- Understands that concrete blessings in this world are temporary.
- Gets an understanding that human is not in control for neither life nor death.
- Reaches to the sense of responsibility.
- Matures with patience.

RELIGIOUS RESPONSIBILTY

Quran is based on convenience principle. "God desires ease for you, and does not desire hardship for you" (Baccaret, 185) God does not load any responsibility that is over one's capability, and holds those who are in a vulnerable situation responsible in accordance with their capabilities.

"The Prophet used to take the easiest one -if it is not sinful- when he had to make a choice between two things." (Buhârî,Menakıb,20)

THE PRIVACY ISSUE IN PATIENT CARE

Daughter-in-law and Father-in-law

Family members must give care to a patient member who is not able to meet his/her own needs according to religious, humanistic and conscientious values.
Father in law has a statute of father for the woman. In this case, caregiving of daughter in law to the father in law is licit. Son in law has a statue of son for the mother in law.

THE CONVENIENCES IN WORSHIP FOR THE PATIENT, DISABLED AND THE ELDERLY

Cleaning; Ablution- Major Ablution -Ablution with sand or earth
"…, there is no hardiness for the patient." (Al-Fath, 17) says our God.
The patients make or are made ablution and major ablution by washing the body parts which are obligatory to wash one time in accordance with their strength. If it is not possible, they make or made ablution by sand or earth.
In case of the presence of bandage or plaster on body parts preventing the ablution, the patient anoints.
If any situation occurs due to the illness to break the ablution (blood, urine, etc.), it does not break the ablution.
Ritual Worship (Salaat); Our Prophet says: "Perform the salaat by standing, if you are not strong enough to do so, salaat by lying down on your side." (Buhari,Taksir,31)
Salaat by sitting down: For those who does not have enough strength to perform the obligations of salaat; namely, standing up, ruku and prostrate, it is acceptable to choose the position enabling to perform most of the obligations.
Implicit Salaat: Performing the ritual worship by sitting down if the person is unable to perform it by standing up, performing salaat by head moves if the person is unable to perform it by sitting down.
Exemption from Friday Pray and Community Prays: Among men, those who are patients confined to bed and physically healthy but mentally ill are not responsible for the Friday pray and community prays.
Fasting; Those who have a hope to get well could perform the fasting for the times they couldn't fast when they recover. Those who have a chronic situation, if they have financial opportunities, can pay the established amount of alms per day.
Hajj Worship; "…Pilgrimage to the House is a duty to God for all who can make the journey…" (Ali -İmran,97) This worship is up to physical health and financial strength. Those who are considered as rich according to the religious conditions can appoint someone to perform the worship on behalf of themselves if they could not have achieved it when they were healthy.
Alms, Charity, and Sacrifice Worships; "Those who believe in the unseen, and perform the salaat, and give properly from what We have provided for them." (Baccaret,3)
Those who are rich according to the religious conditions perform these worships by attornment.

THE PROPHET PRAY

When one of the family members get sick, Our Prophet caresses the patient with his right hand and says; "God! You are the Lord of all humans. Please remove the pain of this patient, give healing. Only you can give the healing. There is no one who can give healing besides your healing. Please give healing to this patient so that there would be no sign of illness." (Buhari- Müslim)

THE CATHOLIC CHRISTIANITY APPROACH TOWARDS ELDERLY CARE

Elderly care is a unique challenge. As the body and mind begin to brake down, caregivers often must make tough decision about the comfort and care of the elderly. The Catholic Church traches that those in need deserve even more respect and care so that they may lead normal and active lives for as long as possible. Medical care to lessen suffering is paramount for the elderly to maintain their dignity at this stage in their lives.

The Bible was saved a lot about caring for old parents and other family members who are not able to take care of themselves. The first Christian church functioned as a social welfare institution for other believers. They took care of the poor, the sick, the widows and orphans, whom no one else cared for. Christians whose family members were in need were obliged to take care of these people. Sadly, at present taking care of elderly parents is no longer an obligation that people are willing to take.

In keeping with the emphasis of Catholic social teaching, many religious institutes have devoted themselves to service of the sick, homeless, disabled, orphaned, aged or mentally ill.

One of the ways the Catholic religion differs from other Christian denominations is by the Catholic Church's practice of sacraments. Sacraments are actions that Catholics take over the course of their lives that bring them closer to God. The seven sacraments include baptism, reconciliation, Holy Eucharist, confirmation, matrimony, holy orders and anointing of the sick. When a person is elderly, has a terminal disease or is preparing for an operation, he or she may receive this sacrament. A priest anoints the person's head with oil and says "Through this holy anointing may the Lord in his love and mercy help you with the grace of the Holy Spirit. May the Lord who frees you from sin save you and raise you up." By offering this sacrament to elderly and ill, the Catholic church reinforces their stand that the elderly deserve the same rights and respect given to anyone at any time during his or her life.

Many monasteries management hospices and places for elderly people. In Poland works National Council of Movements and Catholic Societies, whose members help the elderly as follows:

- They visit sick, lonely, infirm, pathological family.
- Visits to elderly care center, hospices, hospitals and prisons.
- They prepare for the sacraments of the elderly who for various reasons stopped using them;
- Organize a solemn jubilee celebration of the birth of lonely people;
- They help the poorest in receiving social and medical help.
- Evangelize family, neighbors, friends, strangers on the street, clinic, and shops.
- They participate in the apostolate of the street, giving testimony to their faith and encouraging contact with the Lord God.
- Organize pilgrimages, retreats and days of recollection
- They promote books and the Catholic press;
- They conduct adoration, devotion, vigilance, peregrinations and introns of sacred images

The Catholic Church is supporters of a person's right to life, believes that everyone–young, old, handicapped, those in prison–has the right to live as normal a life as possible.

ITALY

One of the many problems that live today's elderly people, which attact the dignity of the person is marginalization. The development of this phenomenon has found fertile ground in a society that, focusing on the efficiency and skinned image of an eternally young man, excludes from its "relational circuits" those who no longer have these requirements.

The most dramatic dimension of this marginalization is the lack of human relationships, which makes the elderly aware of the suffering, not only of detachment but of abandonment, of solitude, of isolation.

Also, with diminishing interpersonal and social contacts, information and cultural instruments are lacking. Elderly, experiencing the impotence of changing their situation because they are unable to participate in the decision-making processes that concern them both as individuals and as citizens, end up losing their sense of belonging to the community they are members of.

Today, to care for and assist elderly people who are ill, non-self-reliant, without family or with poor economic means, they use - and more and more - to the system of institutionalized assistance but hospitalization can result in a sort of segregation of the person from the civil context.

Some socio-assistance choices and the institutions that have emerged from it, which are understandable in the past from a different social and cultural context, are now overcome and contrary to a new human sensibility.

A society aware of its responsibilities towards older generations that have contributed to building its present, must be able to create appropriate institutions and services and ensure that the elderly have the opportunity to remain in their environment.

The Church is in fact the place where various generations are called to share the project of God's love into a relationship of mutual exchange of gifts each of which is rich by the grace of the Holy Ghost. An exchange in which older people carry religious and moral values that represent a rich spiritual heritage for the lives of Christian communities, families, and the world. Religious practice occupies a prominent place in the life of older people because;

- The third age seems to favor a particular opening to transcendence. Testifying to all this, there is their assiduous and active participation in liturgical assemblies, and many elderly people come closer to the Church after long years of absence.

- The religiosity of elderly people of both sexes is very diverse and often lived in a simple and profound way.

- The illnesses, the losses of the loved ones linked to this phase of life are seen as signs of a God no longer benevolent, if not even lived as God's punishment. The ecclesial community has the responsibility to purify this fatalism by evolving the religiosity of God and returning a horizon of hope to his faith.

- In this work, catechesis has the primary role of overthrowing the image of a God of fear, guiding the elder to discover the God of love

- It is the Church's duty to offer the elders the opportunity to meet with Christ, helping them rediscover the meaning of their Baptism.

It is the duty of the Church to bring to the elders a vivid conscience of the task which they too have to convey to the world the Gospel of Christ, revealing to everyone the mystery of its everlasting presence in history and to remind the elders of their responsibility that comes from being Privileged witnesses of God's fidelity, who always keeps promises made to man.

In pastoral work, the contribution of the elders, their riches of faith and life, is indispensable; they can derive new things and ancient things for the benefit not only of their own, but of the whole community.

The elders are irreplaceable apostles, especially among their peers, because no one knows better than them the problems and sensitivity of this phase of human life.

An important role in promoting the active participation of the elderly in the work of evangelization is now the role of ecclesial associations and movements.
In the various associations present in our parishes, many seniors have already found a fertile field for their formation and apostolate, becoming true protagonists within the Christian community.

Third-generation groups and communities create communities of communion between generations and a spiritual climate that helps older people to maintain spiritual momentum and youth.

Module 5

MANAGING THE SOCIAL LIFE

Elder Care at Home

The module is prepared in order to provide relevant information of institutions and foundations and legal regulations that the elderly or the disabled individuals and their family members who provide care could benefit from when they need.

The definition of the Disabled

The Disabled is the person who has difficulties to adapt the social life and meet their daily basic needs, needs protection, care, rehabilitation, consulting, and support services due to the loss of physical, spiritual, emotional, and social skills in various degrees in a result of any cause that could be inborn or accidential.

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

People with disabilities have the same health needs as non-disabled people - for immunization, cancer screening etc. They also may experience a narrower margin of health, both because of poverty and social exclusion, and also because they may be vulnerable to secondary conditions, such as pressure sores or urinary tract infections. Evidence suggests that people with disabilities face barriers in accessing the health and rehabilitation services they need in many settings.

Medical Board Report for the Disabled

Definition, objectives and guarantees of board report.

The social health folder has to contain all documents and information relating to a case following the minimum content consists of the user's personal data and the references of family members and caregivers; from the contacts; the evaluation of the case; the resources to be activated; the plan / project intervention; the contract with the user; by chronological diary; registration processing interviews or home visits; sent reports; by reports of team meetings; by periodic re-evaluation of the results and of the situation; by detection of emergencies such as changes in personal conditions;

In addition to operational targets, the medical record is also a training tool for operators, because provides a stimulus and a guide in the evaluation process, the individual plan drafting, delivery and review of the activity.

Crucial to the respect of privacy must be carefully faced and solved both in the configuration phase or during use of the folder the social health folder must be a "multi-professional tool that allows various professionals to document and make it understandable (observable, measurable, evident) the process of taking charge of the person in the therapeutic and rehabilitation, physical and social, that helps and supports the synergetic management of care processes, welfare and educational needs.

For this must be structured and contain the necessary documentation for:

- lead the evaluation process for the preparation of PAI and PEI, provide an information basis for rational and efficient decisions, to guarantee the continuity of care
- support the decisions of professionals involved on the subject;
- provide information useful and readable for the user himself;
- provide useful data in order to have an information alignment equipment for all the different aspects involved (medical and social);
- provide meaningful data for any studies and research;
- provide a basis for evaluation, review and improvement for social and educational activitie

To define the minimum elements, some criteria have to be considered as reference.

The documentation contained in the folder must:

• be implemented and read by all operators with any competence they have in caring for the person;
• be useful and usable at the time of analysis, PAI / PEI processing, auditing (both for the single case and for the aggregated data);
• provide quick consultation and constitute an easy-to-use information source for any purpose statistical and epidemiological;

Minimum elements of socio-medical folder

The minimum elements are:

a. Personal data and anamnestic data: provides for the collection of all information relating to the personal data and the history of life and services received.

b. Consent and permission:

The socio-sanitary folder is also a tool for sharing and verifying the participation of the user, his / her family and who has and plays a significant role in the life project of the person he cares.

c. Daily Diary- It is a unique document in which any professional who takes care of a person daily registers, reports and highlights the activities done, the inquiries received or the person's change reports. The goal of a single journal is to circulate and acquaint with anyone who cares

about the care of the person, useful information to ensure continuity of care and to calibrate their intervention on the basis of any changes or the person's and his / her health status.
d. Accredited home help services: the socio-sanitary record takes on a fundamental importance in ensuring continuity of care and communication in home-based situations, especially where the care route involves, in addition to accredited AD operators, also professional figures of different origin (AUSL, volunteer)

In Turkey, it is necessary to apply for the medical board report of disability, by which the disability status and rate are indicated, in order to benefit from the rights and services provided for the disabled individuals.

According to the Disability Law;

Rating, classification, and diagnosis of disability are conducted according to the criteria of disability based on international disability classification.
How and Where to get Medical Board Report of Disability?
Medical Board Report of Disability can be obtained from medical boards of the full-fledged hospitals. The disabled him/herself, his/her custodian or guardian, or the institution demands the report could apply for the report in person. In order to get a medical board report of disability, the person could apply directly to the hospital as well as through the referral of the public institutions. In case of direct application, filling out a petition provided by the medical board would be enough. In order to learn the authorized institutions for the disability report, apply to The Association of Public Hospitals in your province.

The authorized hospitals in Bursa could be learned from;
(The Association of Public Hospitals General Secretariat in Bursa; 75. Yıl Avenue, Park Street, No:1 Nilüfer/BURSA Call Line: 0224 600 33 00 bursa.khb.saglik.gov.tr)

The validity period of the report is indicated on the report; if the report is not permanent, individuals should apply before the validity period extends to the authorized hospitals to get a new report.
The disabled person, his/her custodian or the guardian could object to the medical board report of disability. In that case, your objection petition and verified copy of the first medical board report of disability should be presented to the Provincial Directorate of Health in city you live.

Identification Card for the Disabled

A disabled citizen may request, in accordance with Law 295/90, the recognition of invalidity.
Invalidity assessment allows the disabled to access to specific economic benefits, as well as access to other benefits.
The main economic benefits are related to the following categories:
- Civil disabled, between the ages of 18 and 65, with a disability percentage ranging between 75% and 99%;
- invalids aged between 18 and 65, with 100% disability;
- Children under the age of 18, attending rehabilitation centers, vocational training centers and schools with frequency benefit;

To apply for a civil disability assessment / handicap status, the concerned citizen have to:
(A) Pass a visit with a "medical practitioner", (who has obtained the authorization from INPS to send the certificate attesting to the pathology) that attesting the person is affected of serious patology.
(B) Subsequently the person concerned will be called to the visit.
The "ASL Integrated Commission", will conduct the first degree visit. The citizen has the opportunity to attend, at his own expense, by a trusted physician during the visit.

If the evaluation of the ASL Commission will be adopted unanimously, then all the benefits of the assessment (civil disability or handicap status) will being immediately.
If, on the other hand, the evaluation of the ASL Commission will be refused, the citizen could applay again in the future if his pathological condition has changed and the disability is established.

In order to obtain a disabled identity card which enables the disabled individuals to benefit from various rights and services, the following application documents should be prepared in Turkey:

1-Petition,
2-The original or verified copy of the medical board report of disability which has been prepared in accordance with Legal Regulation of Criteria, Classification of Disability, and Medical Board Report of Disability
3- 2 photos
4- Identification card

With these application documents, individuals should apply to the Provincial Directorate of Family and Social Policies in the city they live.

1. Who can get an ID card for the disabled?
The ID card for the disabled could be given to the disabled individuals who are Turkish Citizens and lost his/her physical, mental, sensitive, or social functioning for forty percent or more due to inborn or accidental causes.

2. Where one can apply in case of any change in the rate of disability, change in surname, disappearance or deformation of the ID card?
ID card for the disabled can be re-prepared by The Provincial Directorates of Family and Social Policies in case of the information the card contain has changed, card is lost, stolen, or useless for any reason.

3. Does ID card for the Disabled substitute the Medical Board Report for the Disability?
ID card for the disabled cannot substitute the Medical Board Report of Disability. Each Turkish Citizen who has ID card for the Disabled can benefit from the rights and services that specified by legal regulations. Getting an ID card for the disabled is dependent on person's decision.

4. Can Turkish Citizens who live abroad apply for ID card for the Disabled with the Medical Board Report of Disability which is prepared by the Local Authorities?
The Medical Board Report of Disability prepared by foreign authorities in name of Turkish citizens who live abroad is not applicable in Turkey. In order to get ID card for the Disabled, individuals should re-apply to the authorized hospitals in Turkey and get a Medical Board Report of Disability.

5. What are the rights and services provided to the disabled when an ID card for the Disabled is obtained?
The rights and discounts that a disabled individual could benefit from are determined by local authorities or relevant organizations and institutions. In addition, various public and private institutions provide several conveniences on the basis of ID card for the disabled, disability information stated on national ID card, or the medical board report of disability. The availability or the rates of these conveniences and discounts could be altered sometimes by the relevant institutions.

The discounts provided by ID card for the disabled

1. How are the discounts and conveniences or inner-city transportation by free/discounted commutation tickets provided by local municipalities for the disabled individuals are implemented?

Some of the local municipalities provide free or discounted means of inner-city transportation, such as, bus, subway, ferry, etc., for the disabled individuals in accordance with the decisions and regulations agreed on city counsils. In order to benefit from these conveniences and discounts, individuals should apply to the related departments in municipalities.

2. How is discount applied at inter-city bus transportations for the disabled individuals?

According to the Road Transport Regulation (57th clause, 11th article), for individuals who demonstrate having a disability rate at 40% or above, the tickets are booked as 30% discount of the current ticket price.

3. How is discount applied at railway transportations for the disabled individuals by Turkish Republic State Railways?

Disabled individuals who have a disability rate at 40% or above can benefit from the discount only him/herself. Disabled individuals who have a severe disability rate at 50% or above can benefit from the discount him/herself as well as his/her companion. The discount rate for the railway transportation is 50% or the current ticket price. Those who will benefit from the aforementioned discount should demonstrate the medical board report of disability, ID card for the disabled, or national ID card (if the disability status is indicated on the ID card), all of which should have been prepared in accordance with "The Legal Regulation of Criteria, Classification of Disability, and Medical Board Report of Disability".

4. How is discount applied by Turkish Airlines for the disabled individuals?

Turkish Airlines apply a 25% discount of the current prices for the disabled individuals who have a disability rate at 40% or above. The discount is applicable at all internal and international flights. Those who will benefit from the aforementioned discount should demonstrate the medical board report of disability, ID card for the disabled, or national ID card (if the disability status is indicated on the ID card). In addition, when a medical report on which the statement of "individual must travel with a companion" is present is demonstrated, the companion who will travel with the disabled individual on the same flight can benefit from 25% discount on all internal and international flights.

5. How is discount applied by Burulaş (Bursa Inner-City Transportation) for the disabled individuals?

Burulaş provides free inner-city transportation to the disabled, elderly (aged 65 and above), veterans and family members to martyr when they demonstrate the personalized magneti transportation cards. In addition, the companion of the severely disabled individuals whose cards indicate that they should travel with a companion can benefit from the free transportation opportunity.
http://www.burulas.com.tr/bukart-basvuru-islemleri.aspx

6. How the discount is applied at the entrences of Museum and Archeological Sites for the disabled individuals?

Disabled individuals and their companions, elderly people who are aged of 65 and above, veterans, family members of the veterans and martyrs can visit the museums and archeological sites for free when the demonstrate their personalized cards indicating their exclusive status.

7. How the discount is applied at the entrences of National Parks, Natural Reserves and Parks for the disabled individuals?

The disabled individuals, disabled soldiers, veterans, their spouses, children and parents are not charged at the entrence of national parks, natural reserves and park sites when they demonstrate their identification cards.

8. How does the discounted tariff apply for GSM operators on mobile phones?

GSM operators apply for specified discounted tariffs for the disabled individuals.

Who can get a Disability degree certificatein Poland ?

• Children up to the age of 16 receive a disability certificate without degree;
• People over the age of 16 receive a disability certificate stating the degree of disability.

According to the polish law, three degrees of disability are determined:
• significant,
• moderate,
• lightweight.

When medical committees assesses health condition take into account:
For a person up to 16 years

- medical certificate which contains a description of the health condition (this document is issued by the doctor who taking care of the child) and all medical documentation;
- description of health condition signed by attending physician
- information about the possibility of improving the disordered function by the supply of orthopedic items, technical aids, aids or other necessary measures.

When assessing the health of a person over the age of 16, consideration is given:

- medical certificate containing a description of the health condition, diagnosis of underlying disease and coexisting diseases, including current diagnostic results;
- health assessment issued by the presiding physician along with the prognosis
- age, sex, education, occupation and qualifications;
- the possibility of total or partial restoration of existing or other employment capacity - through treatment, rehabilitation or retraining
- limitations inherent in independent existence and participation in social life;
- The possibility of improving the independent existence of the disabled person through treatment, rehabilitation, orthopedic supplies, aids, technical measures, caring services or other activities.

The disability certificate should contain :

- information about the team that issued the declaration;
- the date of the application and the date of the decision;
- applicant's personal data: date and place of birth, address of residence or residence, identity card number and PESEL number;
- establishing or refusing to establish a disability or degree of disability;
- symbol of the cause of disability
- justification
- appeal
- indication

In the disability certificate there are following indications:

- to adequate employment
- to training, including specialized (for example retraining)
- to employ at a vocational activation facility;
- to participate in occupational therapy workshops;
- to supply orthopedic articles and auxiliaries;
- to use the system of environment support in independent existence, which means the use of social services, care, therapeutic and rehabilitation services provided by the network of social welfare institutions, NGOs and other institutions;
- to the necessity of permanent or long-term care or assistance of another person due to the greatly reduced possibility of independent existence;
- to use the permissions (for example Parking card, relief for travel by public transport, etc.)
- to the right to live in a separate room (the right to live in a separate room is primarily granted to wheelchair users who are lying or with impaired physiological functions)

The Right To Education

Law 104/92 aims to promote the right to the integration of the disabled person at school and in the family. The right to education and learning for all the disabled is declared, without any exclusions. The social integration of the disabled must take place, according to the law, by:
1. Measures that effectively enforce the right to education with particular reference to teaching aids, school curricula, assessment tests and qualified personnel for specific assistance.
2. Adaptation of equipment and personnel for educational, sports, leisure and social services.
3. Organizing extracurricular activities that complement the school's educational aims and action.
School integration aims to develop the potential of a disabled person in learning, communication, interpersonal relationships, and socialization

The European Union and Education For Disabled

EU- directives and programs founded have the following objectives:
-Removing cultural and material obstacles to enable the best possible integration of disabled people with projects funded by the European Union itself.
-Stimulate the adoption of measures by each Member State to facilitate the social integration of disabled people.
-Encourage equal opportunities in work, mobility, transportation, education, etc.

Professional Training Projects

The European Social Fund thanks to the implementation of the EEC Regulation 4255/88 of 19/12/89 helps the employment and vocational training of all young people unemployed or waiting for work. Particularly, this is intended to facilitate entry into the labor market of the so-called weak categories (disabled people).
With the Council Resolution of 5 May 2003 on Equal Opportunities for Pupils and Students with Disabilities in Education and Training, Member States should:
1. Encourage and support the integration and specific needs of people with disabilities in public or private schools.
2. Make access to learning, of any type, an easy procedure throughout the lifetime of the disabled.
3. Facilitate access, learning and use of the Internet, the web, institutional sites and e-learning (distance education through computer systems).

Lifelong Learning: Italian and European Learning Regulations- Law 92 of 28 June. 2012 - art.4 - c. 51-68
In line with the European Union's indications, lifelong learning means any activity undertaken by people in a formal, non-formal and informal way, at various stages of life, in order to improve knowledge, skills, from a personal, civic, social, and employment perspective. The relevant policies are determined at national level with a view to a unified Conference on the proposal of the Minister for Education, University and Research and the Minister of Labor and Social Policy, after hearing the Minister for Economic Development and Social partners, starting from the identification and recognition of the cultural and professional heritage accumulated by citizens and workers in their personal and professional history, to be documented through the full realization of a single information backbone through the interoperability of central and territorial databases existing.

Disabled Professional Training

The right to vocational training for the disabled is ratify in the Italian Constitution in Article 38: training must be provided by bodies or institutes which are committed or integrated by the state.
Target placement
According to the Law 68/99 for the targeted placement of disabled is meant all technical and support tools that allow to evaluate the specific qualities in the workplace of disabled people in order to place them in the most suitable workplace.
The principles of this law apply to:
- people with physical, mental, sensory and intellectual disability minorities. Disability must be recognized more than 45% by special medical commissions.
- disabled persons with a disability higher than 33% certified by INAIL.
- blind and deaf people.
- disabled persons of war, disabled civilians and disabled for service ranging from the first to the eighth category.

Law 845 of 1978

The Italian State, with reference to Articles 3, 4, 35 and 38 of the Constitution, in order to enforce the right to work, promotes the professional growth of workers through vocational training. Vocational training is intended to promote employment, production and evolution of work organization in harmony with scientific and technological progress.
To the Regions it is up to:
1. the professional qualification of the invalid and the disabled, as well as all the interventions that can assure them the right to vocational training.
2. to promote psychopedagogical, technical and health care interventions to students with behavioral disorders or physical-sensory impairments in order to ensure full inclusion within the training activity and promote social integration.

3. the education of those with physical or sensory impairment and who can not attend regular training courses.

Characteristics of training courses

Vocational training activities are divided into one or more cycles, but never more than four, each of which does not exceed 600 hours. Each cycle is addressed to user defined for:

- Professional address.
- Level of technical-practical knowledge.

Physical, psychic or sensory impairment students are also permitted to attend more than four consecutive courses not interrupted by work-activities.

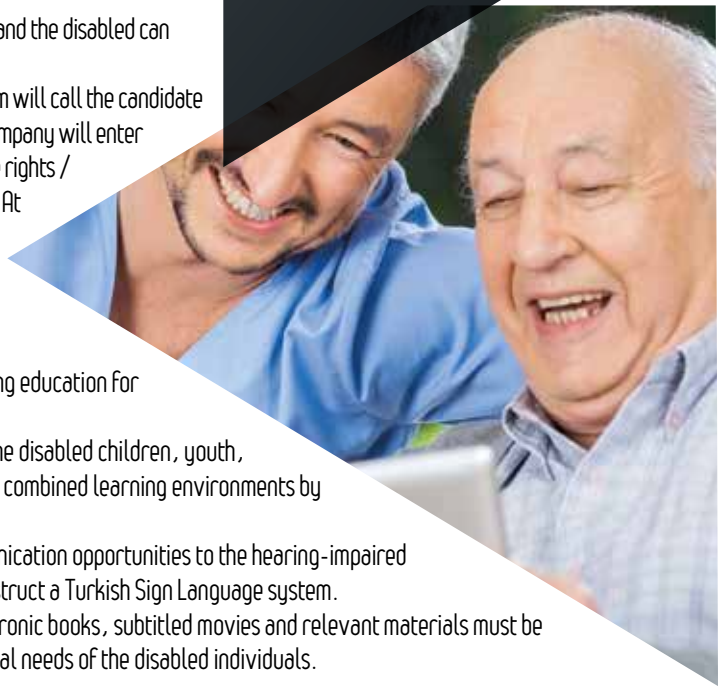
Stage and internships

Those who want to practice internships (training and guidance periods that are not a work activity) must contact the training institutes of the placements:

- Employment centers
- Specialized counters

Through these agencies a membership card is filled in and the disabled can attach this card his/her curriculum.

The company who identifies the appropriate curriculum will call the candidate for an interview. If the interview is successful, the company will enter into an agreement setting out the training plan and the rights / duties that the trainee and the company must respect. At this point, a tutor is appointed or a person appointed by the promoter body to which the trainee can always refers.



According to The Disability Law in Turkey;

The disabled people cannot be restrained from getting education for any excuses.

Equal education opportunities must be provided to the disabled children, youth, and adults as well as the non-disabled individuals in combined learning environments by considering their special needs and differences.

In order to provide education and communication opportunities to the hearing-impaired individuals, Turkish Language Association must construct a Turkish Sign Language system.

The production of braille, audio and electronic books, subtitled movies and relevant materials must be provided in order to meet the educational and cultural needs of the disabled individuals.

Utilizing the Special Education Services

A Board of Special Education Assessment which is constituted of experts from Provincial Directorates National Education and the family members of the disabled makes the diagnosis and assessment of the disabled for their education needs and develops an individualized education plan. This plan is reviewed each year by considering the development of the disabled.

The Board of Special Education Assessment decides the branch of profession that the disabled person who demands for the apprentenceship program will attend by considering the medical board report of disability and their interests, desires, abilities and skills.

Special Education Support

All disabled individuals who are evaluated as suitable to benefit from the special education opportunities can attend the special education centers whether they have social security or not. The education costs, which are estimated by Ministry of National Education, are met by Ministry of Finance.

- To utilize the special education support, apply to Counsiling and Research Centers.

For the Disabled Students who will attend the University Entrence Exam;

The necessary physical arrangements, exam rooms settled specifically for the orthopedically and visually-impaired students, additional 30 minutes to the exam duration for the visually impaired and partially visually impaired students, companion who is specifically and well-educated to read the questions and write the given answers are the various opportunities provided.

- **Apply to www.osym.gov.tr**

The Conveniences Provided to Disabled College Students

The successful and financially strained disabled college stutents are given priority to be provided with tutition fee and additive loan, and dormitory allocation by Higher Education Loan and Dormitories Institution.

- **Apply to www.kyk.gov.tr**

Support for disabilities person and their caregivers in Poland

People with disabilities often need support. Sometimes, without help, they cannot function independently. For their caregivers this means having to resign from work. For the most in need caregivers is special care allowance. They can receive 520 zl per month. The income criterion is 664 PLN per person per family. For benefits, they may try: parents, grandparents, children, grandchildren, as well as siblings.

Occupational Rehabilitation, Employment

Occupational Therapy is a health care profession that promotes health and well-being through employment. It is a rehabilitation process that, by using as a privileged medium the doing and the multiple activities of daily life, through an individual or group intervention, involves the person's globality with the purpose of assisting physical, psychological or social adaptation to improve its Overall quality of life in disability. It is supported by "Occupational Science", born for scientific research, based on the importance of employment in human nature. Occupations are the set of significant activities for their cultural context, adapted to age, choices, organized and carried out by each individual to provide for himself, to experience joy in living and contributing to the community's economic and social. Occupation is the end of the TO, but also the means through which the body's bodily functions are modified (motor-sensory, perceptual-cognitive, emotional-relational ability); generally there are three areas within which we can find occupations: personal care, work (school) and leisure. Occupational Therapy is practiced in a wide range of environments, including hospitals, health centers, home care, workplaces, schools, and rest homes. Patients are actively involved in the therapeutic process and the results of Occupational Therapy are diversified, guided by the patient and measured in terms of participation or satisfaction resulting from participation. What Do Occupational Therapists Do? Occupational Therapists (TOs) play an important role in helping people of all ages. Occupational therapy is needed to overcome the effects of disability caused by illness, aging, and accidents, temporary and permanent disabilities. Occupational therapists work professionally so that the person can carry out daily or professional activities in the highest possible degree of autonomy. They are qualified professionals who find solutions to everyday problems. Occupational Therapists take into account all physical, psychological, social and environmental needs by providing support that makes the difference in patient life with a renewed sense of purpose and opening up new horizons. Occupational Therapists put users in the hands of their decision-making powers: they provide their medical, psychological, cognitive, social and technical skills and support the person in choosing the goals and the form of treatment they share most, giving Power to their voice. Occupational therapists have a wide range of skills and knowledge to work in collaboration with individuals or groups of people who have a physical or functional deficit due to a health problem and who experience barriers to participation. Occupational therapists believe participation can be sustained or limited by the physical, social, aptitude and legislative environment. So the practice of the TO can be geared to changing aspects of the environment to increase participation . Why Choose an Occupational Therapist? Occupational Therapists have a personalized approach and practice their evidence-based health care.

Employment

Paid permission and leave: Legislative references: Law 5 February 1992, no. 104; Law 8 March 2000, no. 53; Law 23 December 2000, no. 388,Extraordinary Leave for Helpful Children with Disabilities
1384/5000
Law 23 December 2000, no. 388, art. 80, such leave can be used by the parents, whether adopted or entrusted, to the person with severe handicap (Article 3, paragraph 3 of Law 104/1992) not simultaneously. It is extended to the brother or sister of the disabled living with him if both parents are dead.The periods of leave, up to two years, may be used continuously or fractionally. The INPDAP Circular of May 12, 2004, no. 31 stipulates that leave may also be requested in a fractional manner and that, in such a case, the actual resumption of work between a period of absence and the next is necessary.During the period of leave, parents can not benefit from the benefits provided by art. Article 33 of Law No 104/92. In addition, it should be noted that in the event of illness or maternity that occurred during the period of leave this does not stop if sixty days have elapsed since the beginning of fruition. In the case of more disabled children, the benefit is for each of them, with the limits indicated for the benefits of Law 104/92, after verifying (through health check) of the inability to assist them with a single extraordinary leave .In the case of vertical part-time, the benefit is not recognizable in periods for which there is no work activity.
Permitted after reaching the adult age of the disabled are alternatively accesible, between two parents or relatives and dependents within the third degree, even though they do not live with their son, provided that the assistance provided is continuous and exclusive (exclusivity is to be understood as meaning that the worker applying for the permits must be the only person who provides assistance to the disabled perso and the disabled person is not fully resident in specialized institutions (Law No. 8 of March 8, 2000).The law provides the benefit for:1. 3 days of monthly leave, provided that the disabled is not full-time admitted to the institution or other center. The 3 days leave, which can also be used on a continuous basis, must be used in the relevant month and can not be cumulative alternatively, the 3 days can also be split into 6 half days. Such permits, as two-year paid leave, may also be granted even if the second parent has no right (eg the other parent is not working or is a freelance).

Benefits on work

Mandatory placement

Law 12 March 1999, no. 68. In order to secure a job, it is foreseen enrolment on the mandatory placement lists for the following categories: Civilian disabled working-age disadvantaged persons, who have a work capacity reduction of more than 45%;deaf and dumb from birth or early childhood and absolute blind civilians or with a visual residual not exceeding 1/10 in both eyes, with any correction; Invalids of a job with a degree of invalidity exceeding 33%,confirmed by Inail, Invalids of war, civilians of war and invalids for service with those minorities provided by the rules on war pensions (D.P.R. 915/78);Victims of terrorism and organized crime (L. 302/90), widows and orphans of war, labor or service, invalids of military personnel and civil protection. In order to be eligible for compulsory placement, the invalid, in addition to the recognition of the degree of invalidity issued by the competent body, must register to the special lists held by the Centers for local employment. For such registration, disability conditions must be established

Place of work

The disabled in a serious situation has the right to choose, where possible, the place of work closest to his / her home and can not be moved to another place, without his consent (Law No. 8, March 2000, No. 53, article 19).A parent or family worker with a public or private employment who continuously assists a relative or a relative within the third-degree disabled person has the right to choose, where possible, the place of work closest to his / her home and can not be transferred without his consent to another place (Law No. 8 of March 8, 2000, No. 53).

Facilitations for technical aids

Technical and informatic subsidies are considered to facilitate self-sufficiency and the opportunities for integration of disabled people recognized by Article 3 of Law 104/92. These aids should facilitate interpersonal communication, written or graphic processing, environmental control, and access to information and culture.The costs incurred for the purchase of the aforesaid subsidies are eligible for the Irpef deduction of 19% for the full amount, without deducting the deductible of 129.11 €. In addition, the tax rate of 4% instead of the ordinary 22% is applied. In order to benefit from reduced VAT rate, the disabled must deliver to the seller, before the purchase, the following documents: 1. Specific authorization limitation issued by the ASL specialized doctor from whom the functional link between the malfunction and the IT aid comes out.2. The certificate, issued by the own ASL that certifies the existence of a functional disability included in the permissible ones (motor, language, visual and auditory) and its permanent character.

According to Disability Law in Turkey;

The right to select the occupation and profession in accordance with the disabled person's skills and abilities, and getting the necessary education on the selected field cannot be restrained. On an occupational field that is determined in line with the skills and abilities of the disabled person, training, getting a profession, utilizing the occupational rehabilitation services so that they become productive and supportive of the financial and social welfare is essential.

The relevant institutions hold the occupational and professional analyses considering the disability groups. In light of these analyses, the institutions develop the convenient occupational rehabilitation and training programs that consider the status of the disabled.

The local municipalities also provide social and occupational rehabilitation services. Municipalities cooperate with public life-long education and apprenticeship education centers while providing the services. If the rehabilitation demand of the disabled individual cannot be met, the person gets the service from the closest and most convenient education center, and the relevant municipality pays for the education costs from the estimated budget of the year to the center that the training service is obtained.
The disabled cannot be discriminated at any process of the employment, job selection, application forms, selection process, technical assessment, proposed shift length and condition.

The employed disabled individuals cannot be treated differently related to their disability status that could be result in negatively for the person from non-disabled peers.
The institutions and organisations which have duty, authorization and responsibility for taking measures to provide conveniences for the employed disabled individuals must decrease or eliminate the difficulties that the disabled could possibly encounter with and make the necessary settlements in work place. For those who have difficulties to be included into labor market due to their disability status, employment opportunities are provided primarily by the protected workplaces.

Obligation to Employ the Disabled

Turkish Labor Institution enables the employment of the disabled as laborer. Public institutions, which employ more than 50 employees, must employ 4%, the private sector organisations must employ 3% of disabled individuals.
Public sector institutions are obliged to employ 3% disabled civil servants of their total full positions. State Personnel Presidency coordinates the employment process of the disabled individuals to be employed as civil servants at the public institiutions and organisations.

Occupational Rehabilitation and Employment

The disabled individuals should apply to Provincial Directorates of Turkish Labor Institution, occupational education centers, life-long education centers (http://cygm.meb.gov.tr) and municipalities to utilize from occupational training courses. Disabled individuals may both use the usual employment pathways (taking the exam of Civil Servant Selection Exam, registering to Work and Labor Institution, chasing the announced open positions and make individual applications) and utilize from the specified quotas for the disabled.

Employment as Civil Servant

Disabled individuals are assigned depending on the central exam results conducted according to their disability and educational status and by lot system to public sector positions as civil servant. The monitoring and inspection of disabled employment obligation by public sector institutions and organisations are counducted by State Personnel Presidency.

State Personnel Presidency (www.dpb.gov.tr)
Official Gazette (http://rega.basbakanlik.gov.tr)
General Directorate of Disabled and Elderly Services (www.aile.gov.tr)

Employment as Laborer

In order to be employed as laborer in public or private sector, disabled individuals need to apply in person with their Medical Board Report of Disability and identity cards to the Provincial Directorate of Work and Labor Institution in the city they live in. They also need to be in contact with the provincial directorate regularly.
Open positions and exam announcements for the laborer positions in public institutions are announced at the web site of Work and Labor Institution (www.iskur.gov.tr) or at the Provincial Directorates of The Work and Labor Institution.
The disabled individuals who took the Civil Servant Selection Exam and made their attainment preferences could be employed by Turkish Work and Labor Institution in accordance with the disabled quota.

Employment of people with disabilities in Poland

People with disabilities are not doomed to lack of work. They can handle the labor market as well as able-bodied workers. There are regulations that support the employment of people with disabilities. Thanks to them, employers can count on higher co-financing than before. Companies can, among others: receive reimbursement for the adjustment of the workplace for the disabled employee, office space, adaptation or purchase of special equipment. Financial support is available regardless of whether the employee has already been hired as a disabled person or has acquired a disability while working.
Companies should submit an application to the PFRON by the 25th of the month. The application must be sent to PFRON's registered office at Al. John Paul II 13 in Warsaw. All necessary forms are available at www.pfron.org.pl

Social Security

The social protection system has the task of ensuring that all citizens have a dignified life expectancy and that all workers retain their income at the occurrence of certain events. In our system, social security and social assistance are two key areas of this system. Indeed, with welfare and welfare interventions, the State operates a redistribution of public resources (tax revenue and contributions), implemented through the provision of social benefits.

Social benefits provided by the welfare system can be subdivided into cash benefits, such as social pensions, and benefits in kind, such as social services. The peculiar characteristic of the social care sector is the presence of a link between the provision of social benefits and the need or discomfort of individuals, often represented by an insufficient income level.

Social care providers are very numerous and also include the central state administration through the Ministry of the Economy and Finance who provides the retirement pensions. The National Social Security Institute (Inps), for its part, provides pensions Social to citizens of sixty - five years without income and, starting from 1999, pensions for the disabled, blind and deaf people previously disbursed by the Ministry of the Interior. Local governments (Regions, Provinces and Municipalities) manage, on their own or indirectly, a vast number of services and services aimed at assisting the needy. Finally, there are a number of public and private entities that are active in delivering Welfare services in favor of specific sections of the population such as children, the elderly, the disabled and the drug addicts.

The social security sector is characterized by the provision of social benefits in cash to cover the risks of invalidity, old age, survivors, unemployment, accidents (occupational), illness and maternity protection. The main providers of social benefits are the social security institutions (EPs) and private pension funds. They provide a set of benefits that includes, in addition to social security benefits, a number of welfare and health benefits. The right to benefit is the responsibility of those who have accumulated a minimum number of years of contribution payments.

As part of the social security system, the higher share of Social pensions are represented by pensions.

Pensions may be of a welfare or welfare type and are in three types according to the legal-administrative criterion:

- Invalidity, old-age and survivors' pensions (Ivs), provided by the INPS, from the former Inpdap and smaller social security institutions;
- Indemnity pensions, provided by the Inail;
- Welfare pensions, provided by the INPS and the Ministry of the Economy Of finances.

The social security of the disabled in Turkey is provided through the social security and general health insurance system.

General Health Insurance is a system that includes a whole of rights to health of all Turkish citizens. The system enables the individuals to receive services from many health institutions; such as, public hospitals, pharmacies, primary health care centers, private hospitals and health centers. General Health Insurance system includes every individual whether they are employed with the health insurance by Social Security Institution, or not. The system covers the health expenditures of citizens either for free, or through premium payments.

Employees with social security, those who make premium payments willingly, retired individuals from any institution, those who are under 18, and the close relatives of these individuals can benefit from the general health insurance system for free. In addition, those who pass the income estimate test can utilize the system.
The employees except from the mentioned criteria or the unemployed individuals have to pay for the premiums to utilize the system. The premium payments for the general health insurance are obligatory and it is not possible to cancel it. General health insurance right of those who utilize the health insurance through their families while they are under the age of 18 ends when they become 18. If the person is disabled or continues his/her education, they need to apply to Social Security Institution to be re-involved into the general health insurance system.

The following groups have a right to early retirement depending on the disability rate, the term of employment, and the amount of premium payments;

- The disabled employees who are liable to Law 506 - Social Insurances Law
- The disabled civil servants who are liable to Law 5434
- The disabled individuals who would be employed by being liable to Law 5510 - Social Insurances and General Health Insurance Law

According to the Social Insurances and General Health Insurance Law (5510), the social insurant women with a child who need constant care due to disability have a right to early retirement.
However, since the retirement procedure changes by individual and depends on the term of employment, the onset of employment, the premium payment on the basis of employed days, and the legislation the person is liable to, individuals should apply to get necessary information for the Provincial Directorates of Social Security Institution.
(www.sgk.gov.tr/wps/portal/Anasayfa/SGKiletisimSGM)

Transportability

Every individual has a right to move autonomously in life settings. This is one of the most important aspects in social life in order to be able to reach out the opportunities and services in a society.

According to the Disability Law;

All available buildings of public institutions and organizations, all available roads, sidewalks, pedestrian crosswalks, open public spaces and green-fields, fields for sports and other social and cultural activities, all available service buildings that have been constructed by individual or legal organisations should be arranged according to the accessibility of the disabled until the year of 2018.

The metropolitan municipalities or local administrationsshould take the necessary measures to enable the disabled accessibility in public transportations systems that provided or inspected. The available public transportation vehicles should be arranged according to the accessibility of the disabled.

The municipalities should inspect the convenience of the residence or public service buildings which are licensed.

Accessibility (Dpr 503/1996)

Architectural Barriers

The mobility of disabled persons concerns the abolition of architectural barriers. Architectural barriers can be represented by architectural elements (car parks, doors, stairs, corridors), objects and furnishings (sinks, cupboards, toilets), lack of certain features (handrails, appropriate signage), or elements that may cause accidents (slippery materials, glass doors not highlighted, sharp edges).

Public Buildings (Dm 236/89)

New buildings of public buildings (including school, preschool, and social interest) must be without architectural barriers:

1. No public place or open to the public may be forbidden to the disabled;
2. In all places newly constructed where public events or shows take place, provision must be made for and reserved for non-disabled people;
3. Economic and popular housing projects, located on ground floor, shall be assigned to disabled persons who have difficulty walking, if they so request.

Sidewalks and pedestrian paths

- Minimum width m 1,50;
- Non-skid flooring;
- Maximum height difference from the road surface of 15 cm;
- Slide to enter the sidewalk: width m 1,50 - max gradient 15%.

Pedestrian crossings

In high-traffic roads, pedestrian crossings must be illuminated at night or low visibility. The road surface, near the pedestrian crossing, can be differentiated by roughness on the road surface in order to signal the need to moderate the speed. Life-raft platforms must be accessible to wheelchair users. Traffic light, new or replacement installations must be fitted with audible warning devices that indicate free time for blind people and, where necessary, manual access controls to allow sufficient time for crossing by persons who they move slowly.

Accesses

- Minimum width m 1,50;
- Area in front of the minimum entrance m 1,50.

Stairs and ramps

- Max. Height 6 cm;
- Non-slip floors;
- Handrail height cm 90;
- landing every 10 m in length of the ramp, 1,50 m in length.
- Height rails m 1.
- Slides or ramps;
- Up to 8% slope;

Parking lots

- Joining slides with sidewalks or footpaths;
- Width of the parking place m 3 (to allow the disabled to ride by car with the wheelchair).

Doors

- Minimum width cm 85 (optimal size cm 90);
- In case of successive doors, an interspace of 1.50 m must be provided;
- Handles at a height of about 90 cm.

Public sanitary facilities

At least one of the toilets provided must be accessible and recognized by a special signal on the door;

- The minimum dimensions must be 1.80 x 1.80 m;
- Cup w.c. At a maximum height of 50 cm;
- Washbasin at maximum height of 80 cm;
- Continuous horizontal handrails at a maximum height of 80 cm and distant from the wall of 5 cm;
- An electric bell must be installed.

Elevators

In all buildings with more than one ground floor must be equipped with an elevator;

- Minimum cabin height m 1,50 in length for m 1,37 in width;
- Sliding door automatically with an opening of 90 cm;
- Keyboard of planes with embossed or braille numbers;
- Acoustic signaling on the floor;
- Keyboard with a maximum height of 1.20 m from the ground.

Electronic signaling commands

All electrical controls (switches, sockets, signal bells, etc.) must be at a maximum height of 90 cm.

Private Buildings

If a disabled lives in a condominium and he intends to bring innovations to the common parts of the building to remove obstacles to mobility, he must submit to the condominium approval the innovations that intends to make. In case the assembly approves, the costs of the innovations are divided between the condominiums as per regulation. In the event that the condominium refuses to make innovations or does not consider the written request of the disabled, the disable or guardian may install, at his own expense, stairlift as well as easily removable structures. It can also change the width of the access door to make it easier to enter buildings, garages, or elevators (Law 13, Article 2, paragraph 2).
The execution of internal works is not subject to a building permit or authorization: it is sufficient that the person concerned submits an application to the mayor, indicating the start of the work, and a report signed by a qualified professional. If, however, there is an alteration of the exterior or the shape of the building, the permission of the mayor is required for the execution of the work. If innovations are to be carried out within the dwelling inhabited by the tenant as a tenant, innovations are possible with the prior permission of the owner, the expenses are incurred by the conductor. For the minimum measures to be respected in order to make an apartment accessible, please refer to the information in the c.m. 236/89.

According to the Law of Property Ownership in Turkey, in order to make the necessary accessibility arrangements in residence buildings, building complexes, in private or common fields, the majority of votes are enough. If the majority of votes cannot be achieved, a commission, constituted by the licensing institution, decides for the arrangements when applied.

According to the Law of Highway Traffic (Law of 2918- Highway Traffic Regulation 53rd clause), a parking card could be provided to the disabled individuals whe applied to the traffic institutions in order to utilize the parking lots reserved for the disabled.

In order to draw the "Parking Card for the Disabled";

1. A copy of driving license of the disabled who have class"H", 2 photos and petition;
2. The copy of motor vehicle registration certificate for the disabled who have a vehicle by their names, 2 photos and petition,
3. The Veteran document for the veterans, 2 photos and petition,

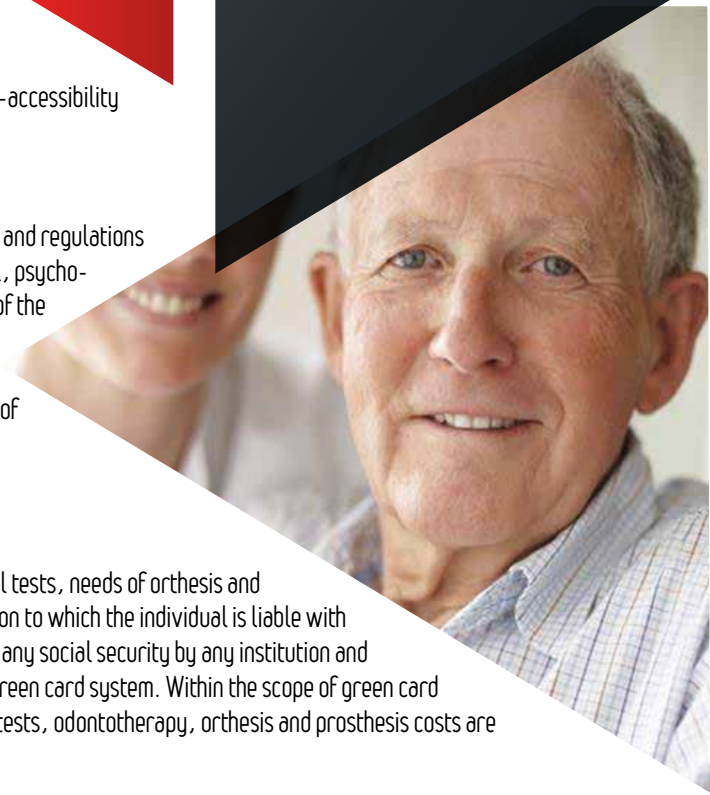
4. The copy of medical board report of disability for the disabled who have a disability rate over 90%, who do not have a registered vehicle by name, and do not have a driving license of class H, 2 photos and a petition (for those who cannot apply by themselves, the petition of the legal representative or the custodian with attachment of the copy of the court decision; for those who are under 18, the petition of their parents) are the required documents for application. With the mentioned documents, individuals should apply to Branch Office of Traffic Inspection to obtain the Parking Card for the Disabled.

Accesibility to Information

An electronic accessibility guide has been prepared by the Elderly and Disabled General Directorate of Ministry of Family in order to enable the access of the disabled to the public websites. All the governmental websites need to be accessible by the disabled. The e-accessibility guide is available on www.aile.gov.tr

Health and Protective Services

According to the Disabled Law; the necessary studies and regulations to monitor the physical, auditory, sensational, social, psychological, and cognitive development, early diagnosis of the genetically transmitted and disability causing diseases, prevention of the disability, reducing the existing disability rate, preventing the prognosis of the disability should be held by the



Ministry of Health.

Covering the Health Costs of the Disabled

The costs of treatment, medical examination, medical tests, needs of orthesis and prosthesis are covered by the social security institution to which the individual is liable with contribution margin. The disabled who does not have any social security by any institution and cannot afford the medical costs can utilize from the green card system. Within the scope of green card system, treatment, examination, medicine, medical tests, odontotherapy, orthesis and prosthesis costs are included.

General Health Insurance

For those who do not have any social security, the costs of diagnosis, treatment, medicine, odontotherapy, orthesis and prosthesis are covered by the states within the scope of general health insurance under certain circumstances.

Care

Care in general

The National Health Service provides health care to people with disabilities, fragility and not self-sufficiency. When the person's clinical condition allows and the family can ensure adequate presence availability and environmental comfort, the care is offered primarily at home; Alternatively, elderly are housed in residential or semi-residential facilities, accredited by the Regional Health Service to deliver the benefits they need. This type of assistance is, most of the time, integrated with social benefits. Disability and non-self-reliance are the most common definitions to indicate the condition of people with severe difficulties in interacting with their own environment due to the permanent, total or partial loss of physical, psychic, sensory, cognitive or relational abilities needed to essential actions of everyday life without the help of others. With the term "fragility" is defined as an unstable and precarious health condition, even for the presence of multiple pathologies, which can quickly deteriorate due to stressful, physical or psychological events and become self-reliant.

Primary care and continuity of care

In Italy, continuity of care is one of the National Health care System (NHS)' main objectives and it is intended both as continuity between the various professional actors working as part of the same framework (team work, devising and implementation of joint diagnostic-therapeutic pathways, etc.) and as the continuity between the different levels of care on the delicate boundary between the hospital and the community. General practitioner (GPs) are the cornerstone in the integrated management of chronic situations and they are jointly-responsible for choosing the most appropriate management and diagnostic and therapeutic programme for their patient, also considering local organisation, which contemplates vacancies in community and/or residential services, inside dedicated intermediate care facilities, as well as integrated home support services.

The aims to be pursued in the years to come are:

- to promote wellness and deal with the main healthcare problems in the community, by helping people to obtain better control over their health and to improve it;
- to favour complete, holistic patient management, by developing a type of care based on a multidisciplinary approach that promotes the integration of social, medical, care and rehabilitation services;
- to favour continuity in care, through the implementation of the primary care service network, by defining hubs and the functional interactions in a management and relational network between professional practitioners, characterised by clarity of responsibility and procedures for the definition and implementation of a care programme and the switch, where necessary, between different facilities and care settings;
- to contribute to demand governance processes in which the GP performs gatekeeping actions by analysing needs, including those that are not expressed, in his/her choice of clinical and therapeutic response and efficacious and appropriate care pathway;
- to evaluate the health outcomes generated in the individual and in the community;
- to favour patient empowerment in the care process;

- to favour specific training in general medicine, which must be considered an essential part of learning, even at university level;
- to improve hospital-community integration through a correct management of the discharge process and evaluation of the clinical, social and care conditions of the patient as an inpatient;
- to promote the establishment of single access centres in the community for the management of fragile individuals, as part of a vision of continuity in care.

According to the Disability Law in Turkey, the disabled should essentially endure their lives within their convenient settings with health, peace and safety, utilize the care and rehabilitation opportunities that enable them to manage their own needs within the society and become productive, and those who have constant need should be taken care of temporarily or permanently, or be provided care services at home.

The biological, physical, psychological, and social needs of the individual are considered to provide care services. Two possible service models could provide care service; namely, home care and institution care.

The basis of service is to keep the individual within his/her social and physical circle.

The disabled who is financially deprived could utilize from care services either at home or in institution.

If the care service cannot be managed at home settings of the disabled by their families, the institutions related to the Elderly and Disable General Directorate of Ministry of Family, private care centers, and public institutions and organisations provide care service.

Caring for the elderly

Increasingly favourable survival conditions have led to an increase over time of the number of people aged 65 or over, who now represent 20.2% of the Italian population and are the main users of healthcare resources. This situation has led the Italian Health Service to carefully consider the need to rethink culturally and reconsider structurally its health procedures and the way they are provided, favouring the integration between prevention and treatment on the one hand and a response to social and health needs on the other, in the knowledge that in order to be efficacious, it requires adequate hospital-community continuity of treatment and a multidisciplinary approach as regards community care.

The social and health system must provide adequate methods of intervention both for an elderly person living a "healthy" old age and in dealing with elderly subjects with morbidities, most of which are of a chronic-degenerative nature and in dealing with frail elderly people, in order to minimise the negative outcomes whilst optimising the function of his/her residual abilities. The organisation of care must envisage access to the system through Single Access Centres, places dedicated to receiving and decoding the initial request and to coordinating the provision of the services constituting the care plan.
Integrated Home Support is one aspect of the network of services subject to gradual development, despite the persistence of regional differences. The percentage of subjects aged over 65 out of all patients receiving integrated home support is 91.7% in Liguria and 90.6% in Emilia-Romagna; whereas the lowest levels for the presence of the elderly out of total users of integrated home support was recorded in the Autonomous Provinces of Bolzano and Trent (57.4% and 55.4%, respectively). Equally significant differences can be observed across the country in the hours of service provided per case treated. Regional Authorities are less conscientious in entering data on semi-residential activities, for which a great deal of data is missing. This seems to somehow indicate the need for improved community services, which could help reduce demands for more complex residential care.

In line with the points set forth above and the on-going debate in our country, the following programming indications are believed to be of priority importance:

- to favour the individual's active ageing to improve his/her state of health and prevent pathological conditions through the dissemination of behaviour that includes a healthy diet, suitable exercise and the elimination of the main risk factors for health (smoking and alcohol);
- to implement the diffusion of standard admission procedures and of single access centres within healthcare districts;
- to favour the knowledge and use of instruments such as multidimensional assessment, which are particularly well suited to a correct identification of the elderly person's needs;
- to implement the training for professionals in the prevention, care and management of the elderly person in all his/her clinical and care aspects, in order to guarantee continuity of care, particularly for frail elderly people;
- to strengthen and continue to develop both Integrated Home Support and care in residential and semi-residential facilities;
- to favour the exchange of knowledge between those subjects in charge of care and the world of scientific research, also as regards, in particular, the issue of multiple medications in elderly people and the frequent exclusion of elderly people with comorbidities from randomised clinical trials.

Healthcare services

Primary care and continuity of care
The emergency medicine and ambulance system
Hospital care
Rehabilitation
Pharmaceutical care

Transfusion services
Caring for the elderly
Management of frailness and non-self-sufficiency
Protection of mental health
Drug addiction and alcohol abuse network
Palliative care and pain therapy
Vegetative state
Dental Healthcare

Health Services At Home in Turkey

The disabled who are confined to bed can utilize the health services at home. Those who have not lost the ability to move and can access the health institutions cannot be included in the system.
The emergency situations are not included into the health services at home. In those cases, the call for ambulance via 112 or direct application to the health institutions is essential.
What are the duties?
Health services at home;
- Involve the medical tests, medical care and rehabilitation services at home settings in accordance with the diagnosis of the patient.
- Enable preparing the reports for utilizing medical equipments and materials.
- Inform the patient and the family members regarding the home care process, the duties and responsibilities they may take, the prognosis of the disease.
- Provide the training and consultation regarding how to use the medical equipment and materials that the patient need under the convenient circumstances.
- Provide the necessary consultation by asking for an opinion from the relevant expertise branches if the patient needs.

How to Apply for the Health Services At Home?

The patient or the family members could call the relevant phone numbers or fill the form of patient application form at the home care units in hospitals.
In Turkey, the phone number 444 38 33 could be called within the working hours. (Fax number:233 26 39)
When the application is received, the closest family doctor makes an evaluation at home setting and the patient or the family members are informed as soon as possible about the result of the application, whether the application is approved or not.

Single access point (PUA)

Assistance to disabled and self-reliant persons has recently undergone an evolution that has come to pass through the "care" to "take care" of the person, in the complexity and globality of his / her needs, with particular attention also to the family and the social context of reference. The Single Access Point (PUA) was born in that way, and in some regions it is also called the Single Health Access Access Point (PUASS), which can be located at the Health District or at some spaces provided by the Municipality (formerly the Social Secretariat) and is the place where every citizen can contact to obtain any information regarding the health benefits provided by the ASL and the social services provided by the municipality, or to report the need for health and / or social assistance.
Health and social services for people with disabilities include three types of interventions: home care, residential care, semi-residential care. All the benefits provided are supplemented by social interventions.

Home Care

The National Health Service (SSN) guarantees people who are not self-sufficient and in a state of fragility, with ongoing illnesses or outcomes, care paths in their home address called "home care". It is an organized set of medical, nursing and rehabilitation treatments needed to stabilize the clinical picture, limit functional decline and improve quality of life. Home care is supplemented with social assistance and family support services, usually provided by the city of residence of the person. Clinical-care needs are assessed through appropriate multi-dimensional and multi-dimensional assessment tools that allow the person's global involvement and the definition of an integrated socio-sanitary assistance project (PAI).

Care at Home in Turkey

To be eligible for the monthly payment for care, which Elderly and Disable General Directorate of Ministry of Family provide;

- The disabled should have a disability rate over 50%, and medical board report of disability should mention him/her as gravely disabled,
- The situation of the disabled is considered and evaluated as in need the care and help of someone since s/he cannot manage the daily habits and rituals by him/herself.
- The household income (any kind of income is relevant) per person in a month should be less than 2/3 of the net minimum wage (declared by the states).

Where can I apply for the home care payment?

In order to utilize the monthly home care payment, application with the following documents to the Provincial Directorates of Family and Social Policies is required;
* Decleration of Turkish Republich identity card number,
* Medical Board Report of Disability

In the process of the service;

1-The care service responsibility cannot be transferred to a third person.
2-The caregiver assures to provide care congruent with the individualized care plan.
3-The caregiver or the elderly declares any changes in financial situation (income, movable and estate property, etc.) to the Provincial Directorates of Family and Social Policies within the 30 days.
4-Declares the address changes within 15 days.
5-Declares the marital status changes (marriage, divorce) or death of the elderly or the caregiver within 15 days.
6-Declares the changes in disability status (if the condition changes from gravely disabled to not) within 15 days.
The goal of the care at home service is to provide a care service to the elderly/disabled who cannot manage the self-care by themselves due to various reasons.

The elderly or the disabled need a warm and secure family setting wich protects, loves, supports, meet their social and financial needs for their life quality.

The family setting is primary and fundamental for care service of the elderly/disabled.

The elderly or the disabled, who utilize the monthly payment for the home care, constitute those who
1. do not have self-care skills.
2. cannot meet their nutritional needs
3. need social and psychological support,
4. cannot make the necessary tidiness and organization in the setting they live,
5. cannot manage their personal rights and liberty or need support to mange them.

Bursa Metropolitan Municipality Patient Care Services at Home

Bursa Metropolitan Municipality provides unpaid care service to the elderly individuals who are confined to bed, who have socio-economic deprivation, and who cannot conduct their daily activities by themselves.

The services congruent with this goal;
Medical examination service
Specialist doctor examination
Interventional nursing services
Patient care services
Physical therapist services
Social study and evaluation
Psychological support services

How to apply?

-Individual application
-Notice through public institutions and organisations
-Application through call line
Alo 153
Alo 444 16 00
Alo (0224) 234 40 00
Alo (0224) 247 53 56

The Local Authorities and Non-governmental Organizations Which Provide Care Services to the Disabled in Poland

Public support at the county level is a problem for the support of people with disabilities. The basis of this support system is made up of self-government institutions: district or municipality, District Centers for Family Assistance (PCPR). District Labor Offices (PUPs), run by local and general schools, pedagogical and psychological counseling centers, Occupational Therapy Workshops (WTZ). The governmental administration contributes to the functioning of this system by running the State Fund for the Rehabilitation of the Disabled.
Realizations of various projects addressed to people with disabilities should be complemented by national non-governmental organizations (eg the Polish Association of the Deaf, Polish Blind Association, Caritas) and local NGOs (eg clubs and associations dealing with cultural activities). Non-governmental organizations cooperate with the public administration and finance their projects using the local government budget or PFRON.

- Social welfare Home: It is an institution dedicated to children and adults with intellectual disabilities in depth. The social assistance home provides, at the level of the applicable standard, to people in need of 24-hour care due to age, illness or disability services: domestic, caring, supportive, educational in the form and scope of individual needs.

- Social Care Centers: As part of their activities, the centers also co-operate with the District Family Support Center, eg when placing people in Social Welfare Houses, carrying out environmental interviews, etc. In carrying out the tasks of social assistance, the Centers provide assistance to persons with disabilities in the following areas: financial aid (family and nursing allowances, social allowances, fixed benefits, periodic benefits, etc.), Services and care, specialist help (counseling, therapy, social work), grant of material aid.
- Health Care Facilities- Public and non-public health care institutions implement: general and specialist treatment, provide information on support and rehabilitation facilities,they lead to hospital treatment and rehabilitation centers
- Geriatric hospital- The daily geriatric hospital provides first of all medical care in the form of medical consultations, treatments, rehabilitation, occupational therapy, speech therapy, etc. In addition, it provides patients with transport and meals. Usually operates on the basis of a general or geriatric hospital, and its primary task is to accelerate the discharge of elderly patients with disabilities from the hospital.
- Council for the Disabled- The scope of the Council is: organizing activities aimed at integrating people with disabilities into society, Initiate solutions to meet the needs of people with disabilities, coordination of tasks in the program implementation, giving opinions on applications for employment, occupational and social rehabilitation of the disabled, giving feedback on the annual timetables for the implementation of the 'Disability Action Program, development and upgrading of standards of conduct

Residential care

Residential services typically feature long-term assistance to non-dependents under chronic conditions and / or relative stabilization of clinical conditions, thus distinguishing themselves from the benefits of "post-phase acute therapy" (Rehabilitation and Post-Phase Response Acute) usually carried out in hospital.Residential care is generally indicated in the case where the patient's care needs assessment has highlighted the need to deliver benefits in a protected and specifically dedicated environment; In addition, the healthcare facility provides adequate care to those patients who do not have a family and social network able to take care of their daily life needs. Depending on the type of prevalent needs, residential care for non-dependable chronic patients is distinguished from those for the rehabilitation of disabled patients.

Patients who are not self-sufficient

The benefits provided by specialized unit are generally distinguished in:

1. Benefits provided by Intensive Residential Care Units

Intensive treatments, essential to support vital functions (mechanical and assisted ventilation, enteral or parenteral nutrition, etc.)

Highly specialized treatments (in case of vegetative or prolonged coma, severe respiratory insufficiency, progressive neurodegenerative disease, etc.)

2. Benefits provided by Extended Residential Care Units

Treatments with a high level of health protection (daily medical and nursing care),

Functional recovery treatments (administration of intravenous injection therapies, enteral nutrition, deep decubitus injuries etc.)

3. Benefits provided in Alzheimer's Unit

Extensive rehabilitative treatments, reorientation and personal protection in a "prosthetic" environment for patients with senile dementia in the stages where memory disorder is associated with behavioral or affective disorders

4. Benefits provided by Residential Care Units:

Long-term care and maintenance, including rehabilitation, for non-self-sufficient patients with low health care needs

Disabled patients

1. Diagnostic, Therapeutic, Rehabilitative and Sociological Achievements:

For people with disabilities who need intensive rehabilitation (3 hours / day) or extensive (at least 1 hour / day), as well as maintenance treatments for people with high intensity care problems, including subjects with minimal responsiveness

To children with behavioral disorders or neuropsychiatric disorders

2. Therapeutic, rehabilitative performance of maintenance:

Jointly with serious disability benefits

In a residential area together with protection services for disabled people without family support

Care in Semi-residential regime

This type of treatment is provided by daytime care facilities exclusively for non-disabled and disabled people, with the aim of maintaining and enhancing individual abilities and autonomy and relieving family care and care tasks.

Patients who are not self-sufficient

Performance in semi-residential care provides long-term care and maintenance, including relief work, to self-sufficient people with low health needs.

Disabled patients

The semi-residential structures offer diagnostic, therapeutic, rehabilitative, and sociodibilitative performance for serious disabled people.

In order to benefit from social health care, the patient or family members, the social services must address the PUA where the operators, after first verifying the complexity of the social health need, activate the Multidimensional Evaluation Unit UVM) of the healthcare district for the final takeover.

The Multidisciplinary UMV team then performs a multidimensional evaluation of the user's care needs with regard to health, welfare, tutelage, psychological and socio-economic issues: this activity allows the definition of a personalized care path for the patient in what are the benefits to be provided, the goals and the expected results in terms of maintaining or improving the health status of the person: in the case of a non-self-sufficient patient, the path is described in the individual care plan (PAI) 'Medical and nursing care, while in the case of a disabled patient we talk about an individual rehabilitation plan (PRI) with a greater reanimation connotation. The assisted person, having regard to the individual care plan, signs a "care agreement / commitment", with the participation of the family, where it is established, where provided for by the rules, also the possible economic sharing.
The team that follows the patient provides the benefits provided by the PAI or the PRI, supplemented by social interventions, in the most appropriate care system (domicile, residential semi-residential) and periodically, based on the indications of the therapeutic project or upon the occurrence of new conditions that require it, re-evaluates with the aim of redefining the course of care and possibly making changes.

Costs

For a stay in some types of residential and semi-residential facilities, a subsidy share is provided for the benefit of the so-called "hotel comfort" of the facility (catering, cleaning of the furnishings and environments, activities of social type, etc.) and calculated as a percentage on the straight line. These are mainly long-term care facilities, where the stay of the inpatients extends for months or indefinite, for the inability to return to their home. The share of social security charges ranges from Region to Region, but it is around 50% of the line for non-self-sufficient chronic patients and around 40/50% for serious people with disabilities.

Sanitary aids

For people with severe disabilities who need continuous medical care (diapers, catheters, gauze, wheelchairs, prostheses, etc.), ASLs from different regions make available free of charge material, 'or benefit to purchase.
How do you require it?
In order to obtain aids, orthoses and prostheses (including wheelchairs, antidecubital mattresses, respiratory aids, etc.), the "delivery devices" request templates, issued by the ASL, must be filled in and must be attached:1. Self-certification of residence or copy of an acknowledgment document.2. Prescription of the public health specialist with diagnosis, indications of the necessary presidia (with reference code), therapeutic program (which describes the time of use of the presidium and the control methods).3. In case of intractable person the prescription may be filled by the basic practitioner.4. Photocopy of the Civil Invalidity Record or Civil Invalidity Protocol for Accompanying.5. Estimate cost of the pharmacy or healthcare contracted with the Region

Testing

Testing is the last step in the procedure for granting aids. The client is then invited to submit for testing within 15 days; If the disability is not deambulant, the practice is carried out at home or at the shelter facility. Warning: In the event that the attendant does not attend the verification, it may be subject to sanctions imposed by the Region. Testing is carried out by the prescriber specialist or its operating unit by verifying the correspondence between the prescribed aids and the supplied; The maximum time for this operation is 20 days from the date of delivery, after which the test is to be carried out and the relevant invoice placed in payment in the timing and in the prescribed manner.

Renewal times

The Ministry of Health decree n. 332 of the 27 August 1999, requires minimum time to obtain the delivery of a device in replacement to the previous one. It should be remembered again that this provision is not applicable to children under 18 years of age. Moreover, in some cases, such a limitation may be waived. By way of example, we include the minimum amount of time it necessary before you have the right to a new supply for some of the devices provided:
Footwear 18 months
Tutor 2 years
Traditional thigh prosthesis 5 years
Lockable wheelchair 5 years
Stinging prams, wheelchairs 4 years
Acoustic prostheses 5 years
Braille typewriters 6 years

Rehabilitation

The institution of rehabilitation provides full-time, day-care for disabled suffering from pathologies that require, due to their gravity or specificity, the taken into account globally. The individual or team performances performed must be relevant to definition and validation of the personalized intervention plan. The maximum full-time or semi-residential allowance is fixed by the personal intervention plan.

What to do?

All disabled people are entitled to these benefits if they submit at the Social Service of their ASL:

1. A specialized medical certificate.
2. Authorization of ASL itself.

The rehabilitation structure is required to deliver, usually with interdisciplinary treatments, performance aimed at both maximum recovery and stabilization. If the person being treated is young, the rehabilitation benefits must be supplemented by pedagogical-didactic and vocational training, as provided by L. 118/71.

Rehabilitation facilities are required to fulfill the following bureaucratic tasks:

1. The compilation and retention of clinical records for each assisted.
2. Confidentiality guarantee.
3. The individual rehabilitation intervention program.

All attendants are guaranteed access to school enrollment, attendance rates and the possibility of transport from home to facilities or facilities at school (local authorities).

Care abroad

The DPCM (Decree of the Chairman of the Council of Ministers) in the Official Gazette of 23/05/01 has regulated the cost of living expenses incurred for the treatment of people with disabilities in highly specialized centers abroad.

Compensation for expense for overseas care by the National Health Service covers care expenses incurred by the disabled in need of care, only in cases where such treatment can not be adequately disbursed and promptly in Italy. The application, submitted within three months of the expenditure incurred, must be addressed to the ASL and must contain all documentation relating to:1.

Authorization to travel abroad (model E112, available at ASL)2. Duly billed bills.3. Receipt for Stay.4. Tickets used for transportation. 5. Delivery model .The reimbursement fee is determined in relation to the economic situation, and is equal to:to.100%, in the case of a household with a total income of less than 32,000 €, based on the ISEE parameters b.80%, in the case of households with a total income of less than 51,650 €, according to ISEE parameters.c.In 80%, only the expenses of the stay, in the case of a household with an income higher than 51,650 €, according to the ISEE parameters.You can also ask for and obtain from the ASL the redetermination of the reimbursement fee already recognized, and a redemption of 95%, if the expenses incurred during the same year and remain chargeable to the applicant exceed 1/3 of the ISEE. There is a possibility of asking for and obtaining advances on any bail to be anticipated by the foreign hospitals and the expenses to be incurred.

Residential and semi-residential benefits for elderly- Reference regulations

In general it is referred to in D.LGS. 502/1992 more modifications.
In particular:
• L.11 March 1988, n 67-art 20 (FINANCIAL LAW 1988)
• DPCM, December 22, 1989 (Act of Address and Coordination for the Realization of Residential facilities for Eldery) replaced by the DPCM of January 14, 1997 (Act of Address and Coordination for Minimum Structural Technological and Organizational Requirements for the Exercise of Health Activities .)
• Objective project "Protection of healthy life1944-1996"
• DPCM 14 February 2001- Decree on Social and Health Integration
• DPCM November 29, 2001- Defining the Essential Levels of Assistance

National Program

• Objective project "Protection of healthy life1944-1996": This project envisages the activation of ADI, seen as a priority objective, plus the hypothesis of the development of home-based hospitality services at a higher health level. The goal was to treat a percentage of patients on all hospital admissions.
• Law 328/2000: law for the realization of the integrated system of interventions and social services. This law set that the National Fund for Social Policies establishes annually an economic part for the home support of elderly people who are not self-sufficient. This quota should be devoted to the implementation of supplementary projects between care and health, networking with actions and programs coordinated between private and public, with the aim of favoring the autonomy of elder people and their stay in the family environment.
• Healthy aging: It is an WHO initiative to promote the health and well-being of the ultra-65s so that elder people can play an active role in society and enjoy a good independent quality of life.
• Home Care: Inps program to help people with disabilities and self-reliant-home care. It provides a monthly allowance to cover both the costs for hiring a caregiver, those relating to home care and, in the end, those relating to the provision of supplementary benefits. Law 76/2016 with the HCP program 2017 (economic contribution of EUR 1500 for a very high degree of disability, depends on the ISEE, may require even the disabled)

• Program HCP 2017will last from 1 July 2017 to 31 December 2018 (8 months) for 30 thousand beneficiaries based on a ranking based on the severity of the disability, the ISEE and the age of the applicant
• Validation Method: It is a communication technique for disoriented or demented elderly people. It helps to reduce stress, maintain the dignity and well-being of the elderly.
• National program for not self-sufficient service: it is a program of the Ministry of Home Affairs (social cohesion), addressed to 201 inhabitants of four regions (Calabria, Apulia, Campania and Sicily), which are part of the action and cohesion plan with the goal of convergence. This project involves the financing of public services (nursing homes and elderly home care). The initial fund amounted to euro 730 million, at present it is euro 627millions, of which 350 are prepared for infancy and 280 for the elderly, this cut was due to the 2015 stability law. This intervention will have to be completed by the first half of 2018.

Legend

HOME CARE ASSISTANCE= a collection of medical, nursing and rehabilitation treatments. Such care is generally integrated with social assistance and family support.

PAI = individual assistance project (socio-sanitary)
LEA = Essential Levels of Service
ADP = scheduled integrated home support
ADI = integrated home care
OD = home hospitalization
PUA = single access point (socio-sanitary assistance)

Monthly payment for the disabled

Italian law concedes specific forms of protection to ensure citizens with physical or mental infirmities which affect their ability to work and, consequently, their ability of gain and of livelihood.
The Italian State, with Article 38 of the Constitution and with Law 102 of August 3, 2009,guarantees economic and welfare support for all those citizens who, because of their psycho-physical condition, are in a disadvantageous situation.

The accompanying allowance provided for by law 11.2.1980, no. 18, is the economic provisional recognized by the State in the implementation of the principles enshrined in art. 38 of the Constitution, in favor of citizens whose invalidity situation, for physical or mental disability or impairment, is such that they need continuous assistance; In particular, because they are unable to walk without the continued support of a person or because are unable to carry out the daily acts of life on their own. That provision has the legal form of a flat-rate contribution to reimburse the costs resulting from the objective fact of the invalidity situation and is therefore not comparable to any form of income; Consequently it is exempt from tax. It is completely borne by the state and is due only for the title of the disability, regardless of the income of the recipient or his family.

Types of disability: all welfare and economic benefits are related to invalid status. In Italy, people with disabilities are classified according to the cause of disability, which in some cases causes differences in welfare and economic benefits. The categories are as follows

1. Civilian Invalids (Law 66/62; Law 381/70; Law 382/70; Law 118/71).
2. War Invalids (D.P.R. 915/78).
3. Disabled for service (D.P.R. 915/78)
4. Invalids (D.P.R. 1124/64)

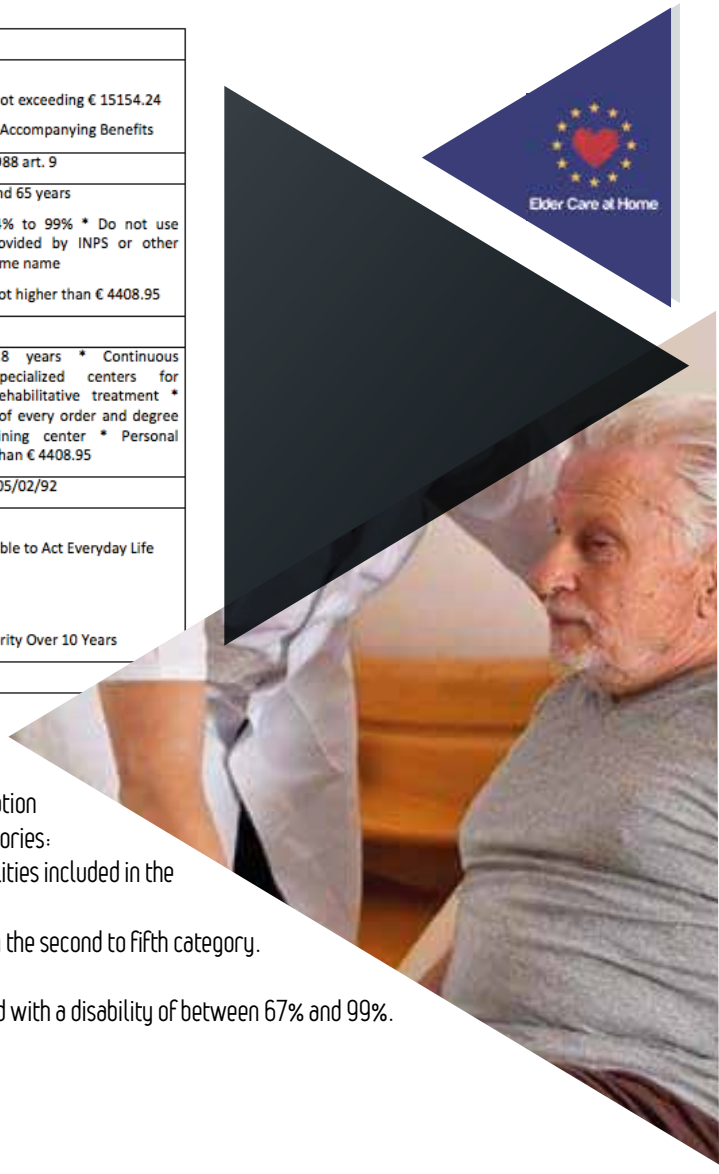
Economic provisions: as provided by Law 104 of 1992, as amended by the subsequent amendments introduced by Law 53/00, Legislative Decree 151/01 and Article 24 of Law 183/10, economic provisions may be continuous, temporary or lump sum. Continuing benefits are provided by the Regions for Disabled Persons; by the Ministry of Treasury for Disabled Persons of War and Service; from the INAIL or other social security institutions for the disabled. Extraordinary or temporary economic benefits are provided by local authorities.

Summary table of benefits available following the recognition of invalidity

Age range	Minimum invalidity rate	Benefits that can be obtained
Everybody	33.33% or permanent difficulties in performing their own functions related to their age	• Invalid status • Medical implants and other medical aids
Minors	with permanent difficulties in performing their own functions related to their age	Monthly frequency allowance
18-55	46%	Compulsory placement
18-65	0,51	Leave for treatment
Everybody	67 %	Ticket exemption
18-65	0,74	Monthly check
18-65	100 %	Disability pension
Everybody	Subjects: * with impossibility to walk without a companion or * with the inability to carry out the acts of everyday life independently	Accompanying allowance

Economic Provisions table
Economic Benefits for Civilian Disabled Persons

Economic Interventions	Terms
INVALIDITY PENSION Monthly Amount € 256.67 13 Monthly	*100% Disability *Personal Income Not exceeding € 15154.24 *Incompatible with Accompanying Benefits
Law 118/71 art. 12/17 - LAW 33/80 art. 14 - D.LEGGE 509 of 23/11/1988 art. 9	
MONTHLY ASSISTANCE ASSIGNMENT Monthly fee € 256.67 13 months	*Age between 18 and 65 years *Disability from 74% to 99% * Do not use other pensions provided by INPS or other bodies under the same name *Personal income not higher than € 4408.95
Law 298/90 art.1	
FREQUENCY MONTHLY ALLOWANCE Monthly fee € 256.67 monthly 12	Maximum age 18 years * Continuous frequency in specialized centers for therapeutic and rehabilitative treatment * School attendance of every order and degree or vocational training center * Personal income not higher than € 4408.95
Law 18/80 - Law 33/80 art. 14 - D.lg. 509 of 23/11/1988 art. 9 - D.M. 05/02/92	
ACCOMPANYING ALLOWANCE Monthly fee € 480.47 12 months	*100% Disability *Not Walking * Unable to Act Everyday Life No Age Limits *No Income Limits *Contribution Seniority Over 10 Years
Law 18/80 - D.lg. 508/88 - LAW 392/84	



Exemption from ticket payment

The national provisions provide for the total exemption from the payment of tickets for the following categories:

1. War invalids with retirement pension with disabilities included in the first to fifth category.
2. Invalids for service with disability included from the second to fifth category.
3. Invalids of work or of occupational diseases.
4. Civilian disabled persons under the age of 65 and with a disability of between 67% and 99%.
5. Deafen.
6. Blinds

Monthly Payment for The Disabled in Turkey

Refers to the monthly payment by the Ministry of Family and Social Policies in accordance with the Law of 2022.

The Criteria to Utilize Monthly Payment for the Disabled

- The individuals who are defined as disabled (disability rate is in between 40-69%) and cannot manage his/her life without the support of someone else (disability rate is over 70%) by the medical board report of disability,
- Those who legally do not have anyone to take care of the person,
- Those who do not utilize from social security institutions or have any income or salary,
- Those who do not receive alimony or who are not possible to receive alimony,
- Those who do not have any continuous payment estimated by court or legal regulations,
- The average of monthly income of those is not above the neediness level, which is estimated by law can utilize the payment.

In addition, those who fulfill the mentioned conditions and have a dependent and disabled relative can utilize this monthly payment if they physically care the disabled and have an average salary less than the neediness level.

The Required Documents to Utilize the Monthly Payment for the Disabled

- Application form,
- Medical Board Report of Disability,
- Custodian decision of court in case of the payment is needed to be paid to the custodian.

Application Locations

The district governorships in which the individuals are accomodated are the application locations.
As a result of the signed protocol between Social Security Institution and Sosyal Güvenlik Kurumu ile Post Office Directorate, at home-payment is possible for the disabled who have a disability rate over 70%.

Social Assistance and Solidarity Foundations

Various needs of the financially deprived disabled individuals, such as, monetary aid and aid in kind, orthopaedic or other necessary equipments and tools, could be met by Social Assistance and Solidarity Foundations.

Service Units for the Disabled at Metropolitan Municipalities According to the Disability Law;

Service units should be generated under the roof of metropolitan municipalities in order to inform, raise awareness, guide, consult, social and occupational rehabilitation the disabled individuals. These units cooperate with the foundations, associations, and their parent organization, all of which work for the disabled. The disabled individuals could apply for these units in order to reach out the information, awareness, consultation, guidance, care, social and occupational rehabilitation.

Finance support in Poland

People with disabilites receive a disability pension (average PLN 1475), a nursing allowance (153 PLN), and, in the case of difficult financial situation, also a housing allowance (about 200 PLN depending on the municipality). Once a year, a disabled person can get Special Benefit (456 PLN). The caregivers are also exempted from the obligation to pay a radio and television subscription. You can apply for financial support in the same municipal institution that pays family benefits. These may be family support centers, city departments or social welfare centers.

Parents of disabled children may receive financial support from the State Fund for Rehabilitation of the Disabled (PFRON). For rehabilitation stays, rehabilitation equipment, orthopedic objects and the elimination of architectural barriers.

- Rehabilitation turnout - a children up to 16 years of age or up to and including 24 years of age can receive the payment. max. 1512 zł.
- Rehabilitation equipment, orthopedic articles and aids (including wheelchairs, hearing aids, anti-bed pads) - up to 60% Costs but not more than five times the average salary (18.9 thousand PLN)
- Removal of architectural barriers (eg bathroom adaptation), communication and technical barriers - the subsidy can reach 95%. Cost but not more than 57 thousand. zł.

Grants for people with disabilities can also be obtained from the PFRON special program "Active self-government". This financial support allows you to purchase an electric wheelchair, instrumentation, prosthetics, and study aid.

The fund transfers money to local governments and they decide how to distribute them. Applications must be submit to your county family support center, municipal social help center, or municipal family support center.
More informations can be obtained from the PFRON hotline: 22 50 55 670, 9:00 - 15:30 and on the website: www.pfron.org.pl.
Purchase of orthopedic and ancillary items may be partially funded by the National Health Fund. The NFZ usually sets a limit on the product and covers the purchase up to the limit. The rest must pay the patient - either as a share in the limitation or cost over the limit. This contribution may help cover PFRON.
NFZ also finances long-term nursing care. It is available to chronically ill people who do not need hospitalization and can stay in homes but need systematic care. Nurse can include: make an injection, put the drip and change of dressings. She should come visit at least four times a week. In special cases, the nurse can also be reached on weekends and holidays. The basis for getting support is referral from the patient's doctor.
More informations can be obtained from the NFZ Hotline: 800 392 976, 8:00 am to 4:00 pm and on the website: www.nfz.gov.pl and by email: infolinia@nfz.gov.pl.

Fiscal benefits for disabled

Tax legislation places particular emphasis on people with disabilities and their families, reserving them numerous tax breaks. Below is an updated picture of the various situations where tax benefits are recognized for disadvantaged taxpayers, clearly indicating the people who are entitled to it.
Dependent children: For each son fiscally charged, who is physically disabled, the following Irpef deductions are due: EUR 1.620 if the child is under three years old, EUR 1.350 for the child aged three years or more. With more than three children charged, the deduction increases by 200 euros for each child from the first. The deductions are granted on the basis of the total income held in the tax period and their amount decreases with the increase in income, until it is canceled when the total income reaches 95.000 euros.

Vehicles: Irpef deduction of 19% of the expenditure incurred for the purchase; 4% VAT on purchase, exemption from car tax, exemption from transcription tax on property changes.
Other business and technical and informatic subsidies Irpef's deduction of 19% of the expenditure incurred for technical and IT subsidies, 4% of VAT for purchase of technical and computer subsidies, deduction of purchase and maintenance costs of guide dogs for the blind, Irpef's deduction of 19% of the costs incurred for deaf interpretation services.
Individuals' in particular economic and social discomfort may have a 50% reduction in the monthly subscription fee for the private telephone subscription service, with the possibility of contacting any manager. For the economic requirement, the household must not exceed a level of income of € 6.713.93. The social requirement includes families in which there is a disability pensioner, a social pensioner, an elderly person over 75 years of age or an unemployed head of household.

Disabled persons, due to the anatomical or functional loss of both lower limbs and the blind, are granted a specific exemption from paying the governmental fee for mobile telephony. This is because a useful communication and rescue tool for people with such disabilities is identified in the mobile phone. To obtain this exemption, a specific certificate, issued by a ASL specialist, must be submitted to the service concessionaire for signing the subscription contract.
Cutting of architectural barriers: Irpef deduction of the expenses incurred for the execution of interventions aimed at the demolition of architectural barriers.
Sanitary expenses: Deduction from the total income of the total amount of generic medical expenses and specific assistance.
Personal assistance: Deduction from the total income of contributions (up to the maximum amount of € 1.549.37) paid to household and personal care staff, Irpef's deduction of 19% of the expenses incurred for the household and personal care staff, to be calculated up to a maximum of € 2.100, provided that the taxpayer's income does not exceed € 40.000. It should be pointed out that, apart from other healthcare costs or for the purchase of vehicles for persons with disabilities, this deduction may be made, in addition to the person concerned or the family members who are taxed, also by the other legally obliged family members as defined from the Italian Civil Code, namely: spouse, natural children, legitimate, adoptive, or, in their absence, future descendants, parents, generations and young people, in-laws, brothers and sisters.

The Legislator (Law No. 342/2000, Article 30) has attempted to support families who are in charge of household services. In order to avoid tax evasion and contribution, the allowance is only granted if the employees are regularly recruited. A deduction from income (regardless of the amount of the latter) is recognized up to € 1549.37. However, only social security and welfare contributions can be deducted from the remuneration of the operator (no deduction can be deducted from the final salary paid to the employee, but only those each employer is required to pay to the social security institutions at the time of their remuneration). The deduction pertains to the person concerned or the family member who has the tax liability, and can be summed up for the deduction for the caregiver (and vice versa).

Dedicated assistance to contributors with disabilities: In the period of submission of income statements, the Revenue Service activates a service for disabled taxpayers. The service allows the person with disabilities to receive tax assistance directly at their home. Qualified Revenue Officers help taxpayers who can not go to the office desks, or who have difficulty accessing other assistance services provided by the same Income Agency. People wishing to benefit from this service can apply to: Associations working in the field of assistance to people with disabilities, social services of local authorities, patrons, and service coordinators of the regional offices of the Tax Agency. Associations and bodies involved in the linkage between disabled contributors and the Agency must be accredited to the coordinators of each regional directorate.

Tax Advantages Provided For the Disabled in Turkey

Income Tax Discount

The following groups could utilize the income tax discount;

- Wageworker disabled and their dependent and disabeld relatives to whom they need to give care,
- Self-employed disabled individuals and their dependent and disabled relatives,
- The disabled individuals who perform simple production, repairment and hand-craft productions, which are liable to simple taxing.

Application Locations

The employed disabled and the employees who have a disabled relative that they are responsible for their care could utilize from the tax discount in accordance with the disability rate. The disabled civil servants and the civil servants with a disabled relative under their responsibility should apply to the relevant units within their institutions.

Other employees should apply to Provincial Directorates of Financial Office, tax offices, and Fiscal Directorates with the document indicating their disability status (www.gib.gov.tr).

The Demanded Documents

For the Disabled employee; petititon, service and employment document obtained from the organization or institution they work for, a copy of the identification card, and 3 photos.

For the employee who is responsible for a disabled relative; petition, service and employment document obtained from the organization or institution they work for, the copy of the identification card of the applicant and the disabled, 3 photos, amd a document indicating the respondisility of care.

For the self-employed disabled; petition, decleration of taxpayer identification number or Turkish Republic identification number, copy of identification card, and 3 photos.

For the self-employed who is responsible for a disabled relative; decleration of the taxpayer identification number or TR identification number, a copy of the identification card of the disabled, 3 photos, and the document indicating the respondisility of care.

For the disabled who are liable to simple taxing and eligible to utilize the income tax discount; petition, decleration of the taxpayer identification number or TR identification number, a copy of the identification card, 3 photos.

Estate Tax Exemption

Cabinet is authorized to reduce the taxes to zero level for the residences which are not larger than 200 squaremeters (including the estate right) propertied by the disabled individuals. This provision also applies to the condition that the disabled has single share within an allotment.

In order to utilize this tax discount, disabled individuals should apply to the municipality in which their residence is located with their medical board report of disability, petition, and "the form of discounted building tax for the disabled who own one residence".

Special Consumption Tax and Motor Vehicle Tax Exemption

Special consumption tax exemption is applied to the disabled individuals who have an H class driving lisence and a medical board report indicationg that they can drive specially equipped vehicles if they purchase the vehichle in Turkey. The same exemption is applied to the gravely disabled individuals with a disability rate over 90% who cannot drive by themselves regardless of the special equipment of the vehicle which would be drived by either the family member of the disabled or a privately employed driver.

The vehicles which are registered by the name of the disables are exempt from the Motor Vehichle tax. However, added tax value is not exempt under these circumstances. For detailed information, individuals need to apply to the tax offices (www.gib.gov.tr).

Custom Tax Exemption

The specially equipped vehicles which would be imported by the disabled individuals are exempt from the custom tax. The disabled who would like to purchase a specially equipped vehicle should apply to Ankara Directorate of Unpaid Non-quota Import (www.gumruk.gov.tr).

Value-Added Tax Exemption

Any tools and materials that produced specifically for the education, occupation, and daily activity purposes of the disabled are exempt from the value added tax implication. For example, walking stick, typewriter, keyboard with braille for the visually impaired, wheel-chair, orthesis- prosthesis for the orthopedically impaired are the tools that are exempt from the VAT. The motor vehicles and other transportation vehicles are not within the scope of this exemption.

Reliefs and entitlements for people with disabilities in Poland

Persons who have a disability certificate have the right to use in their daily lives with some relief. They are dependent on illness and degree of disability

- Relief for train journeys
- Reliefs on bus journeys
- Free public transport along with designated caregivers
- Parking card
- Exemptions from radio and television license fees
- Discounted museum tickets
- Free delivery of letters, parcels and postal orders directly to their home
- 50% discount on telecommunication services

Contact information of the Public institutions which serve for the Disabled

In Italy, Municipalities provide information through the Office of the Disability/Non Self-Sufficiency/Mental Health Secretariat.

The Single Access Point (PUA), and in some regions it is also called the Single Health Access Access Point (PUASS), which can be located at the Health District or at some spaces provided by the Municipality (formerly the Social Secretariat) is the place where every citizen can contact to obtain any information regarding the health benefits provided by the ASL and the social services provided by the municipality, or to report the need for health and / or social assistance.

The local Autorities and Non - Governmental Organizations which provide care services to the Disabled

In Italy, the bodies of the Third Sector, found in voluntary organizations, social promotion associations, philanthropic organizations, social enterprises, including social cooperatives, associative networks, mutual aid companies, and any other body established in the form of association, recognized or unrecognized, or a foundation for pursuit of a non-profit, civic, solidarity and social purpose through the pursuit of one or more activities of general interest in a voluntary form and free provision of money, goods or services, mutuality or production or exchange of goods or services provide care services to the disabled.

In the Abruzzo Region there are several non-governmental organizations for the care of the disabled. They are included in a special register allowing them to receive tax benefits and public contributions. Below the associations operating in the territory of the municipality of L'Aquila:

A.B.I.O. ASSOCIAZIONE PER IL BAMBINO IN OSPEDALE

272 Via Antica Arischia, 231/B L'AQUILA AQ n. 274
23/12/2008
93037930661 abioaquila@gmail.com 3207692679

A.I.P.D. ASS. PERSONE DOWN 86
VIA GAGLIOFFI 7 L'AQUILA AQ n. 584
04/11/1998
93020030669 aipd.aq@virgilio.it
0862/24031

A.I.S.M. SEZIONE PROVINCIALE
183 Via Ficara, piazza d'Arti L'AQUILA AQ n. 110
20/05/2005
96015150582 aismaq@gmail.com
3356181190 0862/313632

A.N.P.A.S. COMITATO ABRUZZO
SS 17 Ovest - loc. Centi Colella 27 L'AQUILA AQ n. 501
22/04/1994
91024710674 segreteria@anpasabruzzo.org
santinacor@tiscali.it
3480135983 3281243351

A.P.T.D.H. ASSOCIAZIONE PER LA PROMOZIONE E TUTELA DIRITTI HANDICAPPATI
VIA ASMARA 38/40 VALLE PRETARA 1 L'AQUILA AQ n. 1752
22/12/1993
93006850668 aptdh@interfree.it
3397344701 3397344677 0862/414685

ABITARE INSIEME
Via della scuola della Torretta, 53/c 200 L'AQUILA AQ n. 205
16/08/2006
93021740662 abitareinsieme@libero.it
0862/411116 3292736038

ANOLF ASSOCIAZIONE NAZIONALE OLTRE LE FRONTIERE
377 Via Giovanni Gronchi, 16 L'AQUILA AQ n. DD/61
22/03/2011
93047850669 eledp85@hotmail.it
3479954274 0862/315676

ASSOCIAZIONE A.D.A. L'AQUILA 188
Via di Vigliano, 17 L'AQUILA AQ n. 212
10/11/2005
93027390660 adalaquila@libero.it
3939049632

ASSOCIAZIONE DI VOLONTARIATO "FELECTA" VICO DELLA CHIESA 3 FRAZ FILETTO
532 L'AQUILA AQ n. DD/190
22/07/2014
93075790662
3286258260

ASSOCIAZIONE DI VOLONTARIATO "TEMPO VALE"
via Saragat - loc. Campo di Pile c/o Casa del Volontariato 449 L'AQUILA AQ n. DD/181
12/09/2012
93059130661
3333054942

ASSOCIAZIONE DI VOLONTARIATO DON BOSCO
172 Viale Don Bosco, 6 L'AQUILA AQ n. 70
09/03/2004
93034890660 advdonbosco@virgilio.it
3403090869

ASSOCIAZIONE KOINONIA - ONLUS
c/o Centro Parrocchiale S. Giustino Via Nazario Sauro 206 L'AQUILA AQ n. 256
12/10/2006
93022790666 koinonia@email.it; alepano21@gmail.com
0862/689213 3291124090

ASSOCIAZIONE PIERO PICCIRILLI INATTIVA 73
Via Roma, 89 TRASACCO AQ n. 293
11/08/1997
90015230668
0863/52687

ASSOCIAZIONE PIÙ VITA
Via Madonna Fore, 20/24 - S. Sisto L'AQUILA AQ
25/11/1996
93018460662 degennaro@donodg.it
0862/318277

ASSOCIAZIONE SOLIDARIETA' E FAMIGLIA
Piazza S. Pio X, Torrione L'AQUILA AQ n. 151
15/02/1994
93004090663 solfamiglia@gmail.com
3486381783 0862/410733

COMUNITÀ XXIV LUGLIO
VIA BEATO VINCENZO DE' RIVERA N 1 28 L'AQUILA AQ n. 500
22/04/1994
93001720668 comunita24luglio@libero.it
3203429618 0862/313453

FRATERNA TAU ONLUS
Via dei Giardini, 22 L'AQUILA AQ n. 95
06/04/2007
93027520662 papacele@tin.it consocel@tin.it
0862/4143310

I BAMBINI PER I BAMBINI AQ
SS 17 bis n. 52 L'AQUILA AQ n. DD/256
18/12/2012
93056960664 ibambiniperibambini@email.it
340 4089886 388 3686912

PRONTO ASSISTENZA
Via G. Petrassi, 4 L'AQUILA AQ n. 427
03/02/1999
ettorrefabrizio@virgilio.it
0862/412975 3285372297

UNIONE ITALIANA VOLONTARI PRO CIECHI U.N.I.VO.C.
433 via Guido Polidoro, 1 L'AQUILA AQ n. DD/121
06/06/2012
93053040668 univocaq@univoc.org
0862319904

VIDES SPES 229
Piazza della Lauretana, 2 L'AQUILA AQ n. 197
23/07/2007
93028570666 videsspesaq@yahoo.it
0862/222057 0862/26392

VILLAGE OF HOPE & JUSTICE MINISTRY

c/o Casa del Volontariato, Via Saragat, loc. Campo di Pile 501 L'AQUILA AQ n.DD/216
23/09/2013
95117280636 talmagavrielafrye@aim.com
3396215700 3313053110

VISIS ABRUZZO - Volontariato Internazionale per lo Sviluppo dell'Impresa Sociale

Via Saragat Loc. Campo di pile c/o Casa del Volontariato L'AQUILA AQ D.D. n. 204/DPF014
18/10/2016
93084340665 francesco.splendiani@tin.it
328.5470493

INSTITUTION	CONTACT
Presidency Communication Center (BİMER)	150
Communication Center of Labor and Social Security (Social Security Institution, Turkish Labor Institution)	170
Help Desk for Family, Woman, Child, Disabled and Social Service	183
Ministry of Health Communication Center (SABİM)	184
Revenue Administration Tax Communication Center	189

The local Autorities and Non - Governmental Organizations which provide care services to the Disabled for Turkey and Metropolitan Municipality of Bursa

Provincial Directorate of Family and Social Policies

BURSA Provincial Directorate of Family and Social Policies			
Adress	Phone	Fax	e-mail
Kükürtlü Mh. Mudanya Yolu Str. No:141 OSMANGAZİ / BURSA	0 224 223 19 26	0 224 223 14 18	*bursa@aile.gov.tr*
BURSA Osmangazi Social Services Directorate			
Adress	Phone	Fax	e-mail
Kükürtlü Mh. Mudanya Yolu Str. No:141 OSMANGAZİ / BURSA	0 224 223 19 26	0 224 223 14 18	*bursa@aile.gov.tr*

Counsiling and Research Centers

BURSA GEMLİK Gemlik Counsiling and Research Center-			
Adress	Phone	Fax	e-mail
DR. ZİYA KAYA DISTRICT İSTİKLAL ST. NO:77 16600 GEMLİK / BURSA	2245131090	2245131091	967793@meb.k12.tr
BURSA İNEGÖL İnegöl Hanife-Selçuk Teşik Counsiling and Research Center www.inegolram.gov.tr/			
Adress	Phone	Fax	e-mail
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FETHİYE DISTRICT NİLÜFER HATUN STREET NEXT TO DUYUM İŞİTME ENGELLİLER İÖO	2242417300	2242417301	879415@meb.k12.tr
BURSA OSMANGAZİ Osmangazi Counsiling and Research Center www.osmangaziram.gov.tr			
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BURSA YILDIRIM Yıldırım Counsiling and Research Center www.yildirimram.com			
Adress	Phone	Fax	e-mail
KARAAĞAÇ DISTRICT İPEKÇİLİK STREET NO:38	2243277518	2243277518	bursaram8@hotmail.com

BURSA AT HOME HEALTH SERVICE UNITS

NAME OF THE HOSPITAL	PHONE
PROF.DR. TÜRKAN AKYOL CHEST DISEASES HOSPITAL At Home Health Service Unit	Adress: A Blok : Ertuğrulgazi mah. Ülkü sok. No:4 YILDIRIM / BURSA B Blok : Siteler mah. Selçukbey cad. No:129 YILDIRIM / BURSA CALL CENTER (0 224) 368 34 50 Web: www.bgh.gov.tr
ALİ OSMAN SÖNMEZ ONCOLOGY HOSPITAL At Home Health Service Unit	Adress: Alaaddin Mh. Ortapazar Cd.Menekşe Sk. No:2 Osmangazi/BURSA 16040 CALL CENTER (0 224) 223 82 00 UNIT PHONE (0 224) 2339559 UNIT CELL 0530 975 3642 Web: www.bursaonkoloji.saglik.gov.tr
ORHANGAZİ STATE HOSPITAL At Home Health Service Unit	Orhangazi DH /Orhangazi – BURSA CALL CENTER (0 224) 573 12 70 Web : **www.orhangazidh.gov.tr**
MUDANYA ŞAZİYERÜŞTÜ STATE HOSPITAL At Home Health Service Unit	Adress: Aydınpınar Mevkii Sarı Cadde Mudanya /BURSA Phone :0224 280 16 00 Fax :0224 280 17 69 **Hospital Cell: 0 533 873 71 46** UNIT CELL 0530 873 7149 Web: **www.mudanyadevlethastanesi.gov.tr**
DÖRTÇELİK CHILDREN'S HOSPITAL At Home Health Service Unit	CALL CENTER (0 224) 275 20 00 UNIT PHONE (0 224) 275 20 45 WEB: http://www.bch.gov.tr
BURSA STATE HOSPITAL At Home Health Service Unit	CALL CENTER (0 224) 280 28 00 UNIT PHONE (0 224) 222 23 12 UNIT CELL 05321362302 Web: **www.bdh16.gov.tr**
İNEGÖL STATE HOSPITAL At Home Health Service Unit	Adress: Kemalpaşa Mahallesi Çimen Sokak No:1 CALL CENTER(0 224) 715 17 15 UNIT PHONE (0 224) 777 00 46 UNIT CELL 0533 716 99 81 Web: www.inegoldevlethastanesi.gov.tr
MUAMMER AĞIM GEMLİK STATE HOSPITAL At Home Health Service Unit	Phone: 0 (224) 513 11 68 INTERCOM: 5107 Adress : Cumhuriyet Mahallesi Çevreyolu Üzeri Gemlik/BURSA Web: www.gemlikdh.saglik.gov.tr

YENİŞEHİR STATE HOSPITAL At Home Health Service Unit	Adress: Atatürk cad. no:60 (İznik Yolu) Yenişehir / Bursa 0 224) 773 00 54-55 Unit intercom 123 Web **www.bydh.gov.tr**
DR. AYTEN BOZKAYA SPASTIC CHILDREN HOSPITAL AND REHABILITATION CENTER At Home Health Service Unit	Adress: Altınova Mah. Yolgör Sokak, Osmangazi CALL CENTER (0 224) 216 00 66 Fax : 0 224 216 00 70 Web : www.bursaspastik.saglik.gov.tr
MUSTAFAKEMALPAŞA STATE HOSPITAL At Home Health Service Unit	Adress: Çırpan Mah. Sağlık Sokak. Mustafa Kemal Paşa /BURSA CALL CENTER(0 224) 613 18 60 Unit intercom (0 224) 649161 Web : www.mustafakemalpasadh.com
ŞEVKET YILMAZ RESEARCH AND TRAINING HOSPITAL At Home Health Service Unit	Adress : Mimar Sinan Mah. Emniyet Cad., Yıldırım Merkez/Bursa CALL CENTER (0 224) 295 50 00 UNIT PHONE 295 51 87 **Web:** www.sevketyilmaz.gov.tr
ÇEKİRGE STATE HOSPITAL At Home Health Service Unit	Adres: Mutluevler Mah. Nazlı Cad. No Bila Osmangazi BURSA CALL CENTER (0 224) 294 81 00 Unit Intercom 1083 Web: **www.bcdh.gov.tr**
KARACABEY STATE HOSPITAL At Home Health Service Unit	**Sanayi Girişi Karacabey / BURSA** B BLOK: (0 224) 671 8562 UNIT PHONE 671 8464 UNIT CELL 0530 268 38 03 Web: www.karacabeydh.gov.tr
İZNİK STATE HOSPITAL At Home Health Service Unit	Adress: Selçuk Mahallesi Hastane Cd.No:1 İznik/Bursa UNIT CELL 0553 353 25 25 CALL CENTER (0 224) 757 75 80 Web: www.iznikdh.gov.tr
ORHANELİ STATE HOSPITAL At Home Health Service Unit	Adress: Karabekir mahallesi Linyit Sokak No : 1 Orhaneli BURSA CALL CENTER (0 224) 817 10 33 Unit intercom: 173 Web: www.orhanelidh.saglik.gov.tr
YÜKSEK İHTİSAS RESEARCH AND TRAINING HOSPITAL At Home Health Service Unit	*Adress : 152 Evler mah. Prof.Tezok cad. No:2 Yıldırım/BURSA(Ankara asfaltı DSİ karşısı* CALL CENTER (0 224) 360 50 50 UNIT CELL 0507 141 0022 Unit intercom: 1246 Web Sitesi : www.bursaihtisas.saglik.gov.tr
İNEGÖL ORAL AND DENTAL HEALTH CENTER At Home Health Service Unit	Adress: Turgutalp mah. Cerrah Yolu Sokak İnegöl Meslek Yüksek Okulu Yanı İnegöl / Bursa CALL CENTER (0 224) 715 2008 Web : **www.inegoladsm.gov.tr**

BURSA ORAL AND DENTAL HEALTH CENTER At Home Health Service Unit	Adress : Mimar Sinan Mah. Emniyet Cad. No:13 Yıldırım / BURSA Phone: 0224 366 85 60-65 / Fax:0224 366 69 88 Yıldırım – BURSA Phone: 0224 366 85 60 Fax : 0224 366 69 88 Web : www.bursa.adsm.saglik.gov.tr
DUAÇINARI ORAL AND DENTAL HEALTH CENTER At Home Health Service Unit	Adress: Şükraniye Mh. Hastane Sk. No.11 PK: 16110 Phone: +90 (224) 360 5252 Fax: +90 (224) 360 8189 Web: http://www.duacinariadsm.gov.tr
OSMANGAZİ PUBLIC HEALTH CENTER At Home Health Service Unit	Adress: İbrahimpaşa Mh. Yeniceler Sk. No16 K:2 16230 Osmangazi/BURSA Phone: (0 224) 223 98 38 E- Mail: osmangazitsm@bhsm.gov.tr
KESTEL PUBLIC HEALTH CENTER At Home Health Service Unit	Adress: Zambak Sok. Kestel/Bursa (0 224) 373 09 99 E- Mail: kesteltsm@bhsm.gov.tr
HARMANCIK DISTRICT HOSPITAL At Home Health Service Unit	Fevzipaşa Caddesi Hastane Sokak No:2 Harmancık (0 224) 881 23 09
KELES DISTRICT INTEGRATION At Home Health Service Unit	Cuma Mah. Atatürk Cad. No: 30 - Bursa / Keles (0 224) 861 2024
BÜYÜKORHAN DISTRICT HOSPITAL At Home Health Service Unit	Büyükorhan/Bursa (0 224) 841 2005

Elder Care at Home

Local Municipalities, Public Institutions and Non-Governmental Organisations Providing Home Care Services

INSTITUTION	CONTACT
Bursa Metropolitan Municipality	444 16 00 (0224) 234 40 00
Bursa Metropolitan Municipality Home Care Services	0 224 247 53 56
Bursa Branch of Kızılay (Red Crescent)	0 224 220 24 40
Bursa Directorate of Public Health	444 38 33 (444 EV DE) Fax:233 26 39

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