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Evaluating Risk and Promoting Safety in the Home Care Environment

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Objectives

- Identify individuals at risk for hazards in the home care environment
- Discuss the types of hazards which place healthcare workers at risk in the home care environment
- Describe assessment data for types of hazards in the home care environment

Objectives

- Discuss tips for promoting safety in the home care environment

Who's at risk for exposure to hazards in the home care setting?

Hazard(s)

- An agent which has the potential to cause harm to a vulnerable individual
- Can be a variety of different things
 - biological or infectious
 - chemical
 - environmental or mechanical
 - physical or psychological

Who is at Risk?

- CNAs (certified nursing assistants)
 - provide services for the patients such as assistance with:
 - activities of daily living
 - bed baths
 - brushing teeth
 - washing hair
 - eating

Who is at Risk?

- Nurses
 - would come in and perform an assessment or assess the need for pain management
 - administer medications
 - determine the need for any other services

Who is at Risk?

- Physical therapists

- may make home visits to assist with:
 - ambulation or any other activity
 - performing range of motion exercises or anything to keep the patient active

Who is at Risk?

- Wound care

- if patient has gone home with a surgical wound or any other kind of wound that is difficult for the patient to care for themselves, the nurse may state that wound care is needed in the home; wound care may come out to change the dressing if the patient is unable to do so

Who is at Risk?

- Chaplain

- may provide spiritual care for the patient and family
- may stop in as often as needed to say a prayer with the patient and/or family

Who is at Risk?

- Respiratory therapists

- assess respiratory status
- provide breathing treatments to the patient as needed

Who is at Risk?

- The patient/family
 - also at risk for exposure to hazards
 - chemical or biological (molds, bacteria, insects)
 - environmental or mechanical (rugs, poor lighting)

Biological or Infectious Hazards

Sources of Biological Hazards

- Bacteria
- Viruses
- Insects
- Plants
- Birds
- Animals
- Humans

Sources of Biological Hazards

- Anthrax
- MRSA (methicillin-resistant *Staphylococcus aureus*)
- Avian flu
- Influenza
- Bed bugs
- C diff (*Clostridioides difficile*)

Sources of Biological Hazards

- Common cold
- HIV/Aids
- Hepatitis A, B, C
- Histoplasmosis
- Black mold (can cause you to have respiratory illness)

Sources of Biological Hazards

- Linear disease
- Lyme disease
- Needle stick injuries

Infectious Diseases/Bloodborne Pathogens

- COVID-19
- Rabies
- Toxoplasmosis
- Tuberculosis
- Zika virus

Chemical

- Antineoplastic drugs (types of chemotherapy)
 - teach the patient or family to flush twice after the patient uses the restroom while on chemotherapy

Chemical

- Antineoplastic drugs (types of chemotherapy)
 - teach the patient or family to flush twice after the patient uses the restroom while on chemotherapy
- Disinfectants/cleaners
- Bleach
- Aerosolized medications
- Antifreeze (ethylene glycol)

Chemical

- Motor oil
- Latex paint
- Oil-based paint
- Batteries (especially those that contain sulfuric acid)
- Windshield washer fluid
- Laundry detergents

Chemical

- All-purpose cleaners
- Pet, flea, and tick treatments
- Insecticides/pesticides
- Antibacterial cleaner
- Window and glass cleaner
- Toilet bowl cleaner

Chemical

- Mold and mildew removers
- Drain cleaners
- Furniture polish
- Air fresheners
- Moth balls
- Chlorine tablets for the swimming pool

Chemical

- Algaecides for the swimming pool
- Insect repellent
- Weed killer
- Baits for rodent control

Environmental/Mechanical

- Tobacco use
 - long-term exposure to second-hand smoke can increase your risk for:
 - lung cancer
 - respiratory disease and infection
 - heart attack
 - other diseases

Environmental/Mechanical

- Rugs
- Poor lighting
- Broken stairs
- Bad weather
- Poor ventilation
- Slick floors

Environmental/Mechanical

- Cluttered workspace/hallways
- Unsafe neighborhood
- Radon
- Asbestos

Environmental/Mechanical

- Asbestos

- commonly used as insulating material in homes built from 1920-1978
- exposure to small amounts unlikely to cause problems
- breathing high levels can increase risk for cancer and lung disease

Environmental/Mechanical

- Lead

- children are especially susceptible to lead poisoning if you lived in a home built prior to 1978
- test for lead paint and only allow licensed and trained professionals to remediate lead in your home

Environmental/Mechanical

- Combustion gasses (carbon monoxide, nitrogen oxide, sulfur dioxide)
 - can cause:
 - flu-like symptoms
 - respiratory illness or death
 - do not use unvented combustion appliances indoors
 - use an exhaust hood under a gas stove

Environmental/Mechanical

- Combustion gasses (carbon monoxide, nitrogen oxide, sulfur dioxide)
 - clean and maintain your chimneys and furnace annually
 - poor ventilation

Environmental/Mechanical

- Tap water
 - ⊙ make sure the tap water is clean
 - ⊙ if you use a well, test well water annually
 - ⊙ to minimize possible lead exposure in older plumbing systems, let the water run until it's cold before drinking or cooking with it

Environmental/Mechanical

- Allergens
 - ⊙ fix leaks or moisture issues
 - ⊙ brush pets outside
 - ⊙ wrap mattresses and pillows in allergy-proof covers

Environmental/Mechanical

- Food poisoning
 - keep the refrigerator temperature below 40° F
 - wash cutting board with soap and hot water after each use
 - do not allow raw meat, poultry, or fish to come into contact with other food
 - be aware that some fish contain chemicals or infectious agents

Physical

- Physical abuse
- Extreme heat/cold
- Noise
- Repeated lifting
- Obese patients

Physical

- Immobile patients/high-acuity patients
 - ⊙ stroke
 - ⊙ partial paralysis
- No help/poor staffing

Psychosocial

- Alcohol/drug abuse by patient or family member
 - ⊙ verbal abuse
 - ⊙ physical abuse
- Incivility

Psychosocial

- Poor staffing
 - ⊙ long hours
 - ⊙ increased responsibility
 - chart more
 - make more visits
 - poor lighting
 - rugs that are detached
 - clutter everywhere
- safety issues
- environmental issues
- chemical issues

Psychosocial

- Poor staffing
 - ⊙ can lead to burnout

Assessment

- Biological/infectious
 - influenza
 - chicken pox
 - HIV/AIDS
 - COVID-19
 - hepatitis
 - MRSA

Assessment

- Biological/infectious
 - potential for needle stick and sharp injuries
 - rabies
 - Zika virus
 - indoor air quality
 - molds
 - fungus

Assessment

- Chemical
- Environmental or mechanical
 - rugs
 - ventilation
 - floors (slick or slippery, at risk for falling)
 - cluttered hallways or rooms
 - patient or family member smoker
 - lights out in the home (dim lighting)

Assessment

- Physical
 - extreme heat or cold
 - loud noise
 - patient placing the healthcare worker at risk for physical injury
 - obese
 - immobile
 - muscle atrophy

Assessment

- Psychosocial

- if patient or family member is abusing drugs or alcohol (can make them verbally or physically abusive toward healthcare worker)
- instability among colleagues
- poor staffing (can lead to burnout)

Tips for Promoting Safety in the Home Care Environment

- Assess risk factors

- tripping hazards
- safety issues
- infestation of bugs or mice
- mold
- spoiled food

Tips for Promoting Safety in the Home Care Environment

- heavy smokers in the home
- signs of abuse
 - verbal
 - physical

Tips for Promoting Safety in the Home Care Environment

- Determine protocol/plan
- Keep your guard up (be aware of your surroundings)
- Report safety issues/violence

Tips for Promoting Safety in the Home Care Environment

- Report safety issues/violence
 - infestation of roaches and/or mice
 - contact:
 - Area Agency on Aging
 - Catholic Charities

Tips for Promoting Safety in the Home Care Environment

- Be sure someone knows where you are going and expected timeframe
- Know location of police department
- Carry a flashlight
- Obtain an emergency contact list (family members, doctors, poison control)

Employee Main Menu >

Emergency Contacts for DOE, JOHN

Emergency Contacts

Call Order	Last Name	First Name	Relation	Phone 1	Phone 2	Last Updated	Delete
—	DOE	JOHN	Self			08/17/2016 12:00 PM EDT	—
<input type="text" value="1"/>	DOE	JANE	Spouse	555-555-5555 (Cell)	000-000-0000 (Work)	06/11/2018 04:03 PM EDT	<input checked="" type="checkbox"/>
<input type="text" value="2"/>	DOE	JOE	Brother	XXX-XX-XXXX (Cell)		06/12/2018 10:00 AM EDT	<input checked="" type="checkbox"/>

Tips for Promoting Safety in the Home Care Environment

- If you have identified risks and are able to remove these hazards from the home, do so
 - de-clutter an area
 - change light bulbs
 - add a grab bar to the shower
 - add fire alarms

Tips for Promoting Safety in the Home Care Environment

- Buddy system when you are able to do so
 - if you are able to bring a coworker at the same time (e.g., if nurse needs to administer medication and CNA needs to do a bed bath), try and go together if you can

Tips for Promoting Safety in the Home Care Environment

- Buddy system when you are able to do so
 - if patient is high acuity or a total assist, you can prevent physical injury by both moving the patient together
 - also have that individual there for a safety reason

Tips for Promoting Safety in the Home Care Environment

- Make sure your phone is fully charged
- If patient's pet is aggressive during visit, ask the patient to put the pet outside or in a room when you visit
- Develop a zero-tolerance policy for violence
- Don't place personal items on the carpet or bed

Tips for Promoting Safety in the Home Care Environment

- If you're driving alone, keep your doors and windows locked
- Park in a well-lit area, away from large trees and shrubs
- Before you get out of your car, glance around and see what is happening nearby

Tips for Promoting Safety in the Home Care Environment

- Make sure your car is full of gas
- Confirm with your patients before your visit so they are expecting you
- Trust your judgement and avoid situations that don't feel right to you
- Keep your cell phone in your pocket

Tips for Promoting Safety in the Home Care Environment

- Maintain the phone is turned on during visits in case of emergency
- Do your paperwork and documentation in the home before going to your car, or do it at your own home afterwards; do not linger in your car

Tips for Promoting Safety in the Home Care Environment

- Encourage patients to put lights on their porches or turn lights on if they are expecting you
- If possible, conduct visits during daytime hours
- Let your employer know if the situation seems dangerous
- Carry a minimal amount of cash

Tips for Promoting Safety in the Home Care Environment

- Always carry your I.D.
- Dress to protect yourself (wear shoes and clothes that make it easy for you to move quickly)
- Avoid wearing expensive jewelry or carrying a purse

**Really important is
identifying risk factors and
getting those taken care of!**

Organizations

- Area Agency on Aging
- Catholic Charities
- Volunteer Organizations

Case Study

A respiratory therapist has been making home visits to a patient with COPD (chronic obstructive pulmonary disease) and has been administering breathing treatments to this patient for about four weeks. So, the respiratory therapist knows the patient well and the house pretty well.

Case Study

The respiratory therapist goes into the house and notes an odd chemical smell coming from the house that they haven't smelled before.

What should the respiratory therapist do in this situation?

Case Study

- Unlikely, the patient put chemicals out on the counter
- Respiratory therapist should look around and check for any chemicals that may be out that shouldn't be out, if they don't see any, call the fire department and report smelling odd smell

Case Study

- Get patient out of the house in case of chemical leak or some type of gas leak
- The respiratory therapist should not explore into too much detail in case it is hazardous and could affect both the respiratory therapist and the patient

Case Study

A CNA is making home visits for a patient with end-stage lung cancer to assist with activities of daily living (helping patient eat, bathe, brush teeth, wash hair, etc.). The patient lives in a high-crime neighborhood, in an unsafe area, and the CNA feels unsafe. The locks on the patient's door are old and do not lock all the way.

Case Study

The light bulb on the porch light is out.

What are some things the CNA can do in order to promote safety for themselves?

Case Study

- Let a family member and a colleague know when they are going to make a visit for the patient, expectant time frame, how long they will be there
- Make sure gas tank is full
- Note location of police department near patient's house

Case Study

- Park in a well-lit area and not near any trees or shrubs
- Carry a flashlight
- Don't carry large sums of cash
- Change light bulb on porch light
- Change locks on the door

Case Study

A nurse is making a home visit for a patient with end-stage renal disease. The patient's home has poor lighting, multiple rugs throughout, medications in random bottles, chemicals stored on top of kitchen counter, spoiled food in the refrigerator, and cluttered hallway.

What should the nurse do when making the home visit to the patient?

When you work in home health, you wear many hats which includes any healthcare worker (nurse, CNA, physical therapist, chaplain, respiratory therapist, etc.)

Case Study

- Fix poor lighting
- Take rugs out or tack them down
- Don't try and guess what medications are in random bottles
 - take medication to pharmacy and let them tell you what they are

Case Study

- Don't try and guess what medications are in random bottles
 - take medication to pharmacy and let them tell you what they are
 - if medications expired, dispose properly, take to medication drop-off

Case Study

- Put lids on chemicals and store properly
- Clean out refrigerator
 - throw out expired food
 - go to grocery store for patient
- De-clutter hallway

Case Study

A CNA and a physical therapist are assigned to make home visits to a patient who's had a stroke, with right-side paralysis. The patient is obese with very high acuity and also has confusion. The CNA and physical therapist typically go visit this patient at different times because of their visitation schedule for other patients.

What can they do in this scenario?

Case Study

- The patient likely requires two individuals to assist in activities of daily living, such as:
 - bed bath
 - assistance to the shower
 - assistance with ambulation

Case Study

- Not only does it promote safety, but also reduces exposure to the physical hazard of physical injury
- Adjust schedule to be able to work together

Case Study

Multiple healthcare workers are doing home visits for a patient who has cancer (a CNA, nurse, respiratory therapist, physical therapist, and a chaplain). They visit the patient four times a week. They have a son that lives out of town but comes and stays for two weeks at a time, goes home for a week, and then comes back. They note that the patient's son smells very strongly of alcohol.

Case Study

When they come to do home visits, there are several empty liquor bottles and beer cans throughout the house. The patient is very verbally abusive towards the healthcare workers, cusses at them, and is very demeaning. The patient's son is not physically abusive, but verbally abusive.

What should the healthcare workers do in this situation?

In some situations, you can confront the individual and tell them that abuse will not be tolerated.

Case Study

- The healthcare worker should hold a team meeting and bring the situation forward to the supervisor and let them know what is going on
- Hopefully, the facility has a “zero-tolerance” policy about verbal and physical abuse not tolerating that from a patient or family member

Case Study

- Depending on the facility's policy, they may drop the individual as a patient or may not agree to see the patient if that family member is present

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