DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, gender, sexual orientation, religion, political beliefs or disability. You can file a complaint if you think DHS singled you out because of any of these things.

If you have questions or need this document in a different format, please contact the Home Care Commission or your local DHS office.

Si tiene preguntas que hacer o necesita este documento en un formato diferente, por favor, comuníquese con Home Care Commission o su oficina local de DHS.

Если у Вас есть вопросы или Вам нужен этот документ в ином формате, пожалуйста, обратитесь в Комиссию по Уходу на Дому (Home Care Commission) или Ваше местное отделение DHS.
The Home Care Commission is pleased to bring you this Safety Manual. You are receiving it because you are the employer of one or more homecare workers who provide services to you.

There are many ways that accidents and injuries can happen in your home. We want your home to be safe for both you and your homecare worker. This manual offers tips and suggestions for preventing injuries in your home. Please read it carefully and keep it as a reference.

The Safety Manual was developed with the assistance of a number of partners: SEIU Local 503, Saif Corporation, the Department of Human Services, and the Labor Education and Research Center at the University of Oregon. The core information was adapted from a Safety Manual developed by the Washington State Home Care Quality Authority. The Home Care Commission is grateful for their assistance with this project.

It is very important that work be done safely in your home and that you assist your homecare worker in maintaining a safe environment for you and a safe work place for them. We hope this information will help you do that.

Sincerely,

Sharon Miller
Executive Director
Home Care Commission

An Equal Opportunity Employer
The State of Oregon’s Home Care Commission was created by Ballot Measure 99, which was passed by Oregon voters in 2000. The Home Care Commission is charged with providing training opportunities to homecare workers. There are nine commissioners appointed by the Governor, five are consumers of homecare services.

The Home Care Commission’s Training Committee meets monthly to discuss training issues, including safety improvements and solutions. Members of the committee include Home Care Commission members, DHS staff, SEIU 503 members and staff, SAIF Corporation, and the University of Oregon Labor Education and Research Center.

In addition to this Safety Manual, there is also an “Employer’s Guide” that contains useful information about the client-employed provider program. This guide is available from DHS or the agency that supports you in your local area. It is also available online at http://www.oregon.gov/DHS/spd/pubs/#guides.

The Home Care Commission’s Training Committee wants to thank Washington State’s Home Care Quality Authority for their willingness to allow us to adapt their accident and injury prevention curricula for employers of homecare workers.
# Table of contents

## A. INTRODUCTION
- A.1 OVERVIEW
- A.2 SAFETY GUIDELINES
- A.3 AUTHORIZED/UNAUTHORIZED SERVICES

## B. EMERGENCIES
- B.1 EMERGENCY ACTION PLAN

## C. HAZARDS/SAFETY IN THE HOME
- C.1 HAZARD ASSESSMENT
- C.2 HOUSEKEEPING
- C.3 LADDER SAFETY
- C.4 WALKING SURFACES
- C.5 PROPER LIGHTING
- C.6 OXYGEN SAFETY
- C.7 FIRE SAFETY
- C.8 CHEMICAL SAFETY
- C.9 ELECTRICAL SAFETY
- C.10 FIREARMS SAFETY
- C.11 HAZARDS OUTSIDE THE HOME
- C.12 ANIMAL SAFETY
- C.13 DRIVER SAFETY
- C.14 VIOLENT BEHAVIOR

## D. INJURY PREVENTION
- D.1 PREVENTING STRAINS AND SPRAINS
- D.2 RISK FACTORS
- D.3 TRANSFERS
- D.4 DURABLE MEDICAL EQUIPMENT AND ASSISTIVE DEVICES
- D.5 BODY MECHANICS
E. DISEASE PREVENTION ................................................................. 27
  E.1 INFECTIOUS DISEASES ......................................................... 27
  E.2 PROTECTING YOURSELF AND YOUR WORKER FROM DISEASE ................................................................. 29
  E.3 CLEANING AND SANITIZING .................................................. 30
  E.4 UNIVERSAL PRECAUTIONS .................................................... 32
  E.5 OTHER EXPOSURE HAZARDS .................................................. 33
HOMECARE WORKERS “TOOL” KIT ....................................................... 35
EMERGENCY ACTION PLAN FOR HOME CARE ...................................... 37
HAZARD ASSESSMENT CHECKSHEET .................................................. 39
A. Introduction

A.1 Overview

As an employer, it is important for you to balance your personal preferences in the home with the need to provide a safe work environment for the homecare worker. This Safety Manual for Homecare Employers is designed to help you as a homecare employer provide a work environment that is safe and that will help the homecare worker (and you) avoid injury and illness related to home care services. This is a dynamic manual that will be continuously updated to provide real solutions to safety problems in the home. This document, with other related safety information for homecare workers, can be found on the Web site www.ltcworkers.com.

A.2 Safety guidelines

Below is a list of general guidelines to help keep you safe. More information about each of these topics is found throughout this manual.

§ Practice safety at all times.
§ Think safety for both you and your homecare worker.
§ Take the time to do it right.
§ Keep quick access to a phone to call 911.
§ Use gloves when handling chemical, blood, or body fluids/substances.
§ Follow care instructions from your doctor or other health care professional carefully.
§ Use safe lifting techniques.
§ Use ladders instead of chairs.
§ Use gloves and good ventilation when working with household chemicals.
§ Make sure smoke detectors are in place and are working.
§ Use good lighting.
§ Keep firearms and ammunition safe.
§ Don’t use broken equipment.
§ Know your emergency evacuation escape routes.
§ Ask for help if you have a hazard you can’t resolve.
A.2 Authorized/unauthorized services

There are services that case managers can authorize homecare workers to perform for an employer, and there are other services that cannot be authorized. Each employer’s service plan is made specific to their needs, but some services will never be authorized. If your homecare worker becomes injured while performing any unauthorized services, there may be no coverage available through workers’ compensation insurance. It is important that you not ask your homecare worker to perform work that is not authorized. Following are examples of types of services that can be authorized and those that can’t be.

**Authorized services**

**Activities of daily living**

- Dressing — help with dressing and undressing.
- Bathing — includes washing hair, getting in and out of tub/shower.
- Personal hygiene — includes shaving and brushing teeth.
- Grooming — help with brushing or combing hair and nail care.
- Mobility — help with walking and standing, transferring from a chair, bed or wheelchair.
- Bowel and bladder — includes help with getting to and from toilet, incontinence, catheters, commodes, wiping and suppositories.
- Cognition — help with memory, confusion, reassurance and decisions.
- Eating — help with feeding, swallowing, and choke prevention.

**Self-management tasks**

- Transportation — time or assistance during authorized activities.
- Meal preparation — breakfast, lunch, dinner.
- Grocery or pharmacy shopping.
- Housecleaning — includes dishes, laundry, vacuuming, mopping, taking out the garbage, cleaning bathroom.

**Other**

- Twenty-four hour availability hours for employers with live-in providers only.
- Mileage reimbursement (pre-authorized) when related to authorized services.
Unauthorized services

- Home repair, maintenance, roofing, carpeting, painting.
- Shoveling snow, chopping wood.
- Yard work, gardening, carrying/using yard equipment.
- Caring for farm-type animals such as horses, chickens, rabbits, etc.
- Babysitting, feeding, or caring for employer’s children or grandchildren.
- Services that benefit the entire household such as housecleaning or meal preparation for other non-employer family members.
- Sewing, stitching, tailoring, hemming clothing.
- Vehicle (car or van, etc.) maintenance and cleaning.
- Purchasing alcohol or illegal drugs for the employer.
B. Emergencies

B.1 Emergency action plan

The following is a PLAN TO PREPARE FOR EMERGENCIES.

Checking out your home area and preparing for emergencies with your homecare worker can save lives. (See the Emergency Action Plan at the end of this manual.)

1. **Life threatening emergencies.** Whenever a life-threatening emergency occurs, call 911. Give them your telephone number, address, nearest major cross street, and directions to your home. Prepare this information in advance and post it near all of the phones in the house.

2. **Non-life threatening emergencies.** Create a list of phone numbers that you will need to call in the event of a non-life threatening emergency. This includes doctor, hospital, dentist, police/sheriff, poison control, ambulance, adult protective services, child protective services, family members, neighbors, and case manager. Post the list by the telephone.

3. **Home evacuation.** The most important action in a fire emergency is getting safely outside. It is important to conduct regular fire drills with your homecare worker. If you discover a fire, call 911. If you are in a wheelchair or have mobility issues, decide in advance the best procedure for evacuating the building. One suggestion would be to have a low friction device such as a “slip sheet” in a bag attached to your wheelchair so that in a situation where an elevator was unsafe to use, you could be pulled out on the sheet.

4. **Emergency action plan.** Take a few moments to complete the Emergency Action Plan at the back of this manual. Draw a basic layout of your home and identify exits with arrows. Post the completed sketch near the phone — you may need it in an emergency.

5. **Temporary relocation sites.** Try to make arrangements to move to a temporary site in case your home becomes unsafe for re-entry. This could be a friend’s home or local church. Choose a second site in case the first site is not available in an emergency. You and your homecare worker should make plans before an emergency occurs.
6. **Earthquakes.** During an earthquake, keep yourself as safe as possible until the shaking stops. In the event of an earthquake, you should:

§ Stay in the building, take cover under a desk or table and hold on.
§ Stay away from windows, heavy cabinets, bookcases, or glass dividers.
§ When the shaking stops, get out of the building; beware of aftershocks.
§ If you are certified in first aid, then you can give care to others. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury. Call 911 for life-threatening situations.

<table>
<thead>
<tr>
<th>Other tips to keep you safe during an earthquake:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you are outside</strong> — stand away from buildings, trees, telephone and electrical lines.</td>
</tr>
<tr>
<td><strong>If you are on the road</strong> — drive away from underpasses or overpasses. Stop in a safe area. Stay in the vehicle.</td>
</tr>
</tbody>
</table>

7. **Other emergency equipment.** If there is a flood or earthquake, it may be necessary to have a first aid kit, blankets, food, water, radio, flashlight, and other provisions on hand. Identify in your *Emergency Action Plan* where the emergency kit is kept in the home.

**Key points to remember:**

§ Call 911 in a life-threatening emergency.
§ Keep a list of important numbers near the telephone.

**Suggested items to keep in an emergency kit:**

- First aid supplies
- Food
- Water
- Blankets
- Radio
- Flashlight
- Batteries
C. Hazards/safety in the home

C.1 Hazard assessment

What is a hazard assessment? It is a checklist to discover hazards and potential hazards in your home, so that hazards can be removed or reduced. *(See sample checklist at the end of this manual.)*

How do you control hazards? The first and best solution is to eliminate or remove the hazard. For example, you might pick up pet toys to prevent tripping on them. Manual lifting is a hazard. Using a mechanical aid such as a lift device is an example of eliminating a hazard.

The second-best solution is to reduce the hazard. Maybe you cannot get rid of the hazard, but you could look for ways to make it less dangerous. For instance, if you do not remove a sharp-edged table from your home to prevent a bumping hazard, you could cover or pad the sharp edges to “soften” them.

The third solution is to provide “Personal Protective Equipment” (PPE) which is equipment or clothing worn by a person that is designed to prevent injury or illness from a specific hazard. Examples of PPE include safety glasses, gloves, kneepads, waterproof aprons, and protective footwear. This equipment can be purchased at any drug store, medical, or safety supply store.

Remember that your home will also be a workplace for the homecare worker. Check for hazards with your homecare worker and plan for controlling those hazards by eliminating, reducing, and using personal protective equipment. Seek additional help from your case manager if needed.

Examples of common household hazards:

- Electrical — missing outlet covers, extension cords that are worn or missing insulation.
- Sharp objects — syringes, knives, sharp edges, burred edges on bed frames.
- Tripping — oxygen hoses, telephone and extension cords, toys, pets.
- Slipping — ice and snow, spilled liquids.
- Lifting — oxygen tanks, furniture, people.
- Layout of home — path of travel, stairs, location of furniture.
§ Chemicals — cleaning chemicals, medications, oxygen.
§ Fire — smoking, smoke detectors, fire extinguishers, and clutter.

C.2 Housekeeping

Good housekeeping is one of the most important factors in maintaining a safe work area for your homecare worker. Many homecare workers are injured each year because they trip, stumble, or step on objects that are in their way. These accidents are often blamed on carelessness when often these accidents are the direct result of cluttered floor space. When you see something lying around that may be a potential risk for a slip, trip, fall, or injury, ask your homecare worker to put it away or move it to a safer location. Some ideas for reducing the risk include:

§ Floors, landings, and stairs should be kept free of debris.
§ Keep drawers of dressers, desks, and file cabinets closed when not in use.
§ Do not use boxes, chairs, etc., in place of ladders.
§ Keep the floor free of tripping hazards such as telephone cords, electrical extension cords, and paper cartons/boxes.
§ Store material on shelves in a manner to prevent falling; place heavy objects on lower shelves.

Simply speaking — a clean, orderly home is a safe place to live and work. You are less likely to be injured, and you are certainly less likely to cause injury to another.
C.3 Ladder safety

In some cases, you or your homecare worker may need to use a ladder or stepstool to retrieve stored items or change a light bulb. To avoid injury while using a ladder, keep the following safety tips in mind:

§ Inspect the ladder first, and if it is defective or unstable, don’t use it.

§ Never use a metal ladder for electrical work, including changing a light bulb.

§ Set the ladder on a solid, level surface and never place it on a box or unstable surface to increase the height.

§ Never stand on the top step.

§ Keep the ladder away from doorways and walkways where it might be bumped while you are using it.

§ Make sure the stepladder’s locking arms are locked. If using a straight ladder to access a high surface, extend the ladder at least three feet beyond the surface and tie it off, if possible.

§ Always face the ladder as you climb up and down and use both hands. If you need to carry something up the ladder, use your pockets or place it on the ladder platform.

§ Return the ladder to its proper storage place so it is readily available.

C.4 Walking surfaces

Many things cause slips, trips, and falls. The type and condition of the walking surface is something you need to pay close attention to for your own safety and that of others. Things that you and your homecare worker can do to protect yourselves include:

Be observant. Look for sidewalk and entryway defects around the home. Cracks, holes, slippery, uneven surfaces, and other surprises such as toys in the walkway, may greet you.

Remove hazards, if appropriate. If it’s a hazard going in, it will be a hazard coming out. If you clear a path into the residence, you will be helping to prevent an injury to yourself and others.
Wear shoes with good traction. Leather soled shoes on wet or slick surfaces are an accident waiting to happen. Snow, ice, and rain call for rubber soled or other traction shoes to keep you upright and improve your balance.

Be sure to look for slip, trip, and fall hazards inside as you did outside. Look for:

§ Walkway obstructions.
§ Torn and wrinkled carpets, door mats.
§ Rugs with curled-up edges.

Hazards should be removed, fixed or repaired; if you can’t do anything right away, at least make a mental note to watch out for it until it can be removed, fixed or repaired.

C.5 Proper lighting

Sufficient lighting must be available in order for the homecare worker to work safely. If more lighting is needed, you might be able to increase the wattage of a bulb. A portable light may be useful. Make sure flashlights are available in case of a power outage. Night lights should be used so you can move around safely during the night.

C.6 Oxygen safety

If you are using oxygen, there are several things you must be aware of for your safety and the safety of others.

First, remember that oxygen is both a prescribed treatment and a hazardous chemical.

Oxygen is a fire hazard. Oxygen combines with other chemicals to produce fire. Keep all sources of flame away from oxygen.

§ Open flames such as candles and cooking flames should be no closer than five feet.
§ Smokers should stay at least 25’ away and preferably in another room.

The reason for the difference between open flames and cigarettes is that smokers may not be conscious of their cigarette and approach an oxygen source with a lit cigarette.
No petroleum products (like Vaseline) are to be used with oxygen. They tend to absorb oxygen, which can significantly increase the risk of fire.

**Storage of oxygen tanks.** Store oxygen tanks only in well-ventilated areas. Store oxygen cylinders on their side, in a storage rack, or chained to the wall. If a cylinder should fall, the pressure of escaping oxygen could create a projectile or a fire hazard.

All tanks evaporate a certain amount of oxygen into the surrounding air. A closed room will soon become oxygen rich and flammable, so keep the door open and the room ventilated. Breathing oxygen rich air is also a health hazard. Our body is designed to breathe oxygen at concentrations between 19.5 – 23.5 percent. Higher or lower concentrations are not healthy.

**Oxygen concentrators.** For oxygen concentrators, plug them directly into wall outlets. Do not use extension cords or power strips as concentrators are very sensitive to power changes and may shut down as a result. Power strips, if overused, can easily overload a circuit. Extension cords, if too long, can result in voltage drop.

**Tubing** tends to coil and twist, resulting in a tripping hazard. Frequent attention to straightening the tubing and routing it so that tripping hazards are reduced is important.

### C.7 Fire safety

**Fires can occur unexpectedly.** Smoking is the most frequent cause of house fires. If you smoke, are you taking any medicines that might make you drowsy or forgetful while smoking? You may need someone to be present while you smoke if you cannot smoke safely by yourself. Make sure an ashtray is available.

**Are there smoke detectors?** If not, obtain them. If the you are renting, the landlord is required to provide smoke detectors. Many times the local fire department will give out free smoke detectors.

**Do the smoke detectors work?** Test them a couple of times a year. A good time to check them is when daylight savings time begins and ends. Keep extra batteries on hand.

**Check emergency exit options including windows.** Are there steps or stairs? Are there objects in the way? What is the fastest way for you to be evacuated? *(See Emergency Action Plan.)*
Is there a fire extinguisher? Read the instructions and get training on how to use it. Have it serviced annually. The fire extinguisher should be easily located and identified in the Emergency Action Plan.

Make sure the kitchen stove is off when not in use.

Do you have a fireplace? Make sure the damper is open before fires are lit. Fireplace screens are essential and need to be kept in place. Ashes should be removed only when the fire has been out, and the ashes are cool to the touch. After cleaning the fireplace, take the ashes outside. Never store old ashes inside.

Only attempt to put out fires if they are small and you can do so safely. If you choose to put out a small fire, make sure there is an exit behind you. Houses can be replaced, but people can’t. *(See more information on fire safety in the Emergency Action Plan section.)*

C.8 Chemical safety

Some chemicals can be dangerous if you get them on your skin or breathe them. This includes medications and IV therapy! Medications are small powerful chemicals. Some chemicals might be accidentally eaten if you get them on your hands and handle food or utensils.

You and your homecare worker should be handling only those chemicals that you normally use at home. If you use something new, read the instructions. Use it safely. If you see the words “Danger” or “Caution,” be very careful. Use gloves no matter what chemical you may be using.

Generally, if you get chemicals on you, wash or brush off powders, liquids, gels, or pastes and then rinse with lots of water. If you get a chemical in your eye, wash your eye for 15 minutes with warm water. Nothing done later by medics or doctors will be as important as that first washing.
C.9 Electrical safety

The easiest way to reduce the possibility of electrocution is to:

§ Use a Ground Fault Circuit Interrupter (GFCI) *(See next page)*.

§ Make sure extension cords are not frayed.

§ Make sure equipment is grounded.

§ Mount and secure electrical receptacles.

§ Cover panel boxes.

§ Do not use extension cords to suspend lighting.

§ Do not use extension cords as permanent wiring.

§ Never use electric devices (heater, blow dryer, etc.) near a tub with water in it.

§ Be very careful with heating pads; they can seriously burn you. Never leave a heating pad under you when you might fall asleep.

If you are renting, it is the landlord’s responsibility to install safe wiring. If you own your home, explore options for funding necessary repairs with the case manager.
C.10 Firearms safety

If you have firearms in the home, you must consider your safety and the safety of others. Put the gun away in a secure location. Consider using an inexpensive trigger lock, which will keep the gun from firing unless it is removed. Some medications might impact judgment; consider this when you make decisions about firearms in your home.

C.11 Hazards outside the home

Not all potential hazards to your safety are inside your residence. Be alert to outside hazards.

Slip, trip, and fall hazards can be anywhere, and you should be watching for them. Hazards include outside stairs or steps in poor condition or cluttered; ice, snow or moisture on sidewalks or entry ways; uneven or broken concrete walkways; and toys or other objects in your path of travel.

Weather is also unpredictable. If you are going to be outside, be sure to check the forecast ahead of time. Always carry foul weather clothing and an umbrella in your car.

Sunburn is easily prevented by applying sunscreen with a protection factor of 30° or higher. And don’t forget your sunglasses and a hat.

C.12 Animal safety

As part of your assessment for hazards inside and outside the home, consider household pets and other animals. Sources of injury from animals, especially pets, may include bites, tripping, and allergic reactions.

Bites. Unless it is absolutely necessary, or they already know the animal well, the homecare worker should avoid contact with your pets. An animal bite is painful and can cause a bad infection.
Cats often let you know when they have had enough attention by biting or scratching. Dogs may appear friendly but can also be very protective of their territory and owners. If aggressive action occurs, your dog or cat should be secured in a safe place prior to visits from your homecare worker.

How to avoid a dog bite:

§ Never approach an unfamiliar dog.
§ Never run from a dog and scream.
§ Stay still when an unfamiliar dog comes up to you (“be still like a tree”).
§ If knocked over by a dog, lie still (“be like a log”).
§ Do not look a dog in the eye.
§ Do not disturb a dog that is sleeping, eating, or caring for puppies.
§ Do not pet a dog without letting it see and sniff you first.
§ Never allow children to play with a dog unless supervised by an adult.

Tripping. Dogs and cats can present a tripping hazard. Be aware of the location of animals and, if necessary, remove them from the room for certain activities that may expose you or your homecare worker.

Allergic reactions. You probably know if you have allergies to animals. Use allergy medication according to the instructions, as it can make you sleepy.

Exotic pets. Some pets may present a hazard; find out what precautions need to be taken to ensure your safety and that of others.

Other animals. Farm animals (cows, pigs, horses, chickens) should be secured prior to your homecare worker’s arrival. Any animal can become aggressive if it feels its territory is being infringed upon. Make sure they are controlled by a fence or are stabled.
C.13 Driver safety

The purpose of this section is to help you and your homecare worker drive safely. If you aren’t doing the following, you need to change your habits now.

Wear your seat belt. It’s the law in Oregon for a very good reason. Drivers thrown from vehicles are 25 times more likely to die in an accident.

Check your tires for wear and tear. Faulty or under-inflated tires cause many preventable accidents. Proper selection of tires is important. Be prepared for snow and ice with good traction tires.

Follow the recommended vehicle maintenance schedule. Make sure your engine, brakes, steering, shocks, lights, horn, and windshield wipers are working properly.

Slow down. Thirty percent of all fatal accidents involve excessive speed.

Reduce distractions. Pull over to make calls or answer cell phones. You need to concentrate on your driving. Phone conversations, radios, and snacking can distract and contribute to accidents.

Use extreme caution at intersections. Since some drivers think stopping at red lights and stop signs is optional, you need to be careful at intersections.

Don’t drive while drowsy. Get plenty of sleep. Pull over and take a short nap if necessary. Remember, caffeine is only a temporary solution, and eventually your body needs the sleep.

Don’t drive while under the influence of alcohol or other drugs. Forty percent of all fatal accidents involve alcohol.

The number one cause for workplace fatalities in the United States is motor vehicle accidents.

Driving is the single most dangerous activity people engage in on a daily basis.

One American dies every 11 minutes in a motor vehicle accident.

Never leave a person or a pet in a vehicle on warm, sunny days.
C.14 Violent behavior

Violence can occur in the homecare environment. You need to be sensitive to the potential for violent behavior and how to handle such an event. Characteristics of violent behavior are:

- Verbal attacks on you or others.
- Threats of physical attack against you or others.
- Actual physical attacks.

Violent behavior causes are wide-ranging and include the following:

- Depression.
- Paranoia.
- Medications.
- Confusion/delirium.
- Agitation.

Be aware of other people in the home and those that come in and go out.

If violent behavior occurs or you see indicators, do the following:

- Remain calm.
- Talk calmly, listen to the person, and keep a safe distance.
- If you feel immediately threatened or are attacked, leave the premises and seek help by calling 911.
- Alert the case manager.

Notify the case manager if your homecare worker is intoxicated, abusive or makes sexual comments your presence.
Personal safety outside the home:

§ Carry a noise-making device such as a whistle.

§ Carry a cell phone.

§ Keep your car in good repair; know whom to call if your car breaks down.

§ Always lock your car.

§ Don’t leave personal items visible in the car.

§ Always carry your keys in your hand when you are going to your car.

§ Have an extra set of keys.

§ Choose a parking spot that is in the open and near a light if you are there when it is dark.

§ Check the outside, the front, and back seat of your car before getting in.
D. Injury prevention

D.1 Preventing strains and sprains

The goal of this section is to prevent injury to the homecare worker and to help you identify job tasks that could cause an injury that affects muscles, tendons, ligaments — strains and sprains. These are also called “musculoskeletal injuries.” Strains and sprains occur in all kinds of work-related activities:

§ Bending to make a bed or feed a person.
§ Collecting waste.
§ Pushing heavy items or equipment.
§ Removing laundry from washing machines and dryers.
§ Lifting, carrying supplies and equipment.
§ Bending and manually cranking an adjustable bed.

These tasks may not present problems in all circumstances, but consider the duration (how long) and frequency (how often) of the tasks. The more homecare workers are exposed to the risk factors (repetitiveness, awkward postures, force and heavy lifting), the more likely they are to be injured.

There are two main kinds of musculoskeletal injuries that can occur — acute injuries, which happen immediately, and chronic or cumulative injuries, which happen over time.

Acute injuries might include:

§ Back pain from lifting an employer.
§ Shoulder pain after trying to stop an employer from falling.

Chronic injuries might include:

§ Back pain from lifting a client daily for several months/years.
§ Wrists and hands hurt from wringing out washcloths several times a day for several months/years.

Your homecare worker should Report the first signs of pain and symptoms of injuries to the Workers’ Compensation Claims Administrator at 1-888-365-0001 or SAIF Corporation 1-800-285-8525. The homecare worker should tell the representative that they are a homecare worker.
D.2. Risk factors

“Risk factors” for strains and sprains are job tasks and body movements that can lead to injury. We will look at the parts of a homecare worker’s job that can cause pain and injury (risk factors) and discuss solutions such as equipment, good body mechanics and work organization.

Finding the risk factors in your homecare worker’s job is the first step toward preventing back injuries. The more risk factors or things to watch out for, the more likely it is that the worker will get injured. To have fewer injuries on the job, the number of risky movements must be reduced.

Examples of risk factors for strains and sprains:

- **High repetition** — when a job requires repeated activity with the same set of muscles. Performing the same motion over and over.

- **Excessive force** — when a worker has to continually use a lot of force, whether lifting, pushing, or pulling. For example:
  - Moving heavy objects like furniture.
  - Lifting a wheelchair into the car.
  - Lifting an employer out of bed.
  - Moving an employer from the chair to the bed or bath.

- **Awkward posture** — when a job requires a worker to hold an uncomfortable position over and over or for long periods of time. Some examples include bending, twisting, stooping, reaching, gripping, working overhead, holding fixed positions, changing a bed while the employer is in it, or holding an employer in the shower.

- **Static loading** — when a worker is required to stay in one position for long periods of time such as standing all day or sitting all day.

- **Direct pressure** — when a worker’s body constantly presses against a hard or sharp surface. Sensitive areas to pressure are the sides of fingers, palms, wrists, forearms, elbows, and knees. For example, leaning over the edge of a table or leaning into a bar.
Extreme temperature — when a worker has to work in very cold or very hot temperatures.

Poor work organization — when there is not enough time for the body to recover from demanding, hard work. Some examples include fast pace of work, long hours, lack of breaks, limited variety of work tasks, or lots of time pressure or stressful situations.

Reducing or eliminating risk factors can lessen the likelihood of injuries.

D.3 Transfers

There is no “safe” way to manually lift a person, but there are techniques and assistive devices that lesson the risk. (See the next section — Durable Medical Equipment and Assistive Devices). You should ask your physician for suggestions about the best way for you to be transferred. The physician may be able to write a prescription for assistive devices that might be helpful for transferring you safely without putting as much strain on the homecare worker. Some assistive devices can be authorized through your medical coverage. The physician may also be able to authorize a physical therapist or occupational therapist to help show the homecare worker the best way to provide transfer assistance.

Homecare workers work alone most of the time, but don’t let them attempt to lift more than they can handle. Talk to the case manager! Some employers require more than one person for assistance with heavier tasks like bathing and transferring. The case manager may be able to help identify a second person to assist with these tasks. The case manager may also be able to authorize a contract RN to go to the client’s home and provide teaching and consultation on transferring the client.

D.4 Durable medical equipment and assistive devices

Durable medical equipment can help you avoid injury on the job and also make getting around easier for your client. Some of this equipment has been developed for the home to be more portable and to fit in the bedroom. Some examples include:

§ Lifting equipment — to help people get in and out of bed, or in and out of the bathtub, or to walk with the aid of a lift.
§ Shower chairs can be used to wheel an employer over the toilet and into certain kinds of showers.
§ Wheelchairs with removable armrests and footrests to make it easier to transfer the employer.
§ Transfer benches — to transfer in and out of the bath more easily.
Transfer bench for the bathroom.

Slider board. Designed to help transfer a seated employer.

Roller sheets. Used to reposition an employer in bed.

Post. To help employer pull himself or herself up.

Total lift device. To lift and move employers.
Raised toilet seat.

Gait belt. Used to give the homecare worker a place to hold on to in order to steady an employer during transfers or walking.

One-way slide. Designed to move one way only. Keeps the client from sliding down in the wheelchair or bed.

Who can get this type of durable medical equipment?

Employers with Medicare, Medicaid, Veteran’s Administration benefits, or private insurance, may be able get at least some types of equipment they need, either by renting it or buying it. The process for each kind of insurance or medical benefit is different. Remember, the ability to obtain the equipment through medical insurance will be dependent on the client’s needs for the equipment.

Whatever benefits or insurance you have, the need for the equipment has to be well documented. You will need both a prescription from your doctor and supporting documents that say you need the equipment. The social worker, the doctor, or a physical therapist can prepare the supporting documents. (You should keep a copy of everything.)
If you are concerned about your safety and the need for durable medical equipment, talk to the case manager. There might be home modification options available through Medicaid or perhaps the contract nurse may have suggestions.

D.5 Body mechanics

Using the proper body mechanics can help protect your body in every household task, from cooking to cleaning to laundry.

Tips for good body mechanics

- **Neutral posture.** Neutral spine posture is a key element of body mechanics. Why? The spine has three (3) curves to make it strong. It is important to KEEP THESE CURVES when moving, bending, and lifting. Loss of curves means the back is less stable and more prone to injury.

- **Wide base of support.** Stand with your feet 8-12” (shoulder width) apart with one foot a half step ahead of the other. You will then be able to move the client or object by using a weight shift rather than a dead lift.

- **Bend knees.** Bending your knees rather than your back makes your legs do the work instead of your back.

- **Keep your back straight.** Keeping your back straight or maintaining its natural curve minimizes the risk of injury. Muscles that support your back work optimally in this position.

- **Bring weight close to your body.** A heavy object that is held close to your body is easier to carry. There is less load on your back and less stress on your back muscles.

- **Lift with your legs.** The muscles of your legs are stronger than your back and should be used for lifting.

- **Adjust the height of the bed when possible.** If the client is in a hospital bed, raise the bed to the best height so that stress on your back is minimized when assisting with transfers, dressing, toileting, positioning, or range of motion exercises.
To turn, move your feet. If you turn without moving your feet, you are twisting your back. This causes wear and tear on your discs, which can raise the risk of injury.

Use one leg as a counter balance when picking up something off of the floor.

Keep your “nose between your toes.” Face your work; don’t twist, move your feet instead.
E. Disease prevention

E.1 Infectious diseases

An “infectious” disease is one that can be passed on to someone else. This includes diseases like the Hepatitis A, B, and C Virus (HBV, HVC) and the Human Immunodeficiency Virus (HIV), which causes AIDS and can lead to Tuberculosis (TB). These diseases can be serious, but attention to simple safety precautions will help protect you and your worker from disease.

**Tuberculosis** is an airborne disease caused by Mycobacterium tuberculosis. Although the bacteria primarily affects the lungs, TB can attack any part of the body, including the brain and internal organs. Coughing is usually associated with TB, but may not be present at the beginning. If you have symptoms of chronic or productive cough, fatigue, and/or weight loss, you should seek medical attention.

TB is spread person-to-person through the air. When an infected person not taking tuberculosis medication coughs or sneezes, bacteria is released into the air. These droplets are then inhaled into the lungs of another individual. Prolonged exposure is normally necessary for infection to occur.

**Blood-borne diseases**

Blood-borne pathogens are very small organisms that can cause disease when they get in your blood or other body fluids. Although your risk of exposure to blood-borne pathogens in the home might be small, it still exists. The information provided here will equip you and your homecare worker with the most current, effective methods for protecting yourself from blood-borne pathogens.

**HBV and HVC.** Hepatitis B Virus (HBV) is a virus that causes liver disease. HBV may severely damage the liver leading to cirrhosis, liver cancer, and in some cases, death. Symptoms can be treated, but in most cases, Hepatitis B cannot be completely cured.
About 95 percent of adults fully recover from the symptoms of HBV, but five percent become chronically ill. If you become infected with HBV:

§ You may feel like you have the flu.
§ You might be so sick that you have to be hospitalized.
§ Your blood, saliva, and other body fluids are infectious.

Safe, effective Hepatitis B vaccines are available. You can be vaccinated (series of three shots over a period of time) prior to/or immediately after exposure to help prevent HBV infection.

Hepatitis C (HCV) is now the most common blood-borne infection in the United States. The most common way HCV is spread is by the sharing of needles.

HIV. Today almost everyone has heard of AIDS, or Acquired Immune Deficiency Syndrome. It is caused by HIV, or Human Immunodeficiency Virus, which attacks the body’s immune system and causes the infected person to develop unusual infections. They become unable to fight infections and other diseases. Not all people infected with HIV will get AIDS. However, while AIDS can’t be cured, it can be managed with medications, diet, and exercise.

Who has HIV and HBV? All kinds of people have HBV and HIV. You can’t tell who is infected just by their appearance. They can be old or young, male or female, married or single. They can be from an inner city or a small town.

To make things worse, many people may not even know they are infected. People can carry either disease for many years while looking and feeling healthy. Their blood and body fluids may be highly contagious, so they can unknowingly spread the diseases to others.

How are blood-borne diseases spread? HIV and HCV are spread through exposure to certain body fluids. They can be spread by:

§ Unprotected sex with an infected person.
§ Needle sticks.
§ An infected mother who breast feeds.
§ An infected mother passing HIV to her baby before or during birth.
§ Tattoos or body piercing.
High-risk behaviors and situations for blood-borne diseases. There are “risky behaviors” that may expose a person to blood-borne pathogens, including:

- unprotected sexual contact with an infected person.
- contact with infected blood.
- sharing injection equipment, needles, and syringes.

Situations that can lead to exposure to blood-borne pathogens include:

- handling needles or other sharp items that are contaminated.
- helping a person who is bleeding.
- changing linens that are contaminated by blood or other body fluids.
- cleaning up blood, vomit, urine, or feces.
- changing a dressing or bandage with blood that has oozed from a wound.

E.2 Protecting yourself and your homecare worker from disease

Protecting yourself and your worker from infectious diseases in the home requires knowing the facts, practicing good hygiene, and taking a few sensible precautions. These are measures that you can control. They are vitally important, so take them seriously.

Hand washing is one of the best defenses against spreading infection, including HBV and HIV. Always wash your hands with non-abrasive soap and water after removing gloves AND before putting new gloves on. Homecare workers should wash their hands several times a day and may use many pairs of gloves.
How to wash your hands:

1. Turn on warm water. Keep water running while washing your hands.
2. Rub palms together to make lather. Scrub between fingers and entire surface of hands and wrists. Scrub hands for 10 to 15 seconds.
3. Rinse hands thoroughly. Point fingers down so water does not run up your wrists.
4. Dry hands with a clean towel; use a clean paper towel to turn off faucet. Use hand lotion if available to prevent chapping.

E.3 Cleaning and sanitizing

To sanitize means to reduce the bacterial count to safe levels. The next level up is to disinfect which means to destroy harmful germs. Depending on the situation, your homecare worker might need to either sanitize or disinfect, using a chemical like bleach or alcohol.

There are three levels of cleaning with bleach:

Level 1: Sanitize — for general household cleaning.

For 1-quart water, add 1-teaspoon bleach.
For 1-gallon water, add 1-1/2 tablespoons bleach.
For 2-1/2 - 3 gallons water, add 1/4 cup bleach.

Surfaces should be wiped down with solution using a clean cloth or sponge. Surfaces should be air-dried for best results but may be dried with paper towels.

Level 2: Disinfect — for cleaning in an environment where someone has an infection.

For 1-quart water, add 1-tablespoon bleach.
For 1-gallon water, add 1/4-cup bleach.

Surfaces should be wiped down with a clean cloth or sponge, leaving the surface wet. Surface should remain wet for at least 10 minutes and should be allowed to air-dry.
Level 3: Cleaning up blood and body fluids.

For 1-quart water, add 1/2-cup bleach. For 1-gallon water, add 2 cups bleach. For larger quantities, use 9-parts water and 1-part bleach.

Surfaces should be wiped down with a clean cloth or sponge, leaving the face wet. Surface should remain wet for 30 minutes and should be allowed to air-dry.

When using bleach be very careful. While bleach is an excellent disinfectant, it is also a strong chemical that can irritate your eyes, throat, and burn your skin. Gloves should be worn at all times, and goggles are a good idea to prevent it from splashing in your eyes. Good ventilation is necessary; do not use concentrated mixtures in a space with no windows.

Never mix chlorine bleach with any other household or cleaning products. Doing so can result in different types of harmful acids being formed. Poisonous gasses can also be released that will cause very serious breathing problems.

Surfaces must be clean before application of bleach solution. Always clean dirty surfaces with soap and water and rinse with clean water before applying a bleach solution.

Bleach solutions lose effectiveness over time. Fresh solutions should be mixed each day prior to use. For disinfecting purposes, fresh bleach should not be purchased if the container is older than three months because the active ingredient (hypochlorite) will dissipate through the plastic container. You can contact customer service at Clorox for more information about bleach (1-800-292-2808 or www.clorox.com).

Bleach and “Ultra-Bleach.” Always check out the percentage of hypochlorite on the bottle label. Generally, liquid bleach in the bottle is a 5.25% sodium hypochlorite solution. That means 5.25% of the liquid is the chemical sodium hypochlorite, and the rest is mostly water. If the percentage is higher (such as in “Ultra Bleach”), use more water.
E.4 Universal precautions

The risk of transmission in a homecare setting is greatly reduced if universal precautions are followed each and every time.

Normally the skin acts as a protective barrier to keep viruses out. But even tiny breaks or cracks in the skin from common conditions like dermatitis, hangnails, acne, and chapping and broken cuticles can be doorways for the HIV or HBV viruses to enter the body.

Always make sure your homecare worker used gloves or some other barrier to protect themselves when handling body fluids or blood. They should check gloves before putting them on, and never wear gloves that are damaged or ripped.

Universal precautions means treating all blood or body fluids as potentially infectious. You can’t afford to take any chances, since it takes just one exposure to become infected with certain blood-borne diseases. Specific precautions include:

$ Use gloves, a gown, and a mask if fluids are airborne (remember, HIV is not airborne, but TB is airborne).

$ If you don’t have gloves, you can use anything that will come between you and the body fluid — a plastic bag, for example.

ALWAYS REPORT ANY UNPROTECTED CONTACT INCIDENT TO THE CASE MANAGER.

Personal Protective Equipment (PPE) should be worn whenever your homecare worker cleans up blood or body fluids. This equipment can be purchased at any drug store, medical, or safety supply store. In some cases, Medicaid will pay for some of these supplies. The union contract has more information on what supplies the state will purchase.

Whenever your homecare worker cleans up blood or body fluids, they should:

$ Wear non-latex disposable gloves to protect their hands and avoid tearing the gloves on equipment.

$ Make sure that blood and body fluids will not get on their work clothes.

$ Use disposable towels to soak up most of the blood.

$ Turn gloves inside out when removing them.
§ Put all contaminated towels and waste in a sealed, color-coded or labeled, leak-proof container.

§ Clean up with an appropriate disinfecting solution (ten parts water to one part bleach). After cleaning, promptly disinfect mops and any other cleaning equipment.

E.5 Other exposure hazards

Sometimes there are hazards that are less obvious while performing routine cleaning or maintenance tasks. These hazards are just as dangerous as an accident situation. Blood, even if you can’t see it, can be almost anywhere that someone has to clean such as toilets, sinks, or trash cans. The homecare worker should wear gloves and protective equipment if they must clean surfaces soiled with body fluids or excretions.

**Laundry handling** can also be risky. It may conceal contaminated items such as bloody rags and clothing or contaminated sharps. To protect yourself and your worker when handling laundry, always carry it by the top; never place a hand underneath to support it; and wear gloves.

**Sharps.** Oregon law prohibits syringe/needles and lancets (sharps) from being disposed and collected with regular garbage. There is a $600 fine if you are caught disposing of sharps improperly. Some pharmacies and medical supply stores provide containers and disposal for a fee. Also, the local garbage company usually provides a safety approved sharps container for this type of medical waste disposal for a small fee. Contact your local garbage company for details.

**Common sense rules.** Be sure to wash your hands and remove any protective clothing that might have been contaminated before:

§ Eating. § Applying cosmetics or lip balm.

§ Drinking. § Handling contact lenses.

§ Smoking.

---

**What to do if you come into contact with bodily fluids:**

If you get blood or other potentially infectious materials on your skin, immediately wash with non-abrasive soap and water.

If the mucous membranes of your eyes, nose, and mouth are exposed, immediately flush with running water at a sink or eyewash fountain.

---

**Keep your hands away from your face, especially your nose, mouth, and eyes while cleaning.**
**Homemakers Workers “Tool” Kit**

- **Cleaning gloves** — thicker, multiple-use type.
- **Disposable gloves** — avoid latex if you or your worker has allergies.
- **Face mask** — wear to protect client from airborne illnesses.
- **Plastic garbage bags** — use when disposing of used bandages, gloves, tissues, etc.; can also be used as a smock if you don’t have an apron.
- **Bleach** — use to kill HIV and other germs. For body fluid spills, use 1-part bleach, 9-parts water. Don’t pre-mix with water more than 24 hours in advance. Bleach is a strong chemical! You need to store the bleach bottle upright with a tight cap. Don’t mix with ammonia or other cleaners; use only strength needed; have good ventilation when using; and rinse the bottle well before recycling.
- **Paper towels** — use to dry hands, clean up spills.
- **Soap** — to wash hands; you don’t need antibacterial.
- **Alcohol hand wipes or gel** — for situations where you don’t have access to a sink.
- **Laundry detergent** — for washing sheets and clothes.
- **Sharps disposal container** — use for sharps to prevent accidental injury; have client handle sharp if possible.
- **Waterproof apron** — wear when there is a danger of body fluids splashing.
- **Goggles** — wear when there is a danger of anything splashing.
- **A change of clothes** — in case you get contaminated. Put contaminated clothes in bag, tightly closed. Wash clothes at the client’s house or when you get home. After washing, run 1/2 cup of bleach in an empty washer cycle before washing anything else.

*Source: Cascade AIDS Project Manual for In-Home Care Givers*
EMERGENCY ACTION PLAN FOR HOME CARE

(Employer and employee should develop this plan and post next to phone)

Employer name: ____________________________ Date: ______________________

1. EMERGENCIES — LIFE THREATENING — CALL 9-1-1
Tell them the number you are calling from.

Home address:  ________________________________________________________
Major crossroad:  _______________________________________________________
Home direction from crossroad:  ___________________________________________

2. EMERGENCIES — NON-LIFE THREATENING: List the following local numbers.

Fire/Paramedics: _________________ Physician: ____________________________
Hospital: ________________________ Ambulance: ___________________________
Police/Sheriff: ___________________ Poison control: _________________________
Other: ________________________________________________________________

3. HOME EVACUATION — Make a sketch of the home in this space and show where exits are. Draw arrows to show escape routes. In the event of a fire, get you and your employer out.

4. TEMPORARY RELOCATION SITES — List alternative places to go when the home is unsafe.

Name: ____________________________________ Phone: ____________________
Address:  _____________________________________________________________
Name: ____________________________________ Phone: ____________________
Address:  _____________________________________________________________

5. SAFETY EQUIPMENT — The fire department may help you with installation information.

Fire extinguishers: ___________________________ Smoke alarms: ______________

6. OTHER EMERGENCY EQUIPMENT — Identify location of first aid kit, blankets, food and water, flashlights, radio and other emergency equipment.

Location: __________________
HAZARD ASSESSMENT CHECKSHEET

(Conduct this safety hazard assessment with your client.)

- Emergency Action Plan in place.
- Adequate disposal gloves, first aid kit, masks, and bleach.
- Outside walkways are well lit, cleared of debris/material.
- Inside floors are cleared of furniture, debris.
- Stairs have handrails and are well lit.
- Rug edges are non-frayed and tacked down.
- Throw rugs are removed or non-skid mat in place.
- No exposed electrical wires.
- Extension cords are not frayed and do not pose a tripping hazard.
- Used needles are placed in sharps container.
- Sharp objects are padded (bed frames, etc.).
- Oxygen hoses are out of walkway.
- Medical equipment properly stored.
- No smoking or open flames with oxygen use.
- Liquids such as water, ice, snow, and grease are cleaned up immediately.
- Materials are stored at proper height and safely.
- Proper lighting.
- Home is free of bugs, mice, etc., and animal waste.
- Animals are controlled.
- Medications and chemicals are labeled and stored correctly.
- Fire extinguishers are readily available and serviced.
- Smoke alarms are in working condition.
- Lifting and moving objects are kept to a minimum.