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A Safety Module: HOME CARE SAFETY TIPS

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need <u>8</u>
 <u>correct</u> to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at <u>feedback@knowingmore.com</u> with your comments and/or suggestions for improving this inservice.

THANK YOU!



We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

After finishing this inservice, you will be able to:

Discuss which clients are most at risk for accidental injury.

*

Name at least two National Patient Safety Goals and discuss how they are being met at your workplace.

*

Discuss at least three ways to prevent falls.

*

Describe how you would help your clients during a fire or other emergency.

*

Demonstrate at least twelve home care safety tips as you provide your client care.



Inside This Inservice:

Who Is at Risk?	2	
The National Patient	3	
Safety Goals		
The Truth about	4	
Falling Down		
Kitchen Safety	5	
Bed & Bath Safety	б	
Miscellaneous Safety Tips	7, 11	
Keeping Yourself Safe	8	
Fire Safety	9	
Disaster Planning	10	

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A Safety Module: Home Care Safety Tips

HOME CARE SAFETY IS A REAL CHALLENGE!

Client safety is one of the primary responsibilities of every healthcare worker. But if you work in clients' homes, you know that keeping your clients safe can sometimes be a real challenge!

In facilities, such as hospitals or nursing homes, the environment is fairly controlled. The rooms are all similar. Housekeeping staff keeps everything clean. And, supplies and equipment are just a few steps away.

Home care is different. Your work environment can vary tremendously from client to client. For example, here are the clients assigned to Mary, a home health aide:

- Mr. Jones, who lives downtown with his wife on the 8th floor of a large, new apartment building.
- Mrs. Walker, who lives by herself in a 50-year-old one-story house that could use some repairs.
- Mr. Sampson, who stays with his daughter in a small, two-story duplex that has just been updated.
- Mrs. Canfield, who rents a room in a 100-year-old boarding house at the edge of town.
- Mrs. Thomas, who lives with her elderly brother outside of town on the family farm.

In just one day, Mary is going to go from the city to the country; from well-maintained homes to homes in need of repair; and from clients who live with family to clients who live alone. There is no housekeeping staff to clean up spills and no stock room filled with handy supplies. As she goes through her day, Mary will have to rely on her knowledge, skills, and creativity to keep each client safe.

Keep reading to learn more about home safety. You'll also pick up some tips for keeping your home care clients (and yourself) safe in both day-to-day and emergency situations.

ARE YOUR CLIENTS AT RISK?

Whose safety is most at risk while at home? It's the people who are least able to protect themselves, including **children** and **the elderly**.

Young children are at risk for injuries because they are curious and have not yet learned about all the dangers in their environment. But adults know better, so why are older people at risk?

As people age, there are a number of physical changes that put them at risk for accidents in the home, such as:

- Muscle strength decreases gradually with age. Joints, tendons, and ligaments lose their flexibility and limit motion.
- Reflexes begin to slow, making it hard for older people to react quickly.
- As people age, their vision diminishes—including their depth perception. This makes it difficult for them to judge distance and can lead to a fall or other injury.
- Elderly women are at risk for osteoporosis, a condition that causes bones to become weak and brittle. Even a slight fall can cause a severe fracture!
- Some older people develop urinary urgency. It's easy for them to trip or stumble on something as they hurry to get to the bathroom.
- The side effects of some medicines can put people at risk for falls, especially older people as they tend to take *multiple* medications. If

your clients take four or more medications per day, they have an increased risk of injury.

Diseases that are common among the elderly, such as Alzheimer's disease and arthritis, can add to a person's risk for accidents.

> In addition, clients of any age need extra safety precautions if they are weakened, unsteady on their feet, and/or suffer from an altered mental status. Chances are, most of your clients have one or more factors that add to their risk of injury. By doing everything you can to maintain their safety, you'll promote a higher quality of life for all your clients.



Grab your favorite highlighter! As you read this inservice, <u>highlight five things</u> you learn that you didn't know before. Share this new information with your co-workers!



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Every year in homes across the U.S., there are an average of:

- 33,300 fatal accidents. In fact, someone dies accidentally at home every 16 minutes!
- 8,000,000 disabling injuries—which adds up to one serious injury every 4 seconds!

The most common causes of accidents in the home are:

- Poisoning.
- Falls—especially among people over age 65.
- Fire.
- Choking.

Accidents can lead to a variety of injuries, including cuts, fractures, head injuries, and burns.



YOU PROTECT YOUR CLIENTS, BUT WHO PROTECTS <u>YOU</u>?

OSHA protects <u>you</u> from infectious diseases, musculoskeletal injuries, chemical hazards, and much more in your healthcare work environment—even when you work in clients' home!

OSHA, which has been lovingly called the *"Bureaucratic Caped Crusader"* was created in response to public outcry against rising injury and death rates on the job.

And like the fictional Caped Crusader (**Batman**), OSHA does not really possess any superpowers. OSHA makes use of intellect, detective skills, science and technology to improve conditions for American workers!

To learn more about how OSHA protects you on the job, look for our full inservice titled **"All About OSHA"** at www.knowingmore.com

THE NATIONAL PATIENT SAFETY GOALS

The National Patient Safety Goals program was developed by the Joint Commission. The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in healthcare safety and how to solve them. This program is a critically important component of The Joint Commission's overall efforts to improve health care.

The Joint Commission develops specific goals for each area of healthcare, such as home health, and updates these goals periodically. The latest patient safety goals for home care include:

1. Identify patients correctly.

One way to meet this goal would be to use two methods for identifying patients—such as name and birth date. The idea is to avoid situations like this: A home health aide was sent to give care to a patient named Johnnie Parker. The aide got to the patient's home, met the husband and wife and proceeded to help the husband with his bath. So what was the problem? The wife's name was Johnnie and SHE was the patient, not the husband! (This is a true story!)

2. Use medicines safely.

The main responsibility for meeting these goals falls on the nurses. However, your observations about your patient's medications, how they are taking them and/or the presence of any noticeable side effects are very important!



3. Prevent infection.

Having all staff members follow the handwashing policy is one way to meet this goal. Providing staff with waterless hand sanitizer is another.

4. Prevent patients from falling.

Part of meeting this goal might be to assess each patient's risk of falling and to teach the patient and family how to reduce the risk.

5. Identify specific patient safety risks.

For example, patients who are on oxygen therapy have an identified safety risk. An agency might meet this goal by checking the patient's home. Does anyone in the household smoke? Are there any other open flames, such as in a fireplace or on a gas stove? Does the house have smoke detectors? Every patient on oxygen therapy should receive the same assessment and be taught about oxygen safety.

You may have heard about the Joint Commission's patient safety goals at your workplace. Keep these goals in mind as you go about your daily work with your clients.

KEEPING CLIENTS SAFE FROM FALLS

Every year more than two million Americans fall down, often causing serious injury and substantial medical bills.

- Falls have become one of the elderly's most serious health issues. In fact, falling down is the leading cause of accidental death among older adults. And, sixty percent of fatal falls occur in people's homes!
- About one-third of seniors who live in their own homes have a problem with falling—and injuries, such as a broken hip, are common.
- Elderly people who fall once are likely to fall again. A fear of falling is often the reason elderly people are admitted to nursing homes or assisted living facilities instead of remaining at home.

HOW CAN YOU PREVENT FALLS?

- **ASSESS THE RISK.** When you begin caring for a new client, ask your supervisor if the client has a high risk and/or a history of falling. The more you know about your clients, the better prepared you'll be to keep them safe.
- HELP KEEP SENIORS ACTIVE AND STRONG! Encourage your clients to stay as active as possible. Help them get some kind of daily exercise. If your client is being treated by a physical therapist, ask the therapist what you can do to help your client stay active.
- WATCH FOR THESE SIGNS. Report a client's dizziness, confusion or disorientation to your supervisor. Sometimes, these symptoms are a side effect of multiple medications—and will go away if the doctor adjusts the medications.
- **KNOWLEDGE IS POWER!** Help educate clients and their families about the risk factors for falls. By learning more, they may feel more in control and more confident about avoiding falls.
- **REPORT CHANGES.** Be sure to report any changes that you observe in each client's physical, mental, or emotional status. Even small changes could trigger the need for a reevaluation of the client's risk of falling.
- **MANAGE THE ENVIRONMENT!** Make sure that all rugs are tacked down tightly. Loose rugs are easy to trip over.
 - Keep everyday items within your clients' reach—so they don't have to stretch to get what they need.
 - Make sure that all loose cords, such as telephone wires, are tucked under furniture or placed where they will not be tripped over.
 - Keep the client's living environment free from clutter, especially on the floor and the stairs.



HET OUT

Working in home care often requires coming up with creative solutions to uncommon problems.

THE PROBLEM: You are caring for Rose who is healing from a broken hip.

The Nurse Practitioner recommends that the two of you take short walks each day to improve her strength and balance.

Rose refuses because she is afraid that she will fall again.

WHAT YOU KNOW: You know that walking actually improves strength and balance and can <u>prevent</u> falls. And, you know she needs to move now before her condition gets worse.

GET CREATIVE: Think of **three creative solutions** you might suggest to your client right now to help her get some exercise to improve her strength and balance.

TALK ABOUT IT: Share your ideas with your co-workers and supervisor and find out how they would solve the problem.





What steps do you take to make sure you are preparing food safely in your clients' homes? Here are a few food safety tips:

- Always wash your hands before handling your client's food!
- If you prepare food in the home, wash all surfaces used for food preparation before <u>and</u> after cooking.
- Clean surfaces with a mixture of one teaspoon of chlorine bleach in one quart of water for an effective and inexpensive bacteria buster!
- Wash ALL fruits and vegetables before preparing.
- Use two cutting boards, if possible—one for meats and one for fruits and vegetables. If not clean the board with bleach solution when switching between meat and fresh fruit and vegetable preparation.

KEEPINGS CLIENTS SAFE IN THE KITCHEN

Many serious accidents that happen in the home occur in the kitchen. Here are some ways for you and your clients to stay safe in the kitchen:

BE CAUTIOUS AND CAREFUL WITH ELECTRICAL EQUIPMENT:

- Keep appliances as clean as possible to prevent fire hazards. For example, empty the toaster oven's crumb tray and/or clean out the crumbs periodically from the toaster. Wipe out the microwave. Clean the stove top.
- Do not touch or handle electric equipment, including switches, if your hands are wet or if you are standing in water.
- Don't put metal in a microwave oven. The sparks can turn into fire or can seriously damage the microwave. And, if your client has a cardiac pacemaker, unplug the microwave and DO NOT use it!
- Unplug electric appliances when not in use. Otherwise, they continue to draw electricity even when they're not turned on. If the appliance's wiring is old or faulty, a fire could break out.

PREVENT BURNS AND FIRES:

- If you take a hot pan off the stove and put it on a counter, leave a hot pad on top of the lid as a warning to your client that the pan is hot.
- Never leave wooden or plastic tools, dish towels, or other items on the stove top. If you turn on the wrong burner, you could easily melt something or start a fire.
- Make sure that all pot holders and kitchen dish cloths are at least a few inches away from the stove top, as they are quite flammable.
- In order to prevent fires, make sure that all cooking messes are cleaned up as they happen. Just a little bit of oil splattered on a stove top can ignite and turn into a major fire.



AVOID OPPORTUNITIES FOR SLIPS, TRIPS, AND FALLS

- Place the client's frequently used items at a convenient level—somewhere between the shoulders and the knees. This keeps the client from reaching, climbing, and bending and reduces the chance of falls.
- Clean spills and messes off the floor immediately to prevent slipping and falling.
- If you are using a kitchen knife and you drop it, stand back and let it fall. Don't try to catch it! For most people, the instinct is to grab it—so ignore your instinct and avoid an injury!
- If glass gets broken, clean it up slowly and thoroughly. And, for safety's sake, suggest that your client dispose of any chipped or cracked items (such as glasses or plates) *before* they shatter or break.

THE MOST DANGEROUS ROOM IN THE HOUSE

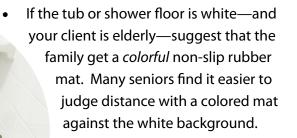
The CDC estimates that nearly 22 million Americans are injured in bathrooms each year. That's why the bathroom is called **"the most dangerous room in the house."** In fact, people over the age of 65 have the highest bathroom injury rate. **Falls** cause 80 percent of all bathroom accidents, leading to serious injuries like hip fractures.

- Encourage the family to purchase a room monitor (such as an inexpensive "baby monitor") to keep in the bathroom to alert them (and you) when the client needs help.
- Ask the family to remove any lock on the bathroom door so that, if the client should fall, the family can get in the room quickly.
- If possible, place a telephone near the toilet, to prevent the client from making a "run" for the phone.
- Keep an extra roll or two of toilet paper within easy reach at all times.
- Get rid of clutter. Clothing and towels on the floor invite accidents to happen. Cluttered shelves lead to things falling onto the floor—and perhaps hitting you or your client.

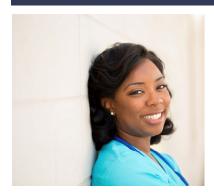
MAKE THE BATHTUB SAFER

- Use nonslip safety strips or a nonslip bath mat in the tub or shower.
- Keep the tub clean to avoid slippery soap scum or mold.
- NEVER let your client use a soap dish, towel rack, or sliding glass shower door for stability or balance. This is extremely unsafe because these items were not meant to support human weight.

- NEVER plug in an electrical appliance near an area where water is present. This includes the bathtub, toilet—and even the sink. One false move could plunge a plugged-in electrical item into the water, causing electrocution.
 - Remember that towel bars should not be used as grab rails! If your client is in need of grab bars in the bathroom, discuss the issue with the social worker.
 - If the client's sink has a separate knob for hot water, consider marking it with red nail polish—to remind the client that the water will be hot.
 - Get rid of all glass in the bathroom. Even decorative items such as candle holders or perfume bottles can fall and shatter, especially on a tile floor. You don't want anyone picking glass shards out of their feet.



• Remember that the greatest danger in a bathroom comes when clients get in and out of the tub or shower. The risk of falling is high! Be sure to wear rubber-soled shoes.



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SENIORS CAN BE EASY TARGETS

About 2 million people over the age of 50 are victims of crime each year. Keep your client safe from criminals:

Telemarketers/

Solicitors: If you notice your client receives phone calls, visits from sales people, or excessive junk mail with offers that seem too good to be true...talk to your client and the family members about saying "No!" If an offer seems too good to be true, it probably is!

Identity Theft: Make sure your client knows it is NEVER okay to give personal information over the telephone.

Violent Crimes: If your client lives in a high crime area, make sure all windows and doors are sturdy and strong. A deadbolt lock on the door is the best option.

STAYING SAFE WHILE TRAVELLING

If driving clients to appointments, shopping, church, or on other errands is one of your responsibilities, then keeping your client and yourself safe should be your top priority!

Getting into and out of the car

- The front seat is probably the best option for most clients. It has a larger door and more leg room than the back seat.
- The front seats in most newer cars are equipped with air bags. It is safe for elderly clients to sit in the front with airbags but it is recommended that the seat is pushed as far back as possible and slightly reclined.

Seatbelts

• You and your passenger should wear both the shoulder and the lap belt. The lap belt should fit snuggly under the abdomen (across the hips). The shoulder belt should come over the collar bone and cross the chest. If the seat belt hits the neck, it is too high and should be adjusted.

Cell phones

• Never use your cell phone to talk or text while driving. In some states, it is illegal. In all circumstances, it is extremely dangerous.

Allow plenty of time

 Avoid feeling rushed by giving yourself plenty of time to get to appointments. When you feel rushed, you are more likely to speed, run through yellow lights, and make unsafe lane changes to pass slower cars.

Drive the speed limit

• Always drive the speed limit. Driving even a few miles over the speed limit dramatically increases the risk of an accident happening.

Take the scenic route

• One way to slow down and stay safe - and have a little fun too - is to take the scenic route! Avoid major highways and freeways. Take the back roads when time permits! This is a much safer way to transport your precious cargo!

Avoid driving in bad weather

 If possible, ask clients to reschedule appointments or events if the weather is bad. Driving in bad weather is not only stressful - it's dangerous!

KEEPING YOURSELF SAFE

Did you know that Americans are 11 times safer at work than they are at home? However, because you work in clients' homes, it's up to you to help make your "workplace" safe. Here are some tips for staying safe as you make visits to clients' homes:

Get Prepared in Advance

- Get specific, clear directions to each client's home before you leave your office.
- Make sure your supervisor knows your visit schedule. If your schedule changes for some reason, call the office right away.

Attach a whistle or chemical

spray to your key ring. Keep



Survey Your Surroundings

- Park as close to the client's home as possible, • preferably in a well lit area.
- Look around before you leave your car. Don't get out of the car if you feel unsafe.
- Be sure to lock your car. And, never leave your purse visible in your car. (Lock it in the trunk.)
- If you are the victim of a robbery, don't resist giving up your money or valuables. They are not worth getting hurt over!
- When you arrive at a client's home for the first time, take a minute to assess the situation. Do not enter a home if there is a visible threat to your safety such as drugs, weapons, or unfriendly animals.
- Once inside, make a mental note of the location of every exit and of a telephone. As you perform your client care, keep an "exit strategy" in mind.

Be Cautious and Respectful

- Always knock before entering a client's home.
- Never enter a home that has not been scheduled for a visit. It's best to confirm the visit by phone ahead of time.
- If a client's home feels unsafe to you, ask your supervisor to send another aide with you or plan your visit to overlap with the visit of a nurse or therapist.

What About Pets?

- Do not approach a dog or cat that has its hair raised or its teeth bared. These are signs that the animal feels threatened.
- In fact, your best bet is not to touch your client's animals at all. This reduces your chances of being bitten and keeps you from having to rewash your hands in the middle of client care.
- Your clients probably love their pets and may want you to show affection to them as well. Explain that your workplace has a policy requiring you to keep your distance from all animals.
- If you feel uncomfortable around a client's pet, ask the family to put the animal in another room or restrain it during your visit.
- If a dog starts dashing toward you, don't run. The dog's instinct is to chase after you—even if it doesn't want to hurt you.
- If a dog approaches you, try to stand very still for a minute or two. The dog will probably sniff you (to check you out) and then get bored and walk away.
- Avoid making eye contact with a dog as this is seen • as an aggressive move. And, if you walk away from a strange dog, go very slowly and calmly.
- If you are bitten by a client's pet, wash the • wound gently with soap and water. Then, call your supervisor for further instructions.
- Keep a bottle of flea spray in your car, especially during the fall. If you suspect that you have been in a home where there are fleas, spray your lower legs and feet when you leave the house.





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During a fire, smoke or flames may block your exit. It's important to plan <u>two</u> escape routes from every client's home.

Think about one of your current clients. Picture his or her home in your mind. What <u>two</u> ways could you get out of the house in case of a fire? Would you be able to get the client out by yourself? Write down your "fire escape" plan here:

FIRE SAFETY

In less than 30 seconds, a small flame can race through a home and turn into a major fire. And, it only takes a minute for a home to be filled with thick, black smoke! The good news is that most fires are preventable.

Keeping Smokers Safe

- If your clients smoke, make sure they use large, deep non-tip ashtrays. Empty the ashtrays frequently—and make sure to wet the contents before dumping them into the garbage.
- Don't let anyone smoke in areas where oxygen is in use.
- Never allow clients to smoke in bed. Smoking in bed is the number one cause of fire in seniors' homes.

Eliminate Common Fire Hazards

- If you discover that your client sleeps with a space heater operating, discuss the situation with your supervisor. Space heaters are the number two cause of fire in older people's homes.
- If you notice that the lights in a client's home flicker, smell bad, or make noise, tell your supervisor. The electrical wiring in the house may be at risk for starting a fire.
- Keep things that can catch on fire (paper, curtains, linens, etc.) away from hot devices such as stoves, radiators, or reading lamps.

What to DO if there is a Fire!

- If grease catches on fire, don't put water on it. Water will only make the fire spread! Try to smother the fire using a pot cover or a fire extinguisher.
- Know where fire extinguishers are located in your clients' homes. Using a fire extinguisher is easy if you remember the word, PASS. It stands for:
 - Pull,
 - **A**im,
 - Squeeze and
 - Sweep.
- Always call the fire department *before* trying to put out a fire. Why? If the fire gets worse, you may not be able to get to a telephone.
- If you are in a fire, test doors before opening them. If the door is warm to the touch, don't open it! Look for another exit.
- If you are trapped, help your client into a room with a window and close the door. Stuff clothing or linens under the door to block out the smoke. Next, break a window. Stay close to the bottom of the window since that's where fresh air will come in. Wave a shirt or pillowcase outside so someone can see you.



DISASTER PLANNING

Every workplace is required by law to have an emergency preparedness plan. The emergency plan must cover a variety of emergencies. For healthcare organizations, this plan must teach you:

- 1. How to know when the plan is being put into place.
- 2. Who does what during an emergency.
- 3. How to evacuate your clients' homes, if necessary.
- 4. Where clients can go if their homes are destroyed.
- 5. How to help clients during an emergency.

An emergency or disaster can happen at any time—day or night. Being prepared is your best defense. Here's how you can become prepared:

- Be sure you know which types of natural disasters are common in <u>your</u> area so that you can be ready for them. Examples include floods, fires, terrorism, winter storms, earthquakes, tropical storms, tornadoes, nuclear facility accidents, hazardous materials incidents, and influenza pandemics.
- Hurricanes usually strike slowly. You'll probably have time to prepare yourself and your clients for this disaster.
- Tornadoes usually strike suddenly, with little warning. A tornado *watch* means that a tornado is possible and that you need to stay alert. A tornado *warning* means that a tornado has actually been sighted and that you need to protect yourself and your client immediately.
- Earthquakes can happen without warning, but floods can usually be predicted.
- It's important to know which of your clients have family or friends who will help them in a disaster—or if you are expected to stay with them in their home or in an emergency shelter.
- Your clients should be taught how to get a hold of you (and/or your workplace) during a disaster.
- Clients should also be encouraged to put together two *disaster supply kits* one if they are *confined to home* because of a disaster and one if they are forced to *leave home* during an emergency. For more information about disaster kits, ask your supervisor for a copy of the Emergency Worksheet (that came with this inservice) or visit www.ready.gov.
- If you have a four-wheel drive vehicle, you may be asked to transport co-workers during an emergency.
- Your workplace may have a "telephone tree." A co-worker may call you to report that the disaster plan has been implemented. You might be expected to call the next person on the list.
- You probably learned about the emergency plan for your workplace during orientation. However, it's a good idea to review the plan every year.





In an emergency, your clients may qualify to stay at a "special needs" shelter? Especially, if they need any of the following:

- Electricity to operate medical equipment.
- Medications, injections, or simple dressing changes.
- Regular dialysis treatments.
- Hospice care.

Or, they may qualify if they have:

 Mild dementia—but do not wander or behave in an abusive or combative manner.

Some special needs shelters require that home health care workers stay with their clients.

Pets are usually not allowed at special needs shelters. However, by law, service animals (such as seeing-eye-dogs) must be allowed.





REVIEW WHAT YOU LEARNED!

- 1. Conditions can vary widely from home to home. That's why keeping your clients safe can be a real challenge!
- 2. The most common causes of home accidents are: poisoning, falls, fire, and choking.
- 3. The majority of serious accidents that happen in the home occur in the kitchen and the bathroom.
- 4. In addition to the more common causes of accidents, you also should be prepared to keep yourself and your clients safe while traveling and during natural disasters.
- 5. When you work in a facility, it's the facility's responsibility to make evacuation plans. In the home, it's your responsibility to make and teach the plan to your client.

FINAL TIPS ON HOME CARE SAFETY

Keep in mind, the most common causes of home accidents are: <u>poisoning</u>, <u>falls</u>, <u>fire</u> and <u>choking</u>.

Prevent Accidental Poisoning:

- Never use a food-related container to store cleaning supplies. Cleaning products that are clear can be mistaken for water, and those that are brightly colored can look just like juice.
- If an accidental ingestion occurs, follow these steps:
 - Drink water or milk.
 - Induce vomiting.
 - Call poison control at (800) 222-1222 to find out what to do.

More Tips on Preventing Falls:

- Put some colored tape at eye level on glass doors or picture windows especially for clients who are confused or suffering from dementia. This may keep them from trying to "walk through" the glass.
- Make sure furniture will not move if your client leans on it for support.
- Never run extension cords under carpets or where they may be stepped on. Extension cords should never be plugged together.
- Encourage the family to purchase "automatic" night light that turns on when it gets dark, especially in hallways and stairways.

More on Preventing Fire:

 Make sure your client's home has the recommended number of smoke detectors. The National Fire Protection Association (NFPA) recommends having a smoke alarm on every level of the home (including basements), and in every bedroom and outside each sleeping area.

Prevent Choking:

- Be sure you know how to do the Heimlich Maneuver!
- Check for food pocketing after each bite. This is when a person holds the food between his cheeks and teeth instead of swallowing.
- Make sure clients with swallowing problems remain upright for at least 30 minutes after eating.



EMPLOYEE NAME (Please print):

DATE:

- I understand the information presented in this inservice.
- I have completed this inservice and answered at least eight of the test questions correctly.

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Self Study	1	
	hour	
Group Study	1	
	hour	

Inservice Credit:

File completed test in employee's personnel file.



A Safety Module: Home Care Safety Tips

Are you "In the Know" about home care safety? <u>Circle the best choice or fill in your</u> <u>answer. Then check your answers with your supervisor!</u>

- 1. Which of the following is <u>NOT</u> a Joint Commission National Safety Goal?
 - A. Medicine Safety.

B. Prevent Natural Disasters.

- C. Prevent Infections.
- D. Prevent Falls.
- 2. This room is identified as "the most dangerous room in the house."
 - A. Dark Hallways.

- C. The Bathroom. D. The Bedroom.
- B. The Basement.
- 3. To keep your clients safe in the bathroom, you should:
 - A. Keep the tub clean to avoid slippery soap scum.
 - B. Encourage them to use towel bars for support.
 - C. Use cold water only for baths and showers.
 - D. Ask the family to paint the tub a bright color.

4. If you feel unsafe during a visit to your client, you should:

- A. Call 911.B. Use your pepper spray.
- C. Ask a neighbor to come over.
- D. Leave and call your supervisor.

5. True or False

If a fire breaks out, you should try putting it out first and then call the fire department.

6. True or False

When identifying clients for the first time, you should use two identifiers, such as name and birthdate.

7. True or False

Nurses, not home health aides, are responsible for client safety.

8. True or False

Night lights are for children and should not be used for seniors in the home.

9. True or False

The most common causes of home accidents are: poisoning, falls, fire, and choking.

10. True or False

In homes with pets, you should try to rub and kiss the animal to create a bond.