

Safety and Health for the Home Healthcare Industry

**A manual for ergonomics and safety prevention
strategies for home based care services**



Ohio

**Bureau of Workers'
Compensation**

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Division of Safety & Hygiene
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Introduction

The home healthcare industry is one of the fastest growing industries in this decade with a projected growth of 66 percent with seven million patients served each year. This growing demand for services with a decreased supply of employees to meet that demand, and increased vulnerability employees face to injuries is a workers' compensation crisis waiting to happen.

In 2007, America's 896,800 home healthcare workers reported 27,400 injuries.¹ Nearly 60 percent of injuries happen to workers who have worked for an employer less than two years.² Home health aides are often employed for a short time period due to large turnover in the industry. The most common injuries in the industry were sprains, strains, and other musculoskeletal injuries related to lifting and moving patients. Other injuries were slips, trips, and falls, unintentional needle sticks, latex allergies and violence against providers.

The home healthcare industry furnishes vital healthcare services to individual patients in the comfort of their homes instead of a hospital or nursing facility. The employees could be registered nurses, licensed practical nurses, certified nurses' aides, social workers, therapists and home health aides. Activities might include physically assisting a patient with personal hygiene, walking, patient handling, dispensing medication, checking vitals, and transferring in and out of a bed. Additional duties may include performing household chores such as cooking, laundry, shopping and housekeeping.

The home healthcare setting is a challenging work environment for a number of different reasons. The home-based work environment is likely to be less controllable, isolated, visible, standardized and predictable. The patient's home is the "work site", and all of the workplace protections may not be in place or even available. Primarily, the home care may be delivered under conditions that may be uncontrolled such as unhygienic conditions, state of disrepair, clutter or a patient's refusal to accept practices that would assist the homecare worker in preventing injury to the patient or provider. Residential settings also present household-related hazards that can lead to negative health effects to the healthcare provider such as exposure to irritating household cleaning chemicals, allergic reactions, or bites from a household pet. In addition, there are well-defined hazards related to health care such as the spread of infections and needle sticks. Commutes from one work site to another also expose the worker to transportation-related risks such as crime and violence. Violence can also occur in the patient's home with threatening behavior towards the provider by the client or another family member.

These training materials aim to raise awareness and increase the understanding of the safety and health risks involved in the most common injuries associated with home healthcare. Prevention strategies are provided to reduce the number of injuries, illnesses and fatalities that too frequently occur among workers in this industry. Employers in the home healthcare industry should use this information as a resource to assist in the development of policies and procedures to safely protect their staff.

¹ NIOSH Hazard Review: Occupational Hazards in Home Healthcare, NIOSH Publication No. 2010-125. January 2010.

² Workers' Compensation Outlook. Page 5. July 14, 2008.

I. Ergonomic Risk Factors in Home Care

For several years, the overexertion injury rate for home healthcare workers has been more than double the national rate for all industries, ranking among the 10 highest. (Bureau of Labor Statistics [BLS], 2006).

Caregivers can encounter a variety of risk factors while providing care in a home care setting. They frequently have to overcome a greater number of obstacles when performing client care. In a home healthcare setting, the employees may not have the same level of assistance as in a hospital, long-term care facility or a group home. It is recognized that employees in this type of setting are exposed to hazardous manual handling tasks that may result in musculoskeletal disorders, a collective name for a range of conditions that affect the bones, muscles, tendons and joints. This includes cumulative trauma disorders, back injuries and acute low back pain.

The employer providing home healthcare should have policies in place that ensure the client and the client's home are assessed prior to providing service to determine the level of assistance and equipment required. Conduct an assessment to identify any actual or potential safety hazards that may impact the caregiver. Collecting information about the client and their home setting prior to care commencing is a critical factor in the management of risk.

A. Risk factors in the home environment that affect manual handling tasks

Risk factors are elements that can increase the risk of musculoskeletal disorders. Manual handling tasks are any actions or activities that require the person to use force to lift, lower, push, pull or carry and may include moving, holding or restraining a person, animal or object. Below are risk factors found in the home healthcare setting.

- Restricted space to perform tasks. The employee may encounter cramped bedrooms, small bathrooms, and general family clutter.
- Weight and disposition of the client. Handling people poses many challenges such as how to hold the person and the need to respond to unpredictable movements. The degree of assistance that the client can provide, the ability to comply with directions and the presence of particular health conditions can affect the handling task.
- Size, shape and weight of objects that need to be carried, held, push, pulled or restrained.
- Inadequate lighting to work in.
- Sudden unexpected movements such as trying to stop a client who has slipped from falling onto the floor.
- Awkward movements and postures, such as bending, overreaching, and twisting that lead to postural stresses, especially if they are combined with load handling.
- Static postures. This refers to holding the body or part of the body in a fixed position for considerable periods of time.
- Uneven surfaces or poor floor conditions. The employee may need to push or pull equipment and objects over uneven surfaces or walk on steps, sloped ramps and over obstacles.
- Low beds (non-adjustable) or beds with sagging mattresses.

These risks can be influenced by:

- Employee's personal factors such as level of fitness, physical size, disabilities, and stress;
- Duration and frequency of tasks performed;
- Client mobility and dependency;
- Lack of help from others to assist with lift and transfers;
- Lack of available lifting and transfer aids or equipment;
- Lack of familiarity regarding the task or use of equipment such as the Hoyer Lift™;
- Lifting training that is difficult to apply to the home setting;
- Assignment of the work (for example, the ability to share loads so the same employee does not receive several assignments that are considered physically stressful or high risk).

B. Managing risk factors in home healthcare

1. Risk factor identification

Ways of identifying risk factors could include:

- Conducting a home inspection to identify risk factors;
- Asking employees about manual handling tasks they consider stressful or problems they encounter at clients' homes;
- Soliciting input from supervisors regarding any problems, they are aware of that the caregivers might be experiencing in the field.

Collecting information about the client and the home conditions prior to providing care is a critical factor in the management of risk. The following forms contain information that should be collected prior to providing care. This is the base information to collect; you may have more depending on your policies and procedures

2. Client History and Needs Assessment Form (sample)

Information to collect	Considerations	Notes
Required level of assistance	<ul style="list-style-type: none"> • Level of mobility (fully or partially dependent) • Disabilities present • Ability to bear weight • Ability to retain balance • Ability to assist in a transfer • Ability to follow directions 	
Clinical and mental condition	<ul style="list-style-type: none"> • Upper and lower body strength • Resistance to being lifted or transferred • Joint limitations • Pain levels • Muscle spasms • Medications being taken • Recent surgeries • Ability to communicate and cooperate • Agitation • Skin condition (sensitiveness) 	
Personal	<ul style="list-style-type: none"> • Weight • Height • Size 	
Manual handling	<ul style="list-style-type: none"> • Recommended/current transfer techniques • Disposition while being transferred (confident or anxious) • History of falls • Availability of equipment (type available) • Availability of household members to assist with transfers 	
Additional factors	<ul style="list-style-type: none"> • Medical conditions • Doctor's and therapy recommendations 	

3. Home Environment Assessment Form (sample)

Information to collect	Considerations	Notes
Home location	<ul style="list-style-type: none"> • Environment 	
Layout and condition of the home	<ul style="list-style-type: none"> • Available workspace • Furniture placement/ relate to risk of injury: potential for slips/trips and falls • Lighting (for both day and night time care) 	
Tasks that need to be performed by the employee	<ul style="list-style-type: none"> • Client care <ul style="list-style-type: none"> ○ Toiletry ○ Dressing/changing ○ Feeding/medication ○ Transfers/repositioning • Housework <ul style="list-style-type: none"> ○ Cleaning ○ Laundry ○ Preparation of meals ○ Grocery shopping • Transportation • Type and condition of equipment available to perform requested tasks • Type and condition of transfer and mobility equipment 	
Furniture	<ul style="list-style-type: none"> • Bed (low, adjustable) • Obstacles to patient access 	

Employers should develop, implement and enforce the assessments. Employees should receive training and retraining in these areas to allow them to be competent in assessing the clients and environment. Consider a re-assessment when:

- There is a change in the client's behavior, personal needs or living conditions;
- New equipment is purchased;
- The employee reports a safety concern, sign or symptoms of an injury or illness, a work related injury or exposure to violent or aggressive behavior;
- When injury trends or reports of hazards indicate the possibility of health and safety risks associated with particular types of clients or environments.

It is recommended that a letter of agreement or service contract with the client be used. The goal is for everyone involved to be aware of their roles and responsibilities as well as other essential requirements such as zero tolerance policy for violence, no alcohol or illegal drug use during the visits, etc.

C. Prevention

Prevention plans should include the practical application of ergonomics principles when handling clients and performing household tasks. Train employees in musculoskeletal injury prevention. The training should include information on anatomy of the spine, body mechanics and practical demonstration of transfers and lifts, including how to use transfer and lifting devices. Provide refresher training to all workers at least annually. It is also a good idea to try to compile a set of best practices and discuss them during training. In applying these recommendations, keep in mind that workers can injure themselves from lifting too much weight, regardless of whether they use proper body mechanics.

It is important that the employer does not rely on technique training alone as a primary solution to prevent job-related injuries. Studies indicate there is strong evidence that technique training interventions as an only means of control are not effective in improving work practices or reducing injury rates (Hignett, 2003). In addition, research findings indicate no simple solution or the use of a single intervention will be effective in reducing or preventing injuries (Stetler, 2003). Interventions should include at least two of the following:

- Elimination of identified risk factors;
- Use of engineering controls. These involve physical changes to the work environment made to reduce or eliminate the exposure to risk factors. A variety of equipment that is suitable for use in the home healthcare environment is available. Evidence shows that simple tools and assist devices that may not be commonly found in client's homes can decrease the risk of injury to home healthcare workers. Approved equipment by home care staff for practical and safe use in a wide variety of home environments include (Enos and Severson, 2009):
 - Portable ceiling lifts;
 - Compact folding powered floor lifts;
 - Non-powered sit-to-stand aids;
 - Friction reducing sheets;
 - Transfer boards;
 - Gait Belts;
 - One way slider inserts for chairs;
 - Seated transfer discs;
 - Air assist mats and powered air devices to easily and safely lift clients who have fallen to the floor;
- Use of administrative controls (such as considering a work load distribution, the need of having more than one care provider, no lift policy, etc). Essentially, changes that modify the way work is done or the organizational factors that support the manner in which the work is performed;
- Training and education.

From the interventions listed above, only engineering controls address employee exposure to risk factors. Patient lifting and assistive devices have been found to be effective in reducing injuries. They can have a positive impact on continuity of care and retention of the employees. In addition, they can also improve the quality of care for the client or increase their independence. However, each home situation must be addressed separately to find out what type of equipment will be most suitable for the client, for the place(s) the equipment will be used at, and for the task(s) for which it will be used (Garg and Owen 1992; Zelenka et al. 1996; Elford et al. 2000).

Another important element in the loss prevention efforts is to encourage and support a culture of reporting. Train the employees to immediately report to their supervisors if they experience any signs or symptoms of a musculoskeletal disorder, or if they cannot perform any recommended procedures or changes due to limitations of the work environment or equipment. Train supervisors on how to address reports of unsafe conditions or signs and symptoms of injuries. They need to be aware of risk factors identified in a home and the control measures that are in place.

Signs and symptoms of musculoskeletal disorders that a home healthcare employee may experience include the things below.

Signs (these are seen)	Symptoms (these are felt)
Redness Swelling Loss of normal joint movement Muscle wasting	<ul style="list-style-type: none"> • Pain (shooting, sharp, dull, throbbing or aching) • Numbness or cramping • Pins and needles • Heat or burning sensation • Tenderness • Weakness • Feeling of heaviness • Heat or burning sensation • Cold sensation

D. Control Measures

1. Bed care

Adjust the bed to approximately mid thigh and hip height to reduce excessive reaching and bending. Ideally, use a height adjustable, preferably electric bed. As an alternative, use bed raising blocks to increase the bed height or the employee can use a stool and sit at client height to perform light tasks.

For a sponge bath, try to minimize reaches beyond arm length or above shoulder height.

- Place supplies close to where the employee will be working.
- Request from the client or family a height adjustable stool/table or a table that is level with the height of the bed.
- There should be enough space cleared to place the table or stool on either side of the employee.

Bed rails that the employee can lower and clear space around the bed will aid in eliminating or reducing excessive reaching, bending or awkward postures. The rails should lower easily and be in good condition.

Advise the employees to:

- Sit on the edge of the bed to get closer to the client when performing light tasks;
- Use available repositioning devices to move the client closer to the edge of the bed;
- Move to the opposite side of the bed instead of reaching over, and to clear the space around the bed to avoid reaching or twisting.

Rearrange furniture to provide easy access to both sides of the bed.

Use of slip sheets and/or other friction reducing devices.

2. Bathroom care

- Employee should assist the client while at a comfortable working height (between mid-thigh and hip level when standing).
- The employee can use a stool to sit at client height to eliminate or reduce bending.
- Use kneepads, a folded towel or a kneeling pad to cushion the knees.
- Advise employee to sit on the edge of the tub to complete tasks such as turning on faucets.
- Request from the client or family to remove the bathroom door and replace it with a curtain.
- Install non-slip tub mats in the tub and mats with non-slip backing outside the tub.
- Install a hand held showerhead, making sure that the flexible tubing is long enough to reach all sides of the client without the employee having to bend or twist.
- Advise employees to use the showerhead instead of bending to reach the faucet when rinsing washcloths.
- Place cleaning supplies as close as possible to the employee and at a comfortable height. Use a table or stool for this purpose.

- Remove any obstacles from around the client to allow for as much free working space as possible for transfers and while bathing.
- Make arrangements to dress the client in a larger room (like a bedroom).
- Request the removal of sliding doors and metal frames in tubs.
- Use a raised toilet seat if the toilet seat is below the client's knee height. If used, consider using one with grab bars.
- Install grab bars for client to hold onto in the shower, tub and along the wall adjacent to the toilet (if close to the wall).
- For transfers (chair ↔ toilet, chair ↔ tub) it is recommended that an assessment be made to determine what type of mechanical equipment or assistive devices (such as lifts, transfer boards, draw sheets, gait belts, shower chairs, etc) the employee could use to eliminate or reduce lifting, force, and/or awkward postures during the transfers. The employees should receive training in how to use the equipment or devices.

3. Dressing/changing care

Follow bed care guidelines. Here are some other control measures to put in place.

- Use a small stool or similar device to elevate the client's thighs off the bed while pulling pants or putting on socks.
- Use a small stool to sit while performing light tasks such as assisting the client with shoes and socks.
- Ask client to assist when possible.
- Remove obstacles around bed or chair to limit reaches and twisting.
- Develop a set of best practices for dressing/changing care and train the employees in these techniques.

4. Assist client with walking

- Use of non-slip shoes by the client.
- Remove obstacles from the walking path to prevent tripping.
- Secure throw rugs.
- Perform assessment to determine what mechanical equipment or assistive devices could be used to reduce or eliminate the risk of awkward postures or force (for example, a gait belt or walker).
- Train employees so they know how to respond to a client's fall or attempt to hold onto the employee while walking.

5. Meal preparation and feeding tasks

- Reduce or eliminate handling items above shoulder or below knee height. Store heavier items between hip and waist height. Use a single step stool to reach light items placed above shoulder height. Consider asking the client to store items at a different location if the reach is beyond safe reach.
- Sit while performing meal tasks at low counters instead of bending over.
- Use knives that are sharp and in good condition.
- Use a stool while assisting client with meals.
- Try to remove any obstacles that prevent good access to the client.
- For grocery shopping, split items into several bags to distribute the weight.

6. Laundry tasks

- Avoid or minimize bending while folding laundry
- Use bags or baskets with handles to transport laundry
- Limit the size or the number of loads
- Remove obstacles from the walking path to prevent tripping
- Request that railings be repaired, if damaged and lighting added where necessary
- Provide flashlights

7. Cleaning tasks

- Limit vacuuming to the floor where the vacuum is stored to prevent lifting and carrying the vacuum cleaner up/down the stairs. Request the client or family to provide a lightweight vacuum to clean the other floors.
- Alternate the vacuuming tasks between rooms with other tasks to reduce repetition. Advise the employee to try to keep the vacuum cleaner in front of the body, using both arms or to alternate arms when using the vacuum.
- Eliminate or reduce excessive reaching, bending, repetitive movements and awkward postures. For example, use cleaning tools with long handles, remove obstacles that prevent access to what is being cleaned, use a step stool when reaching above shoulder height is required, and use a stool to sit on when cleaning below waist level.
- Cushion knees when kneeling by using a pad, folded towels or kneepads.
- Use mats with non-slip backing.

It is very important to establish a follow-up and review of the control measures that are in place to help determine if the risk factors have been eliminated or controlled, or if new hazards have been introduced.

E. Common household tasks: risks, tips and tools

The following information contains actions for the employee to watch out for as well as tips and tools that can help both employee and client stay safe when performing common client and household tasks.

1. Helping client move from place to place

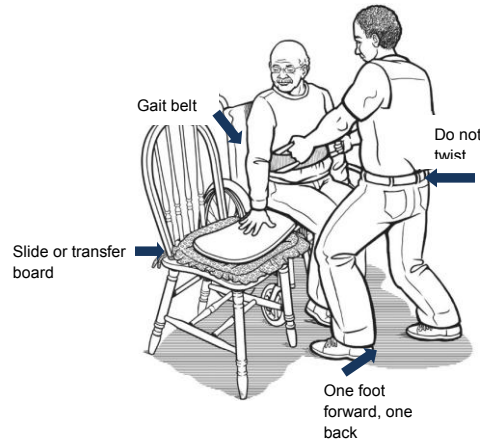
Watch out for:

- Back and shoulder injuries;
- General aches and pains.

Don't

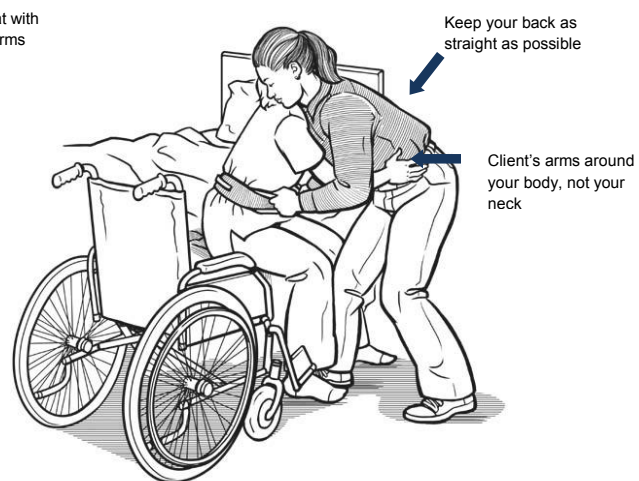
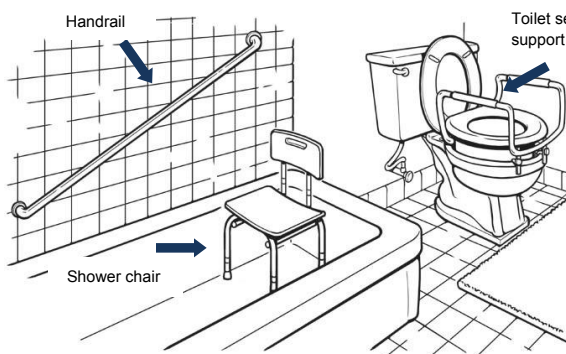


Do



Use these things to make this work safer:

- A gait belt buckled around the clients waist is a simple, low-cost way to help with transfers and keep the workers from straining their backs;
- A slide or transfer board to help the client move between two locations such as a wheelchair and bed, wheelchair and toilet, etc.



- A portable lift, a battery or hydraulic device that helps you lift and transfer the client
- Handrails, grab bars, or vertical poles installed to help the client sit, rise, and stay upright
- Shower chairs that let the client bathe more safely
- Raised, lockable toilet seats with support arms to make bathroom visits easier and safer

Use these safe lifting practices

- Don't try anything you think might be unsafe.
- If needed, get help from another person.
- Keep the client close to your body while you are assisting.
- Bend your knees, not your back while moving him/her. Do not twist at the waist. Try to turn your whole body.
- Have the client put his/her arms around your body, not your neck.
- Do not pull with your arms or your back.
- Keep your feet at least as wide apart as your shoulders.
- Put one foot forward, the other back.

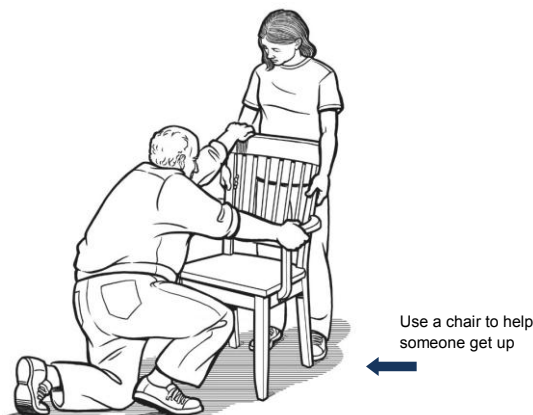
When the client uses a wheelchair

- Push, don't pull the wheelchair – it's easier on your back.
- Before helping with a transfer, remove or fold back the leg rests and make sure the brakes on both sides are locked. Remove armrests, if possible, to facilitate a smoother transfer (eliminates the need to lift the client over the armrest).
- If the wheelchair is motorized, make sure the chair's power is turned off before the transfer so it doesn't accidentally move and lead to an injury.

Things to think about if you're concerned that the client might fall

- Have a plan in mind, including a number to call for help.
- If the client starts to fall, minimize the possibility of injury to both of you by controlling the fall guiding him/her slowly to the floor.
- After making sure that the client is not injured, assist him/her to rise or get help to lift him.
- If there's any possibility the client has been injured, do not move him/her – Call 911.

Talk it over: You could say: "How are you usually transferred? Tell me if there are any precautions I should know. Can we work together to make it safe for my back?"

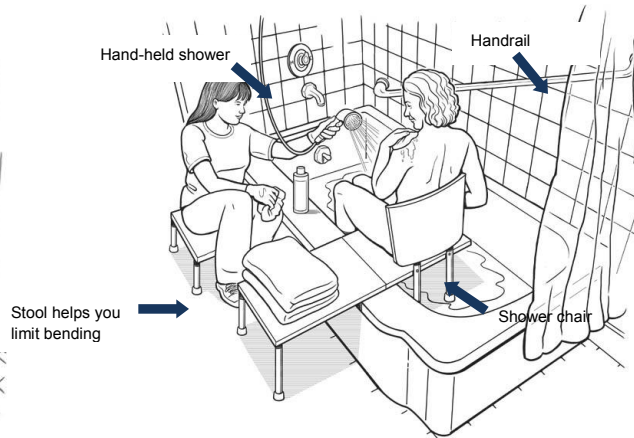


2. Helping the client take a bath or shower

Don't



Do



Use these things to make this work safer

- Handrails installed for the client to use
- A stool to sit on to keep you from bending and reaching too much
- A shower chair to help the client bathe with less assistance
- Disposable gloves any time that there is a chance of contact with blood or body fluids
- A hand held shower or shower hose to make bathing easier
- A long-handled bath brush to limit reaching
- Folded towels or bath mats to protect your knees if you are kneeling
- A non-slip mat or tub strips to prevent falls or slips

Use these safe practices

- Keep all supplies (shampoo, soap, etc) nearby and off the floor so you don't have to reach as much.

Talk it over: You could say, "I've heard from other people that they ask their doctor for a prescription to get a shower chair. They say the chair makes taking baths much easier".

Find help: Medical equipment supply companies may accept a prescription from a doctor for a shower chair. Local drugstores and discount stores sell products that help in bathing and showering.

3. Doing laundry for the client

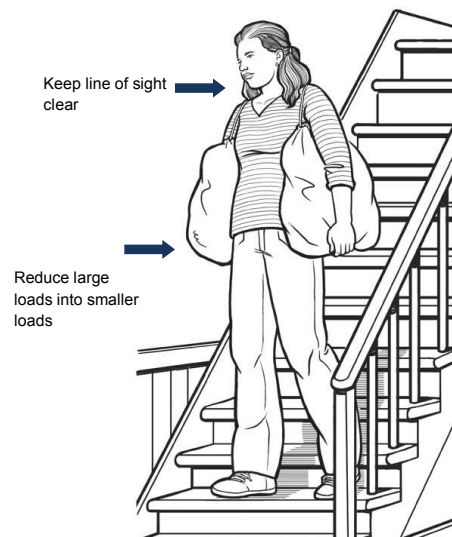
Watch out for:

- Exposure to infectious diseases from laundry soiled with body fluids;
- Aches and pains from lifting, carrying, and loading or unloading laundry.

Don't



Do



Use these things to make this work safer

- Pillowcases or laundry bags to carry small loads
- Carts to transport heavy loads
- Disposable gloves to protect your skin if blood or body fluids may be present
- Heavy-duty plastic bags for carrying soiled laundry to protect your skin from contact with blood or body fluids

Use these safe practices

- Tie laundry bags shut and make sure they don't leak.
- Keep your back as straight as possible when unloading items from a washer or dryer.
- Don't let the load you're carrying block your line of sight. You could trip or fall.
- Divide big loads into smaller ones to make them lighter and easier to carry.
- Handle laundry soiled with blood or body fluids carefully.
- Follow universal precautions.

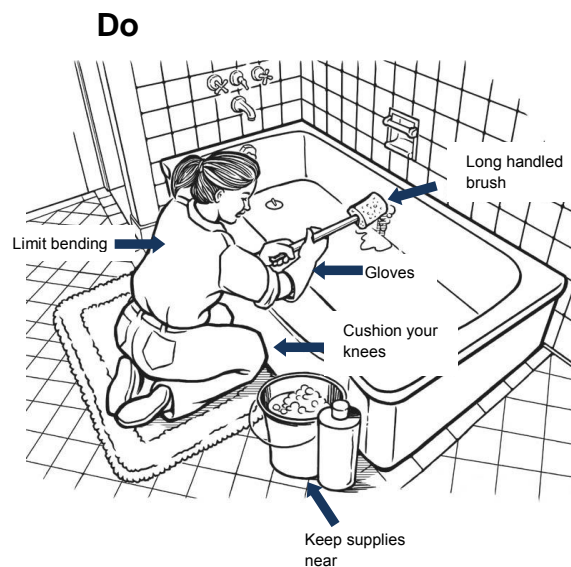
Talk it over: You could say, "It's hard on my back to carry such a big laundry basket. Could we try to find a cart or a second basket for me to use?"

Find help: Hardware and discount stores sell plastic bags, gloves, aprons, and carts.

4. Mopping, scrubbing and other housecleaning tasks

Watch out for:

- Back and shoulder injuries;
- General aches and pains.



Use these things to make the tasks safer.

- A long-handled duster, mop, and scrub brush to limit bending while you clean the floor, walls, tubs, and toilets
- A stepstool to help you clean high places without over-reaching and possibly losing your balance
- Kneepads or a folded towel to cushion your knees

Use these safe practices

- Avoid reaching and bending. Move as close as possible to the task. For example, when making a bed, walk around it so you don't have to reach.
- Raise the bed if it is adjustable.
- Every few minutes, stretch and change positions.
- Switch hands if you can.
- Try not to twist your body – move your feet instead.
- Bend your knees, not your back.
- When lifting a heavy object, hold it close to your body.
- Try to slide objects instead of lifting.
- Lift with your legs. This puts less stress on your back. If it's too heavy to lift without strain, get help.
- If you move furniture to clean the floor, push, don't pull.
- If it's too hard to move, get help.
- Put casters or slides on the feet of heavy furniture so it is easier to move.
- Try to avoid placing and lifting items at floor level.

Talk it over: You could say, “Tools with long handles make it easier on my back and help me stay strong and healthy enough to keep working.”



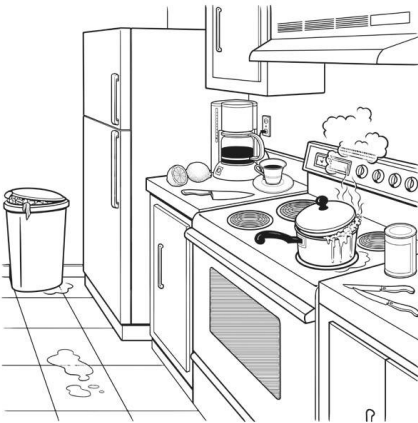
Find help: Hardware and discount stores sell step stools, long-handled tools, kneepads, and casters and sliders for furniture.

5. Cooking and shopping for the client

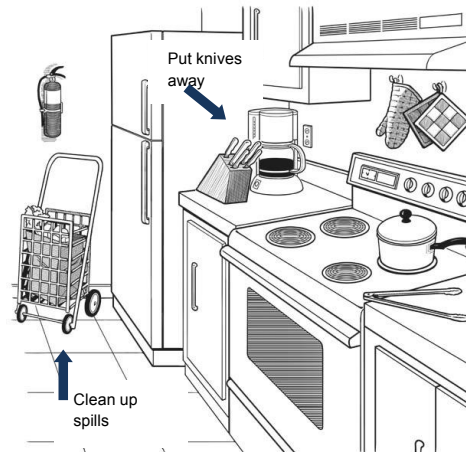
Watch for:

- Muscle strains and sprains from reaching and lifting;
- Burns;
- Fires;
- Cuts from knives;
- Slips and falls from spills.

Don't



Do



Use these things to make tasks safer.

- Potholders, gloves, or mitts when handling food on the stove or in the oven
- Stepstools to reach items overhead
- Carts to carry groceries or other heavy items
- Tongs to lower food into boiling water
- Fire extinguishers labeled as B, B-C, or A-B-C for flammable liquids

Use these safe practices

Shopping

- Limit the amount you carry by hand. Use a cart if possible.
- Follow safe lifting and carrying guidelines.
- Keep your back as straight as possible and use your legs while lifting.
- Make sure bags are light and easy to carry.

Storing and moving items

- Store heavy and frequently used items at waist height, if possible, to reduce reaching and bending.
- Move heavy items one at a time.



Talk it over: You could say, “If we move these items to a lower shelf, I won’t have to reach so high. Do you mind if I do that to protect my back?”

Find help: You can buy potholders, cooking gloves or mitts, step stools, grocery carts and tongs at most hardware and discount stores.

II. Home Healthcare Slips, Trips & Falls



Slips, trips and falls are the second leading cause of injury for home healthcare workers. Slips, trips or falls can happen anywhere within the environment of the workers' activities. According to the 2008 U.S. Bureau of Labor Statistics (BLS), the incidence rate of lost-workday injuries from slips, trips and falls on a lower level, the same level and without a fall for the home healthcare aides was 34.1 per 10,000 employees. For 2009, the U.S. BLS statistics show a significant decrease of the incidence rate by 4 percent (30.1 per 10,000 employees). This may be because employers are managing the slip, trip and fall exposure by

implementing a comprehensive slip, trip and fall prevention program that may include: employee training, hazard assessments, and creating policies.

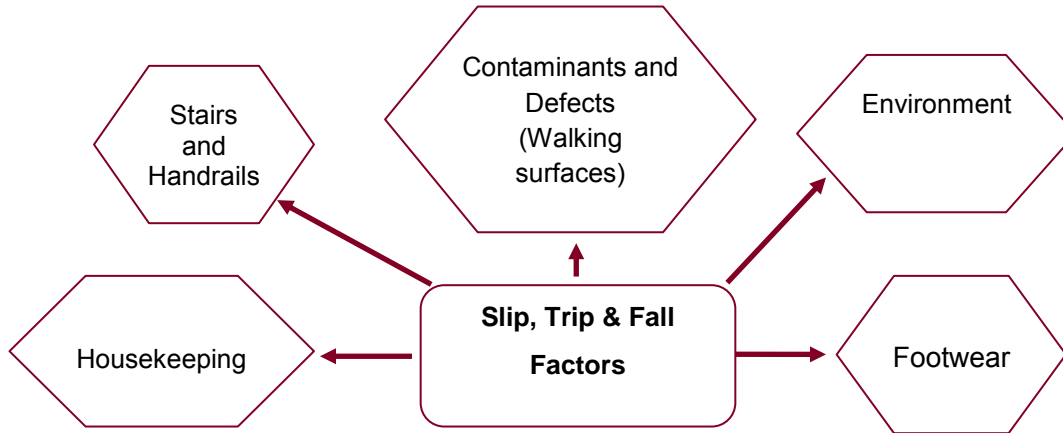
Work-related slip, trip and fall incidents can frequently result in serious disabling injuries that impact a healthcare home workers' ability to do his or her job, often resulting in:

- Lost workdays;
- Reduced productivity;
- Expensive worker compensation claims;
- Decreased ability to care for patients.

When a slip, trip or fall incident occurs, carefully examine the circumstances of the event to see where you can implement prevention measures. An incident reporting form is provided within this guideline.

A. Slips, trips & falls factors

Slip, trip and fall incidents can happen for a number of reasons. Finding the contributing factors and implementing work practices, policies or procedures should help eliminate the incident from happening. The diagram below identifies contributing factors that can lead to a slip, trip or fall incident.



1. Housekeeping

Bad housekeeping is estimated to cause 50 percent of all slip, trip and fall injuries. So improving housekeeping would eliminate a large number of injuries. Good housekeeping doesn't cost money; it just takes a little personal effort.

- Ensure there is a suitable walkway. Keep it clear, no cords and no obstructions.
- Are the rooms tidy? Are items stored out of the way?

Refer to checklist.

2. Stairs and handrails

A leading cause of injury on stairs is a lack of or damaged handrails. Enclosed stairways should have a handrail on at least one side, preferably the right side when descending. Open stairways should have a handrail on both sides. A handrail has two safety functions: to act as a brace for someone walking up or down the stairs and to offer protection against falling on the open side.

Make certain that all railings are secure and that all stairways are well lit and free of obstacles such as shoes. When carrying a load on the stairs, always hold the handrail. If you have a landing and intend to use a small area rug, secure it with a nonslip pad.

Refer to checklist.



3. Contaminants and defects

(Walking surfaces)

Contamination or defects can be classified as anything that ends up on a walking surface or is part of the walking surface. Examples include rainwater, oil, cardboard, product wrapping, dust, rugs, linoleum, etc. The list is endless.

Most walking surfaces become slippery once they become contaminated. Defects may happen over time or due to a major event to walking surfaces. Preventing contamination and immediately fixing defects of the walking surface will subsequently reduce or even eliminate the slip, trip, fall hazard.

First and foremost, think how you can eliminate the risk. Examples include:

- Rugs should have a nonslip pad;
- Repair leaking pipes;
- Contain pets while in the home;
- Secure loose steps on the porch.

If the risk cannot be eliminated, have a control measure in place. Examples include:

- No rugs on the floor;
- Drip pan for leaks;
- Know where the pet is at all times;
- Enter the home from a different entrance.

When the contamination or defect occurs, employers should have a policy and procedure on how to report the hazard and take measures to address the hazard.

Refer to checklist.

4. Environment

Environmental issues can increase the risk of slips, trips and falls. However, what does the term environment mean as regards to slips, trips and falls? It includes lighting (natural or otherwise), loud or unfamiliar noises, the weather, humidity, condensation, etc.

The examples below give an indication of how the environment can affect slips, trips, and falls:

- Too much light on a shiny floor can cause a glare;
- Too little light will prevent from seeing a hazard.
- Unfamiliar and loud noises may be distracting.
- Rainwater on a walking surface may create a fall hazard.
- Cold weather can cause frost and ice to form, which may create slippery surfaces.
- Condensation may make a smooth floor slippery.

Refer to checklist.

5. Footwear

Footwear can play an important part in preventing slips, trips and falls. Good footwear may be able to prevent many slip-trip-fall type accidents. Generally, footwear at work should be suitable for the working environment.

Choosing the most suitable footwear can be difficult. Performing a footwear assessment will help determine what type of shoe should be worn. Things to look for are:

- Sturdy, well-fitting shoes with non-skid soles;
- Sole tread patterns;
- Sole material type and hardness;
- Comfort;
- Durability.

Refer to checklist.

B. Slips, Trips or Falls Incident Report

1. What was the first initiating event?

- Slip
- Trip (includes caught on)
- Loss of balance
- Unknown

2. Which choice best describes the slips, trips or falls incident?

- A slip or trip that did not result in a fall
- Unknown

A fall from an elevation such as

- A fall while standing on a chair
- A fall from a ladder or stepstool
- A fall down stairs or steps
- Other fall from an elevation (describe) _____

A same-level fall such as

- A fall while walking or working
- A fall from a chair while sitting
- A fall while tripping up stairs
- Other same-level fall (describe) _____

3. Were there any hazards present that may have contributed to the incident?

- Contaminant (examples: water, soap, body fluid, grease/oil, coffee, wax, slick, slippery not otherwise classified, etc.)
- Cord or tubing (examples: hose, medical tubing, phone cord, nurse call cord, equipment cords)
- Object (examples: objects or items on floor, propped against wall or in the pathway)
- Ice or snow
- Surface irregularity due to buckled, loose, or damaged mat, carpeting or rug
- Surface irregularity, other (examples: some part of the walking surface is irregular, cracked tiles, loose gravel, leaves, door guard, drain dip, hole in floor, hole in lawn)
- A curb
- Bodily reaction (examples: awkward posture, reaching, crouching, bending, carrying something, client or object handling, or just stated as "fell")
- Lack of space/restricted pathway
- Steps, stairs or handrail
- Chair or stool
- Lighting
- Inappropriate or malfunctioning footwear
- Unknown/no specific hazard mentioned
- Other (please specify) _____

C. Slips, Trips & Falls Hazard Checklist (sample)

Contaminants and defects (Walking surfaces)	Yes	No	Locations/comments	Potential solution
Do tiles, linoleum, or other flooring have holes, cracks, or bumps?	<input type="checkbox"/>	<input type="checkbox"/>		
Is carpeting buckled, loose or frayed?	<input type="checkbox"/>	<input type="checkbox"/>		
Are carpet edges curled up?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Does floor feel greasy or slippery?</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Are liquid contaminants present (water, grease, oil, cleaning solutions, coffee, body fluids)?	<input type="checkbox"/>	<input type="checkbox"/>		
Are dry contaminants present (powder, dirt, flour, food)?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there sudden changes in floor elevation?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there metal grates or mesh flooring in the walkway?	<input type="checkbox"/>	<input type="checkbox"/>		
Are water absorbent walk-off mats used in entrances?	<input type="checkbox"/>	<input type="checkbox"/>		
Are slip resistant mats used in wet areas?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there gaps, cracks, or holes in the outdoor walkway?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the walkway uneven, with abrupt changes in level?	<input type="checkbox"/>	<input type="checkbox"/>		
Is there debris (pebbles, rocks, leaves, grass clippings) on the walkway?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any slippery conditions present (water, grease, ice, snow)?	<input type="checkbox"/>	<input type="checkbox"/>		
Are outside drain pipes or down spouts spilling water on walkways?	<input type="checkbox"/>	<input type="checkbox"/>		

Stairs and handrails	Yes	No	Locations/comments	Potential solution
Are stairway risers and steps all of uniform size?	<input type="checkbox"/>	<input type="checkbox"/>		
Are handrails provided on slopes, ramps, and stairs?	<input type="checkbox"/>	<input type="checkbox"/>		
Do handrails extend at least as far as the last step?	<input type="checkbox"/>	<input type="checkbox"/>		
Are handrails secured?	<input type="checkbox"/>	<input type="checkbox"/>		
Are stairway risers and steps all of uniform size?	<input type="checkbox"/>	<input type="checkbox"/>		
Are rugs secured on the steps?	<input type="checkbox"/>	<input type="checkbox"/>		

Housekeeping (Clutter, loose cords, hoses, wires, and medical tubing)	Yes	No	Locations/comments	Potential solution
Are cords bundled using a cord organizer?	<input type="checkbox"/>	<input type="checkbox"/>		
Are cords on the floor covered with a beveled protective cover or tape?	<input type="checkbox"/>	<input type="checkbox"/>		
Are cords mounted under the desk or on equipment?	<input type="checkbox"/>	<input type="checkbox"/>		
Are hallways, stairs, and walkways clear of clutter (boxes, cords, equipment)?	<input type="checkbox"/>	<input type="checkbox"/>		
Is there appropriate storage (closet, shelves, hooks, lockers)?	<input type="checkbox"/>	<input type="checkbox"/>		
Are stepstools available for use in areas with overhead storage?	<input type="checkbox"/>	<input type="checkbox"/>		
Do mats have abrupt squared-off edges, lacking a bevel?	<input type="checkbox"/>	<input type="checkbox"/>		
Are mat edges curled up or flipped over?	<input type="checkbox"/>	<input type="checkbox"/>		
Do mats slide around on the floor?	<input type="checkbox"/>	<input type="checkbox"/>		

Environment	Yes	No	Locations/comments	Potential solution
Are light bulbs burned out?	<input type="checkbox"/>	<input type="checkbox"/>		
Are any areas dim, poorly lit, or shadowy?	<input type="checkbox"/>	<input type="checkbox"/>		
Is a flashlight available for power outages?	<input type="checkbox"/>	<input type="checkbox"/>		

Footwear	Yes	No	Locations/comments	Potential solution
Are employees wearing slip-resistant shoes?	<input type="checkbox"/>	<input type="checkbox"/>		
Do shoe soles have worn-down tread?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the shoe sole tread clogged with dirt, food, debris, or snow?	<input type="checkbox"/>	<input type="checkbox"/>		

D. Slip, Trips & Falls Policy (sample)

Company name

Purpose

The purpose of this policy is to provide information and guidance on the management of slip, trip and fall risks within Company name. This policy details particular measures for the management of factors leading to slips, trips and falls. Slips and trips resulting in falls are a common cause of injuries to both employees and clients within Company name. These accidents can be cut dramatically through planning and pro-active management together with good housekeeping.

Scope of policy

This policy describes the procedures, which should be followed, and the factors, which should be taken into account by all employees when dealing with aspects of slips and trips in the workplace.

This policy describes the procedures which should be followed and the factors which should be taken into account by all employees when dealing with aspects of slips and trips in the workplace.

Responsibilities

Administrator

- Ensure the effective implementation of this policy.
- Allocate sufficient resources to enable the policy to be delivered.
- Monitor the overall effectiveness of the policy.

Managers

- Ensure assessments are carried out to determine the risk of slips, trips or falls occurring involving clients and employees.
- Monitor the effectiveness of existing controls and implement any further controls agreed as a result of assessment.
- Inspect the workplace.
- Thoroughly investigate accidents and incidents involving slips, trips and falls and use any reports of near misses to determine and address potential risks.

Employees

- Cooperate with management by assisting in a workplace or clinical assessment, as appropriate, to determine the risk of slips, trips or falls.
- Comply with the control measures identified in the risk assessment.
- Report to management any concerns regarding slip, trip or fall hazards.
- Take care of your own health and safety and not place others at risk of slips, trips or falls by what they do or fail to do (i.e. by cleaning up spills immediately).
- Wear footwear which is appropriate to their workplace and role.
- Participate in the slip, trip and fall monitoring process.

Procedure

Planning

Management will introduce systems which will:

- Identify priorities and set targets for improvement;
- Remove risks or minimize them by using control methods.
- See Appendix A attached

Organization

Secure progressive improvement in reducing slips, trips and falls by:

- Involving and gaining the commitment of management and employees;
- Giving employee's responsibilities to ensure their reporting hazards;
- Recording measures and making details clear to everyone.

Control

Ensure health and safety by:

- Identifying clients most at risk;
- Checking work processes;
- Implementation of hazard inspections on a regular basis.

Workplace risk assessments

Workplace/environment risk assessments should consider the potential hazards associated with slips, trips and falls (e.g. flooring, lighting, wires etc.) and identify the control measures required to eliminate, reduce or control such risk.

Recording

Slips, trips and falls must be reported and investigated according to the Accident/Incident Reporting Policy. To document, the Accident/Incident Form must be used.

Near misses associated with slip, trip and falls hazards must always be reported and investigated in the same manner so that management can address the cause(s) and reduce the likelihood of an accident happening.

Lessons learned from slip, trip or fall incidents involving clients (clinical risk), including updated risk assessments, must be shared with employees involved in their care.

Implementation plan

Training/awareness

Slips, trips and falls training is covered in the Health and Safety Training. Properly train employees, particularly in the correct use of any safety and equipment provided. Clearly state who is responsible for what; this will help to minimize risks.

Appendix A – Managing the risks of slips, trips and falls

There are many simple measures that employees and management can take to reduce or eliminate slip, trip or fall risks.

Hazard	Suggested action
Spills of wet and dry substances Bodily fluids	Clean up spills immediately. If a liquid is greasy, ensure a suitable cleaning agent is used.
Untrained employees or lack of continuous training of employees	Trained employees must be able to carry out the required duty (i.e. moving and handling of clients). Make in-service training available to employees.
No Risk assessments	Do risk assessments at regular intervals. Also, report incidents and put in place control measures.
Trash	Keep areas clean, remove trash, and do not allow it to build-up.
Slippery surfaces	Determine the cause and take care of accordingly with appropriate clean-up method.
Poor lighting	Improve lighting levels and ensure more even lighting of all areas.
Slopes	Improve visibility, provide handrails and use floor markings.
Unsuitable footwear	Ensure employees choose suitable footwear, particularly with the correct type of sole.

Appendix B – Slips, trips and falls – Likely causes

Slip, trip and fall accidents may have different causes, but they often have the same result. By looking at the contributing factors separately, it is possible to find out more accurately the cause of the slip or trip accident.

A. Slip hazards

- Spills and splashes of liquids and solids
- Wet floors (following cleaning)
- Unsuitable footwear
- Rain, sleet and snow and ice
- Change from a wet to dry surface (footwear still wet)
- Sloping surfaces

B. Trip hazards

- Loose floorboards/tiles
- Uneven outdoor surfaces
- Holes/cracks
- Changes in surface level-ramps, steps and stairs
- Wires across walking areas
- Obstructions
- Bumps, ridges and protruding nails etc.
- Low wall and floor fixtures-door catches, door steps

C. Fall hazards

- Staff not trained in moving and handling client
- Over reaching
- Rushing down steps/stairs
- Ladders

D. Factors which increase risk

- Client assessed to be at increased risk of falling
- Untrained employees
- Risk assessments not carried out regularly
- Poor or unsuitable lighting
- Moving goods/carrying/pushing or pulling a load
- Rushing around
- Distractions/fatigue
- Effects of alcohol
- Drugs and Medication

III. Home Health Aide Violence in the workplace

A client's behavior may be hazardous when stressed, either emotionally or physically, or under the influence of drugs or alcohol. Some clients have behavior or mental health conditions that can contribute to threatening or violent behavior such as Alzheimer's. Other health-related causes can induce episodes of combative behavior are hearing and visual impairments, hormonal changes, loss of control of body functions, and multiple illnesses or disabilities. Environmentally, lighting, whether it be very bright or dim, as well as noise, clutter and change in routines can trigger combative behaviors. Caregiver stress or unskilled care giving acts such as being overly authoritarian, startling gestures, hurried or rough handling and demeaning conversation can also be a factor in incidents of client aggression.

Home care workers often make allowances for their client's behavior and readily come to accept increasingly dangerous behavior as normal or as ones that they can manage. To properly manage combative behavior, conduct a thorough assessment of the patient's medical and social history of behavior patterns. Also, formulate a plan to maintain the safety of those involved. In addition, managing behaviors involves learning to recognize signs of escalating behaviors and developing strategies to decrease the intensity and duration of combative behavior.

Some home health aides receive threats of violence not only from the patient but also from family members or neighbors. Family pets can also pose a threat. Preliminary results from a NIOSH study on the risk of work-related violence for home health care workers show 4.6 percent of 677 respondents reported having been assaulted by a patient at least once in a 12- month period.

The Occupational Safety and Health Administration's (OSHA) General Duty Clause (5a1) holds an employer responsible for providing a workplace free from recognized hazards likely to cause death or serious injury. We recommend an employer have a written workplace violence prevention program, perform screening of patients, conduct training, use of security personnel when appropriate and limit work in secluded areas.

A. Workplace Violence Prevention Program

The written workplace violence prevention program should include a policy of non-tolerance for workplace violence, verbal and nonverbal threats and related situations. Managers, supervisors, employees, clients and visitors must be advised of this policy. The policy may include a commitment to:

- Maintain a supportive environment that places as much importance on employee safety and health as on serving the patient or client;
- Identify risk of violence or aggression and take all practical steps to prevent them from occurring;
- Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks;
- Ensure that there are adequate resources available to prevent incidents from occurring;
- Require records of incidents to assess risks and to measure progress;

- Support employees who report or experience workplace violence and ensure that no harm comes to them as a result of reporting incidents;
- Support and implement appropriate recommendations from accident/incident investigations.

In addition, the workplace violence prevention program should address the training that all employees, including supervisors, should receive. The training will equip employers and employees with the ability to assess the level of risk in a particular situation and choose the most appropriate procedure. This includes when to withdraw from a situation or to seek assistance. The training should include the following elements:

- The role and responsibilities of the employer, employees and others in the prevention and management of workplace violence;
- The hazard management approach to workplace violence;
- Consultation, which should take place between employer and employees to identify the potential for workplace violence, and to assess and control risks;
- Types of workplace violence and a range of influencing factors in home-based healthcare settings;
- Application of relevant prevention and control strategies;
- Safety procedures that are in place to reduce the risk of workplace violence and consequences if they are not followed.

B. Combative client – prevention strategies

If a combative client should confront you, it is recommended that you use the following prevention strategies:

- Determine what is causing them to be upset;
- Be conversational, not authoritarian in your requests;
- Stay calm. Use patience and firmness;
- Express support and understanding;
- Use culturally appropriate eye contact; (Some people find eye contact a threat; while for others; direct eye contact conveys a sense of concern and support.)
- If possible, leave a distance of about 6 feet between you and the person. It will be more difficult for a person to strike the worker;
- Redirect attention to a conversation or activity that will lead toward the end of the crisis;
- It may be necessary to leave the client until they calm down;
- If possible, phone the office to alert them to the problem.

C. Going out into the community checklist (sample)

Workplace violence can also result from the community. The checklist below provides steps one can take to enhance his or her personal safety.

Know exactly where you are going before leaving the office.	
Plan the safest route to and from the client's home, even if it isn't the most direct.	
Carry identification as well as phone numbers for your agency and emergency contacts.	
Be sure to let your office know the location of all visits, estimated arrival time and duration of visits.	
Be sure your car is in good working order; you have sufficient fuel and keep all doors locked.	
Have a spare set of car keys in case your keys get locked in the car.	
Scheduled visits should be made during daylight hours.	
Avoid carrying a purse. Lock your purse in the trunk of your car.	
Wear comfortable shoes with non-skid soles that allow you to move quickly and safely.	
Avoid walking in lonely, isolated areas.	
Walk briskly with purpose. Stand tall and make quick eye contact with people around you. Walk against the flow of traffic so you can see approaching	
Assign a designated person to establish contact with the worker at predetermined intervals; and to record the contacts.	
If possible, travel in a buddy system.	
Avoid people lingering on corners or doorways.	
When entering someone's home, take a few seconds to assess the situation and plan a response. Note any obstacles to a quick exit.	
In the client's home, if a pet is threatening, ask the owner to contain it. .	
Recognize the first signs of a change in your client's behavior or the behavior of others in the home.	
Contact your supervisor before entering a house where weapons are present.	
Contact your supervisor before entering a house where someone appears to be drunk or under the influence of drugs.	
Know your employer's emergency procedures.	

D. Violence in the workplace program and policy (sample)

Home sweet hazard, safety and health, March 2010

Sample program

Violence in the Workplace

Purpose

The _____ (company name) maintains a zero tolerance standard of violence in the workplace. The purpose of this policy is to provide (company name) employees guidance that will maintain an environment at and within (company name) property and events that is free of violence and the threat of violence.

Policy

Violent behavior of any kind or threats of violence, either implied or direct, are prohibited at (company name), in properties and at (company name) sponsored events. Such conduct by a (company name) employee will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and shall be subject to disciplinary action up to and including dismissal. Violent threats or actions by a non-employee may result in criminal prosecution. The _____ (company name) will investigate all complaints filed and will also investigate any possible violation of this policy of which we are made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence made to him/her is also prohibited.

Definitions

Workplace violence: Behavior in which an employee, former employee or visitor to a workplace inflicts or threatens to inflict damage to property, serious harm, injury or death to others at the workplace.

Threat: The implication or expression of intent to inflict physical harm or actions that a reasonable person would interpret as a threat to physical safety or property.

Intimidation: Making others afraid or fearful through threatening behavior.

Zero-tolerance: A standard that establishes that any behavior, implied or actual, that violates the policy will not be tolerated.

Court order: An order by a court that specifies and/or restricts the behavior of an individual. Court orders may be issued in matters involving domestic violence, stalking or harassment, among other types of protective orders, including temporary restraining orders.

Prohibited behaviors

Violence in the workplace may include, but is not limited to, the following list of prohibited behaviors directed at or by a co-worker, supervisor or member of the public:

- Assault of any form;
- Physical restraint, confinement;
- Dangerous or threatening horseplay;
- Loud, disruptive or angry behavior or language that is clearly not part of the typical work environment.

- Blatant or intentional disregard for the safety or well-being of others;
- Committing a violent felony or misdemeanor on company property;
- Any other act that a reasonable person would perceive as constituting a threat of violence.

Domestic violence, while often originating in the home, can significantly impact workplace safety and the productivity of victims as well as co-workers. For the purposes of this document, domestic violence is defined as abuse committed against an adult. Abuse is the intentional reckless attempt to cause bodily injury, sexual assault, threatening behavior, harassment, or stalking, or making annoying phone calls to a person who is in any of the following relationships:

- Spouse or former spouse;
- Domestic partner or former domestic partner;
- Cohabitant or former cohabitant and or other household members;
- A person with whom the victim is having, or has had, a dating or engagement relationship;
- A person with whom the victim has a child.

The _____ (company name) recognizes that domestic violence may occur in relationships regardless of the marital status, age, race, or sexual orientation of the parties.

Reporting acts or threats of violence

An employee who:

- Is the victim of violence, or;
- Believes they have been threatened with violence, or;
- Witnesses an act or threat of violence towards anyone else shall take the following steps;
 - If an emergency exists and the situation is one of immediate danger, the employee shall contact the local police officials by dialing 911, and may take whatever emergency steps are available and appropriate to protect himself/herself from immediate harm, such as leaving the area;
 - If the situation is not one of immediate danger, the employee shall report the incident to the appropriate supervisor or manager as soon as possible and complete the (company name) Workplace Violence Incident Report Form.

Procedures – future violence

Employees who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their employment with (company), shall inform their supervisor by immediately completing a Workplace Violence Incident Report Form so the company may take appropriate. The supervisor shall inform his/her department director or designee, the director of human resources and the local law enforcement officials.

Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, shall immediately supply a copy of the signed order to their supervisor. The supervisor shall provide copies to the department director, the director of human resources and local police.

Incident investigation

Acts of violence or threats will be investigated immediately to protect employees from danger, unnecessary anxiety concerning their welfare and the loss of productivity. The employee's department director will initiate an investigation into potential violation of work rules/policies. Simultaneously, the department director will refer the matter to local police for their review of potential violation of civil and/or criminal law.

Procedures for investigating incidents of workplace violence include:

- Visiting the scene of an incident as soon as possible;
- Interviewing injured and threatened employees and witnesses;
- Examining the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator;
- Determining the cause of the incident;
- Taking mitigating action to prevent the incident from recurring. – Recording the findings and mitigating actions taken.

In appropriate circumstances, (company name) will inform the reporting individual of the results of the investigation. To the extent possible, (company name) will maintain the confidentiality of the reporting employee and the investigation but may need to disclose results in appropriate circumstances; for example, to protect individual safety. Company will not tolerate retaliation against any employee who reports workplace violence.

Mitigating measures

Security of employees shall be mitigated as soon as possible following their discovery. Mitigating actions include the following items.

- Notification of law enforcement authorities when a potential criminal act has occurred;
- Provision of emergency medical care in the event of any violent act upon an employee;
- Post-event trauma counseling for those employees desiring such assistance;
- Assurance that incidents are handled in accordance with the Workplace Violence Prevention policy;
- Requesting (company's) attorney file a restraining order as appropriate.

Training and education

The _____ (company name) human resources department shall ensure all employees, including managers and supervisors, are provided training and instruction on general workplace security practices. Department directors shall for ensure all employees, including managers and supervisors, are provided training and instructions on job specific workplace security practices.

The company shall provide training and instruction to the following employees:

- To all current employees when the policy is first implemented;
- To all newly hired employees, supervisors and managers, or employees given new job assignments for which specific workplace security training for that job assignment has not previously been provided;
- To affected employees whenever management is made aware of a new or previously unrecognized hazard.

Workplace security training and instruction includes, but is not limited to, the following:

- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards;
- Methods to diffuse hostile or threatening situations;
- Escape routes;
- Explanation of this Workplace Violence Prevention Policy;
- Providing specific instructions to all employees regarding workplace security hazards unique to their job assignment.

IV. Home Health Aide Bloodborne Pathogens

The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) applies to employees who have an occupational exposure to blood or other potentially infectious materials. The three most common bloodborne pathogens (BBP) are human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV). As a healthcare worker, the risk of being exposed to a BBP is greater than for workers in other professions.



What is Hepatitis B and C?

Hepatitis B and C is a virus that attacks the liver. Infections may be mild and can go away in a short time or be chronic and last a lifetime, even leading to liver disease or cancer. Only blood tests can positively identify the disease. Those infected may not have any symptoms for up to 30 years. Symptoms are flu-like, including nausea, fatigue, fever, headaches, abdominal pain and jaundice (a yellowing of the skin). There is a vaccine to prevent hepatitis B but no vaccine to prevent hepatitis C.

What is HIV?

HIV is a virus that attacks a person's immune system and when the immune system breaks down he or she develops Acquired Immunodeficiency Syndrome (AIDS). Although people could be infected without knowing it and live a normal, healthy life for years, they are still contagious. There is no cure for AIDS and no vaccine.

Transmission of HBV, HCV, and HIV

Unlike the flu or common cold, they aren't spread through the air so you won't get them from coughing, sneezing or casual contact. They are all transmitted through contact with blood or any body fluids or tissue containing visible blood. In the health-care setting, a common avenue of transmission is injuries involving needles and involving other sharps such as broken glass or anything that can pierce, puncture, or cut your skin. You could also be exposed to a bloodborne pathogen if blood comes in contact with your broken skin, such as an open cut or acne, or mucous membranes of your eyes, nose or mouth. All at risk employees should practice universal precautions. Universal precautions refer to the practice of assuming that all body fluids have the potential to be infected with a bloodborne pathogen.

A. Exposure-control plan

OSHA requires the employer to have a written program that identifies which employees have the potential to be exposed to blood as a result of performing their job duties and what measures the employer will take to help minimize their risk of exposure. In addition, the employers should have exposure-control plan procedures in place if an exposure incident does occur. The bloodborne pathogen standard also requires employers to train their employees about their risks and ways they can protect themselves from exposure.

The checklist below provides information that can help protect employees.

Offer hepatitis B vaccinations, free of charge, to all employees that have been identified at risk.	
Ensure that employees comply with universal precautions.	
Provide and ensure the use of appropriate personal protective equipment such as gloves, gowns, face shields, or mask and eye protection.	
Use a safe needle device or needle-less system.	
Never bend, recap or break needles after use.	
Ensure the contaminated sharps are disposed of in proper sharp disposal containers.	
Practice good hand hygiene, either hand washing or using an alcohol-based product.	
Bandage any hand cuts in case a protective glove tears or leaks.	
If hands are visibly soiled, wash with soap and running water.	
Do not eat, drink, smoke or apply cosmetics when you are likely to be exposed to blood or body fluids.	
Do not let contaminated equipment touch your skin, mucous membranes, clothing, other patients, visitors, or items in the environment.	
Do not store or transport food or drink with blood, urine, or other body fluids.	
Clean all blood and fluid spills according to your company's policy.	
Wear gloves to handle contaminated laundry.	
Do not reach into trash containers or push trash down with your hands or feet.	
Report any exposures to blood or other body fluids to your employer.	

Do



Don't



These recommendations are provided to help employees protect themselves from a bloodborne pathogens disease.

- Wear disposable gloves every time you may be in contact with blood or body fluids.
- Use special gloves if either of you is allergic to latex or vinyl.
- Make sure the gloves fit. Replace them if they get torn or damaged.
- Use new gloves for each new client and each new task.
- NEVER re-use disposable gloves. Throw away used gloves.
- Wash your hands before you put on gloves and after you take them off.
- NEVER touch your mouth or eyes while wearing used gloves.
- Turn gloves inside out when removing them. Put them in a plastic bag and tie the bag for disposal.
- Wash your hands often. Wash with soap and running water at regular times during your work.
- Remove any blood or body waste from your or the client's skin by washing with soap and running water.
- Handle sharps with extreme care.
- Point sharps away from your body and discard them immediately after use into a sharps container.
- Never put sharps in a regular recycling bin or trash can.
- Never reach into a trash bag! It could contain needles or other sharps.
- Never recap a needle or touch the point.
- Cover cuts, sores, or breaks in your skin and the client's skin with bandages, unless the doctor says otherwise.
- Use bleach to carefully clean household surfaces that may have blood or body fluids on them.
- Mix one part bleach to 10 parts water. Make this solution fresh each day – and label it.
- Get a vaccination to protect you from Hepatitis B

B. Bloodborne-pathogens exposure-control plan

Sample written program

Purpose

The _____ (company name) has established this written exposure-control plan, in accordance with OSHA standard 29 CFR 1910.1030, for all employees who handle, store, use, process or dispose of potentially infected blood and blood products. This program includes requirements for personal protective equipment, engineering controls, housekeeping procedures, training, exposure reporting and recordkeeping.

Responsibilities

The company (nurse, physician, health and safety director) will manage the bloodborne pathogens exposure control program, and maintain all records pertaining to it. The _____ (company name) management will ensure proper adherence to the program through periodic audits. The exposure-control plan will be reviewed and updated at least annually. The review process will include soliciting input from non-managerial employees.

Definitions

Biological hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms that can cause diseases such as human immunodeficiency virus (HIV) and hepatitis B (HBV), which are spread through contact with infected blood or blood products.

Medical wastes/Infectious wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts removed by means of surgery or autopsy.

Universal precautions: Preventing exposure to bloodborne pathogens by assuming all blood and bodily fluids to be potentially infectious, and taking appropriate protective measures.

Training

The _____ (company name) will provide training on bloodborne pathogens exposure, by a qualified medical professional, to any employee whose assigned job duties include first aid, hazardous materials response or custodial work (such as cleaning restrooms). All employees in affected jobs will receive training upon hiring, and yearly thereafter. The training will include:

- Company policy;
- Types and transmission of bloodborne pathogens;
- General safety rules;
- Universal precautions;
- Use of personal protective equipment (PPE);
- Medical waste disposal procedures;
- Post-exposure treatment and procedures;
- HBV vaccinations.

General work procedures

The _____ (company name) personnel must follow these procedures for controlling exposure to bloodborne pathogens.

- Supervisors must ensure their employees are trained in proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.
- The company will examine and maintain engineering controls on a regular schedule to ensure their effectiveness.
- The company will provide resuscitation equipment and other ventilation equipment to eliminate the need for direct mouth-to-mouth contact for employees whose jobs would require them to perform resuscitation.
- Do not eat, drink, smoke, handle contact lenses or apply cosmetics in areas where exposure to bloodborne pathogens is possible. Do not store food and drinks in refrigerators or cabinets where blood and other potentially infectious materials are stored.
- Wear disposable latex or vinyl gloves if:
 - You have cuts, abrasions, chapped hands, dermatitis or similar conditions;
 - You are examining a patient with an open skin wound and active bleeding;
 - You are handling blood, blood products or body secretions.
- Wear gowns, aprons or lab coats whenever there is a possibility that bodily fluids could splash on an employee.
- Perform procedures involving blood and other potentially infectious materials in such a manner that will minimize splashing or spraying.
- Wear protective clothing if entering a laboratory or work area where potentially infectious materials are handled.
- Wash your hands as soon as possible after handling potentially infectious materials, and after removing protective clothing and equipment.
- Remove all protective equipment when leaving the work area and, if the equipment is contaminated, place it in a proper storage container for washing, decontamination or disposal.
- Remove contaminated clothing before entering other areas of the building or leaving the building.

Medical wastes

- Separate all medical/infectious waste from other waste at the point of origin, and place (except for sharp objects) in double, disposable red bags with Biohazard and Infectious Waste labels.
- Place all 'sharps' such as needles, scalpels, razor blades or broken glass, in puncture-proof, leak-proof, labeled or color-coded containers for proper disposal.
- Place all infectious waste in leak proof bins or barrels marked Biohazard and Infectious Waste. Dispose of infectious waste according to your communities waste removal guidelines.
- Wash and disinfect contaminated equipment that is reusable
- Decontaminate reusable glassware in a 1-to-10 bleach solution before rinsing and acid washing; then sterilize the glassware in an autoclave.
- Decontaminate floors and other surfaces with a 1-to-10 bleach solution as well.

Engineering controls

The company will incorporate changes in technology that eliminate or reduce exposure to bloodborne pathogens when identified. Consideration and implementation of appropriate, commercially-available, effective and safer medical devices are documented annually.

Hepatitis B (HBV) vaccinations

The _____ (company name) will provide, at its own expense, hepatitis B vaccinations to employees covered under this program and who choose to be vaccinated. The company will document that it offered the vaccine, as well as the employees' decision to accept or decline and the date of vaccination.

Reporting

Any employee who has suffered a cut, needle stick or mucous membrane exposure to another person's bodily fluids, or who has been exposed to human blood and blood products, must report the incident immediately to the company (nurse, physician, and health and safety director).

The company will have an employee covered under this program, or an employee acting as a Good Samaritan, who has been exposed on the job to HIV, HAV, HBV or HCV tested at the time of exposure to determine if the virus has been transmitted. The company will re-test the employee at six weeks, 12 weeks and six months after exposure. The company will pay for all testing expenses.

The company will also contact the exposure source and request that person be tested at company expense. The testing for this person is not mandatory, however, and refusal will not affect his or her employment. The company will provide test results to source and exposed employees within five business days of their receipt. The company will maintain confidentiality for the exposed employee and the exposure source during all phases of the post-exposure program.

Recordkeeping

The _____ (nurse, physician, and health and safety director) will maintain all exposure reports, training and HBV vaccination records. OSHA requires the company keep records for the duration of employment, plus 30 years, except training records. The company must keep these for three years. Record Hepatitis B or HIV contracted on the job on the OSHA 300 log as an illness. Exposure to bloodborne pathogens from contact with sharps will be recorded on the OSHA 300 log if a doctor prescribes treatment with gamma globulin, HBV immune globulin or HBV vaccine.

Appendix 1 – Exposure determination

The following job classifications and employees of XYZ company are covered by OSHA's

Bloodborne Pathogens Standard:

Appendix 2 – Hepatitis B Vaccine Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signature of employee _____

Print name of employee _____

Date _____

Witness signature _____

V. Home Health Aide Hazard Communication



The OSHA Hazard Communication standard (29 CFR 1910.1200) is also known as “the right to know” standard. The purpose of this standard is to educate employees on how to identify hazardous chemicals; the hazards associated with the chemicals they use; and how to work with chemicals safely.

Exposure to a chemical can occur when a home health aide uses the product or when there is an accident such as a spill. A spill can cause immediate injury such as a burn or difficulty breathing. However, routine use of a chemical such as cleaning, can take years to harm one’s health. Although routine use does not pose immediate risk, still put in place precautions to protect the employee’s health. Precautions could include substituting the hazardous product for one that poses less of a chemical hazard as well as providing the appropriate personal protective equipment such as gloves to protect against skin absorption.

Using household cleaning products or insecticides in a client’s home can put the home health aide at risk of exposure to chemicals. The aide can inhale chemicals, absorb them through the skin or swallow them. Health reactions can include irritation or burns to the eyes and skin, irritation to the lungs, poisoning and potentially cancer. Besides a health danger, chemicals may also be flammable or explosive; catching fire easily if near heat or exploding if the container is heated or punctured.

A. Safety measures

Hazards can be reduced or controlled by implementing the following measures:

Use a less toxic or non-toxic substitute. Refer to the product’s client label for information on its hazards;	.
Read all labels and follow the directions;	
Provide PPE for the home health aide to use such as rubber gloves and protective eyewear. Train the employee to use PPE properly;	
Provide employees with work procedures to prevent exposure such as avoiding the mixing of hazardous cleaning products;	
Use smaller amounts of a chemical by spraying product on a sponge instead of around the area to be cleaned;	
Train employees on proper storage of chemicals;	
Provide the employee with training to safely handle the product such as spill cleanup;	
Keep containers closed when not in use;	
Open windows and/or use a fan to get fresh air.	

If an exposure does occur, employees should immediately report to their employer. Signs or symptoms of an exposure may include shortness of breath, coughing, stinging eyes, dizziness, nausea, red skin or blisters.

B. Hazardous ingredients in household cleaning products

Below is a list of hazardous chemical ingredients that are commonly found in household cleaning products along with the hazard they pose to the human body.

Chemical name	Use in the home	Harmful effects
2-butoxyethanol	Bathroom cleaner	Inhaled or absorbed through the skin to cause blood disorders, liver and kidney damage, and reproductive damage.
Ethoxylated nonyl phenols	Laundry detergents	Eye and skin irritants
Methylene chloride	Stain and scuff removers, paint strippers	Potentially cancer causing agent
Naphthalene	Room deodorizers and moth balls	A cancer causing agent
Silica	Ajax cleanser with bleach and Comet powder with Chlorinol	A cancer causing agent found in the fine dust of abrasive cleaners
Toluene	Paint strippers	A reproductive toxin
Trisodium nitrilotriacetate	Laundry soaps	Potentially cancer causing agent
Xylene	Some spot removers, scuff removers, floor polishers and spray paints	A potential reproductive toxin can cause memory loss after repeated exposures.
Bleach (Sodium hypochlorite)	Disinfecting and laundry	Avoid contact with acids (toilet bowl cleaners) or chlorine gas will be formed. Avoid contact with ammonia or chloramines gas is formed.
Phosphates	Dishwasher detergents and laundry detergents	Contain high levels of chlorine based ingredients.

Below are practical tips that a home care worker can use in client's home to protect from hazardous chemicals.

- Use less harmful chemicals when possible.
- Use cleaning gloves to protect your skin.
- Keep products in their original labeled containers. If you make your own solution, write the contents on the bottle.
- Read labels and follow directions.
- Keep containers closed when not in use.
- Open windows and/or use a fan to get fresh air.
- Spray product on sponge rather than around the area to be cleaned.
- Don't mix different cleaning products. NEVER mix bleach and ammonia!

For a poison emergency, call the Poison Control Center at 1-800-222-1222

Do



Don't



C. Hazard Communication program (Sample)

The _____ (company name) has established the following hazard communication program for the safety and health of all employees, and to comply with the OSHA Hazard Communication Standard described in Title 29, Code of Federal Regulations, Part 1910.1200.

(Company name) designed this program to ensure communication of information to employees about exposure to hazardous chemicals in normal conditions, non-routine tasks and emergencies.

Hazardous chemicals can be liquids, solids, gases, vapors, fumes and mists, including chemicals generated through work operations.

The designated company safety coordinator is responsible for facilitating the program, and job supervisors are responsible for continued training.

Other contractors on-site also will be informed of the company hazard communication program, including the location of the SDS notebook and any chemical hazards to which they may be exposed.

Safety Data Sheets (SDSs)

Employers who use hazardous chemicals but do not produce or import them are not required to evaluate the chemicals for hazardous properties.

Suppliers/manufacturers are responsible for determining which chemicals are hazardous and for supplying users with the necessary safety data sheets.

The SDSs should include the following information.

- Information on the manufacturer
- Hazardous ingredients and identity information
- Physical and chemical characteristics
- Fire and explosion data
- Reactivity data
- Health hazard data
- Precautions for safe handling and use
- Control measures

Obtain SDSs before chemicals are used. If any new or significant information arises about a chemical already in use, the supplier/manufacturer must send an updated SDS to the user.

If a request to obtain this information from the responsible party is unsuccessful, a request will be made in writing, via certified mail, for the safety data sheet(s).

The safety data sheets will be maintained in a notebook in a highly visible and easily accessible location for employees and all other contractors during all shifts. A master SDS notebook will be maintained at the company's main office, with copies available upon request.

The first page of the SDS notebook will be an index or inventory of all hazardous chemicals that are produced, processed, stored or present on site. The safety data sheets will follow the index, in the same order as they are listed on the index.

As new chemicals are received, both the safety data sheets and the index will be updated.

Labeling

All containers of hazardous chemicals on site will be labeled, tagged or marked by the supplier/manufacturer with the following information:

- Identity of the hazardous chemical
- Appropriate warnings
- Name and address of the manufacturer, supplier or responsible party
- Affected target organs

All labels will be in legible English, and will be prominently displayed on the container or readily available in the work area during each shift. If chemicals are transferred from the original, labeled container to another container, the employer will ensure that the new container receives the proper labeling.

Employee information and training

The company will provide all employees with training and information on hazardous chemicals in the work area at the time of their initial hire and whenever a new hazard is introduced to the work area.

In addition, the company will review periodically the hazard communication program and information on various chemicals at the weekly safety talks.

The company may conduct other training in classroom settings, in one-on-one sessions or through videotapes.

Inform employees of:

- The existence and requirements of the OSHA Hazard Communication Standard;
- The components of the company hazard communication program;
- Location of the written hazard communication program, the list/index of hazardous chemicals and the safety data sheets;
- Operations in work areas where hazardous chemicals are present;
- Hazards associated with non-routine tasks.

Employee training will include information on:

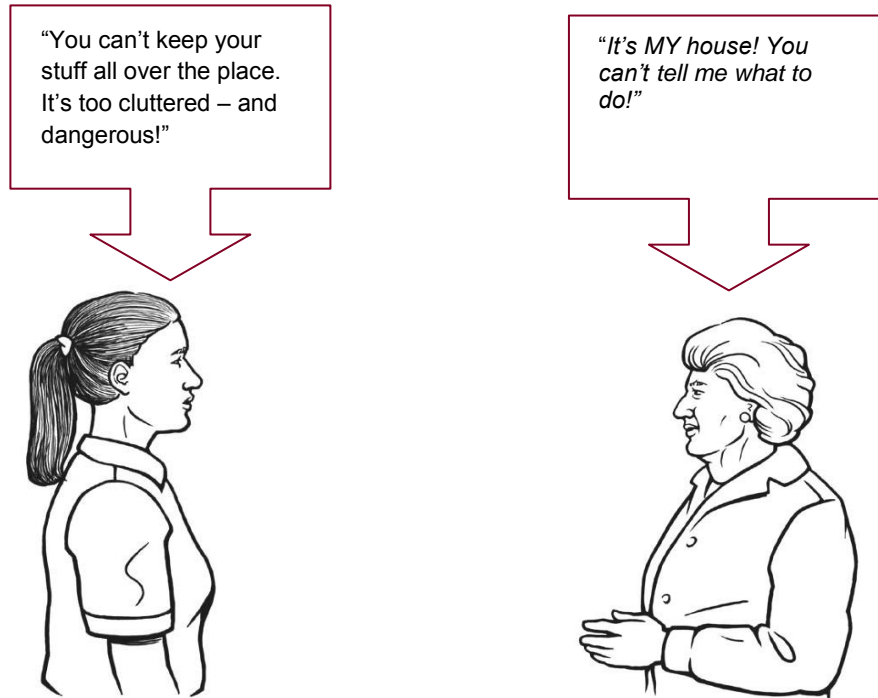
- Methods to detect the presence of hazardous chemicals in their work area;
- The physical and health hazards of chemicals in their work area;
- How the hazard communication program is implemented in the work place;
- How to read and interpret information on labels and SDSs;
- How to obtain and use the available information on the hazardous chemicals;
- Measures employees can take to protect themselves from hazards including specific procedures required to provide protection against hazards, such as personal protective equipment and emergency procedures.

VI. Home Health Aide Effective Safety Communication

Effective Safety Communication

When performing home health-care tasks, the employee has limited control over the work environment. Many of the changes needed to provide a safer work environment will require the cooperation of the client or his/her family. It is important that the employee can effectively communicate safety requests to the family or client so there is cooperation and room to think of solutions.

What's wrong with this conversation?



- Talking like this doesn't give either of you room to think of solutions.
- Each person may feel the other is not respectful and doesn't care about her/his needs.
- Both of you can get angry and defensive.

A. Tips for effective communication

Learn ways to state a concern about your safety in a manner that encourages both of you to find a positive solution – together.

- **Bring up a safety issue as soon as possible.** If you don't, the problem can get worse and one or both of you can get angry.
- **Plan the discussion in advance.** Practice with a friend, or write down what you want to say.
- **Be respectful.** Home care worker: *"May I move the phone cord out of the way so we don't trip? I'll make sure you can still reach the phone easily."*
- **Use "I" statements.** Talk about what you observe and how it affects you rather than blame the other. Home care worker: *"If I tried that, I'm afraid that I could hurt my back."* Client: *"I worry that if we change the way things are organized I won't be able to find the things I need."*
- **Look at the issue from the other person's perspective.** Home care worker: *"It must be hard having someone rearrange your things. But I wonder if we can move some things from the floor so we'd have more room to walk."* Client: *"I've always done the laundry that way, but if it puts too much strain on your back, it's OK with me to try it another way."*
- **Consider several solutions** so there's not just one option. Home care worker: *"That cleaning product is too strong for me. I'm concerned about my health. I could continue using it if I can open the window or use a fan. Or I could make a cleaner that works as well but is safer and less expensive. Which would you prefer?"*
- **Know your bottom line** – the minimum you can accept. Home care worker: *"I'm sorry. I'm not comfortable changing the bandage without wearing gloves. Using gloves is safer for both of us."*

B. Tips for working with clients who have speech difficulties

- Find a quiet area and give them your full attention.
- Don't interrupt or finish their sentences.
- If you have trouble understanding, don't nod. Simply ask them to repeat. If after trying, you still cannot understand them, ask them to write it down or suggest another way such as:
 - Communication boards and books;
 - Computers (text or graphics/pictures);
 - Assistance from a family member or friend who is experienced in communicating with the client.

C. When communication breaks down

Sometimes you may feel threatened by what client or other people in the house say or do. If you believe you are in immediate danger, call 911. Otherwise, consider these options:

- Talk to the client when he/she is calm;
- Ask a friend or family member to accompany you when you speak with the client;
- Request help from an agency that also works with the client.

If you can't resolve the situation, consider other employment for yourself or other care options for the client.

Resources

BWC's Division of Safety & Hygiene libraries provide free information on the topics of occupational safety and health. Contact information: 1-800-OHIOBWC, press 2, then 2.

Home Health-care Nurse

This is the Journal for the home care and hospice professional.

Although a subscriber website, one can access many of the publications for free.

<http://journals.lww.com/homehealthcareonline/pages/default.aspx>

Home and Community Health Worker Handbook

This handbook addresses different types of activities that put you to risk of injuries and illnesses along with prevention techniques. Also includes a safety check list.

http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/community_health_workers.pdf

Scripps Gerontology Center associated with Miami University:

This website provides a number of publications and links to additional resources.

<http://www.scripps.muohio.edu/>

The National Institute of Occupational Safety and Health Occupational Hazards in Home Healthcare

This document aims to raise awareness and increase understanding of the safety and health risks involved in home healthcare and suggests prevention strategies to reduce the number of injuries, illnesses, and fatalities that too frequently occur among workers in this industry. This is a large document and may take a few minutes to open.

<http://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf>

[A Home Fall Prevention Checklist for Older Adults - Centers for Disease Control](#)

[Home Safety Checklist - Ohio Council for Home Care and Hospice](#)

[Household Tips for People with Low Vision - Cornell University](#)

References

Slip Not Metal Safety Flooring — Stairs handrails check lists
www.slipnot.com/stair-handrails

Health and Safety Executive — What can I do to prevent slips and trips?
<http://www.hse.gov.uk/slips/preventing.htm>

Brady Home Inspection — Stairway Safety
<http://bradyinspects.com/stairway-safety.html>

Tom Raly E-How Health — Guidelines for Stair Safety
http://www.ehow.co.uk/way_5291310_guidelines-stair-safety.html

NHS Harrow — Links to safety and health policies
<http://www.harrowpct.nhs.uk/index.html>

William Marras, Waldemar Karwoski [2006] Applications in Occupational Ergonomics, Chapter 46: Patient Handling in Health Care, pages 46-47.

The Occupational Health and Safety Agency for Healthcare in BC (OHSAH) — Home and Community Care Risk Assessment Tool and Resource Guide [2008]
www.ohsah.bc.ca

Occupational Safety and Health Department of Labour, New Zealand — Healthy and Safety Guidelines for Home Based Health Care Services [2002]
www.osh.dol.govt.nz

The National Institute for Occupational Safety and Health (NIOSH), Labor Occupational Health Program (LOHP) at UC Berkely, The Public Authority for in-home Supportive Services (PA for IHSS) in Alameda County, The Service Employees International Union (SEIU-ULTCW) — Practical Tips for Homecare Workers
www.ac-pa4ihss.org

The National Institute for Occupational Safety and Health (NIOSH), Strains, Sprains, and Pains in Home Healthcare, Working in an Uncontrolled Environment, NIOSH Science Blog [2010]

Healthcare Health and Safety Association of Ontario (HCHSA) — Home Health-Care Handbook
www.hchsa.on.ca

L. Enos and L Severson, The Need for Safe Patient Handling Programs in Home Health and Hospice, 2009

Baron S, Stock L, Ayala L, Soohoo R, Gong F, Lloyd C, Haroon P, Teran S, Gonzalez P. Oakland, CA: Public Authority for In-Home Supportive Services in Alameda County, 2010, Dec:1-84, Caring for yourself while caring for others: Practical tips for homecare workers

Safety and Health PowerPoint Presentations

Bloodborne Pathogens Overview

This presentation provides a review of OSHA's blood borne pathogen standard, including the definition of a blood borne pathogen, blood borne pathogen diseases, hepatitis B vaccination information and control measures.

Ergonomics

Learn what ergonomics is and get tips to avoid physical injuries do to awkward postures, force, repetition and static stress in a workplace.

Hazard Communication and SDS Usage

This PowerPoint presentation provides an awareness level training of OSHA's Hazard Communication standard along with information on ng and safety data sheets.

HazCom SDS Usage

Understand the purpose of the Hazard Communication Standard (HAZCOM) or (HCS) and some of its requirements.

Gain an understanding of container labels and their meanings. Practice reading and understanding a safety data sheet (SDS).

Safety and Health for the Home Healthcare Industry

This PowerPoint provides a basic understanding of ergonomics.

Violence in the Workplace

This presentation provides a review of the impact of workplace violence. It identifies the categories of workplace violence. In addition, it provides information on causal factors and prevention strategies for violence in the workplace.

Ergonomics Awareness and Good Body Mechanics

This presentation ergonomics. Risk factors, force and frequency, that can lead to a work related musculoskeletal disorders as a result of poor lifting techniques.

Videos for Home Health Care

Before you turn the key

This video encourages drivers to adopt recommended pre-start driving habits of conducting a vehicle walk-around inspection, adjusting mirrors, seat and headrest, and becoming familiar with the controls of each vehicle driven. Not specific to the workplace. Accompanying guide available. Closed captioned. 2008, 20 minutes

VHS 650098

DVD 450098: includes Spanish and Portuguese versions and resource materials

This video encourages drivers to take precautions to minimize the risk of a crash related to bad weather. It covers rain and flash floods, snow and ice, wind and fog.

2008, 19 minutes

VHS 650007

DVD 450007

Driven to Distraction

This video requires viewers to confront the many ways they allow themselves to be distracted while driving and shows the tragic consequences that can result. Closed-captioned.

2007, 16 minutes

VHS 650089 Accompanying CD-ROM and guide available

DVD 450089 Includes resource material

Bloodborne pathogens: Protection in the home care setting

This video gives home health-care workers an introduction to bloodborne pathogens and appropriate measures to avoid exposure. Accompanying guide available. Closed-captioned.

2005, 17 minutes

VHS 630107

DVD 430107 Includes Spanish and Portuguese versions and resource material

How to care for someone on bedrest

This video demonstrates techniques that use the principles of body mechanics to care for someone on bedrest. Geared to home care settings. Accompanying guide available.

1995, 34 minutes

VHS 630089

How to help someone who uses a wheelchair without hurting yourself

This video demonstrates techniques that use the principles of body mechanics to assist someone in and out of a wheelchair. Geared to home care settings. Accompanying guide available.

1997, 24 minutes

VHS 630088

Violence and home health care: Be smart, be safe.

This video presents safety practices that help home health-care workers recognize, avoid and de-escalate dangerous situations while in the field. Accompanying guide available. Closed-captioned.

2005, 22 minutes

VHS 630109

DVD 430109 Includes Spanish version and resource material

Hand hygiene: for hands that care.

This video stresses the importance of proper hand hygiene in health-care facilities. Describes the CDC hand hygiene guidelines and demonstrates effective procedures. Accompanying guide available. Closed captioned. 2003,

17 minutes

VHS 630106

DVD 430106 Includes Spanish version and resource material

Combative residents: Mirror their reality.

This video explains causes of combative behavior in nursing home residents and discusses how staff can manage and prevent it. Accompanying guide available.

1997, 23 minutes

VHS 630073