

# Safety (Home Health Aide In-Service Training)

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## Introduction

*In this module... you will learn about:*

- Client safety precautions.
- How to use protective devices, assistive devices and restraints.
- Personal safety for the home health aide.

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## Definitions

**Dementia:** Mental deterioration, loss of the ability to think clearly.

**Extremity:** Arm, leg, hand, or foot.

**Limbs:** Arms and legs.

**Mobility:** The ability to move about.

**Postural Support:** Soft protective device used to protect a client from injury.

**Restraint:** Device that holds back or limits movements, which the client cannot remove.

## Client Safety

As a home health aide, you are responsible for the safety of your clients. You must know how to use equipment safely and must be alert to, and report, any hazardous situations in the home.

Some of your patients may need special equipment and devices. As a home health aide, you are expected to use this equipment properly in order to prevent injuries to your client and yourself.

### **Home Health Care Plan**

One primary safety responsibility is to be sure you are following the correct care plan for your client. Even simple health care given to the wrong client can be extremely dangerous. Use the following rules every time you are about to provide care:

1. Make sure the correct client's name is on the care plan or checklist.
2. Every client care plan should include:
  - Name.
  - Age.
  - Sex.
  - Doctor's name.
  - Medications.
  - Any allergies.
  - Special instructions.
3. If you have any questions, double check with your supervisor before providing care.

## Safety Precautions

Although more accidents occur in the home than in any other place, most can be prevented. Following are general safety rules you should know and practice:

### ***Household Safety***

- Know whom to contact in case of an emergency. Keep the telephone numbers of the police, fire department, paramedics, and poison control center with you and/or near each telephone.
- Prevent falls by keeping the floors clear of objects. Suggest that the homeowner tack down small rugs or remove them completely. Wipe up spilled liquids immediately. Slippery floors can be dangerous.
- Prevent burns to your client by first testing bath water yourself. Then have the client test it.
- If your client has a pacemaker, be sure he or she does not enter the kitchen when a microwave is being used.
- Be sure that each room has proper ventilation.
- Dispose of wastes and garbage properly. Follow the correct procedure for disposing of biohazardous materials.
- Make sure flammable liquids are not stored near sources of heat.
- Store all household cleansers and other strong chemicals safely. Make sure children and adults suffering from dementia cannot get at them.

### ***Electrical Safety***

- Be sure there is adequate lighting
- Make sure all electrical appliances and equipment are in good working condition.
- Check for frayed wires and do not overload outlets with too many plugs.
- Do not place electrical cords under rugs. A frayed wire could short and ignite the rug, causing a fire.
- Dry your hands before using any electrical equipment. Keep electrical appliances away from water.

### ***Oxygen Safety***

Some clients may have oxygen prescribed for them. The oxygen is supplied in green cylinders and is extremely flammable. Your supervisor will instruct you in the proper use of the oxygen cylinder. It is important that you follow these safety precautions:

- Do not smoke or allow open flames in the same room as the oxygen tank, even if the tank is not being used. A good precaution is to remove all cigarettes, lighters, matches, ashtrays, and candles from the room.
- Place a sign on the door warning that oxygen is in use.
- Do not use electrical appliances such as hair dryers, shavers, heating pads, or lamps near oxygen. Unplug these items before turning on the oxygen tank.
- To help prevent static electricity, use cotton materials whenever possible. The use of fabric softeners in the laundry can reduce or eliminate static electricity.
- Make sure that family members and visitors understand and practice these precautions.

### ***Fire Safety***

- Learn the layout of the house and know where the exits are in case of fire or other emergencies.

- If the home has a smoke detector, make sure it is in working order.
- Know the location and type of fire extinguishers in the house and how to use them.
- Know how to get your patient out of the house in case of fire.
- Review fire safety procedures with your supervisor.

### **Earthquake Safety**

- If possible, suggest that the family relocate the client's bed so it is not directly under large windows.
- Make sure there are no objects, such as bookshelves and art work, above the client's bed. Suggest that the family remove the objects, or anchor them.
- Know where the client's emergency supplies are kept.
- Know the location of the main controls for the gas, electricity, and water, and how to shut them off.
- If an earthquake occurs, help the client get under a table or into a doorway. If the client is in a wheelchair, move the client into a doorway and lock the wheels. If the client is immobile in bed, cover the client's head and body with blankets and pillows for protection against falling objects. Then get under a table or into a doorway. Stay calm.

## **Protective Devices and Restraints**

### **Side Rails**

Some clients may have beds equipped with side rails. When these rails are up, the client is protected from falling out of the bed. In most cases, the side rails will always be up at night. Clients who are at risk for falling out of bed or trying to walk unassisted may have their side rails up during the day. Individual instructions for when side rails are to be used should be in each client's record. It is the home health aide's responsibility to follow these instructions.

Safety precautions to remember when using side rails are:

- Before raising or lowering side rails, check to be sure the client's arms and legs are out of the way.
- Side rails are to be securely locked into position, whether up or down.
- Restraints are never to be tied to side rails.
- Broken side rails are to be reported immediately to your supervisor.
- Side rail padding should be used to prevent injury to clients who thrash about in bed.

## **Soft Protective Devices**

Soft protective devices or restraints restrict a client's freedom of movement. Restraints can only be used if they are ordered by the client's physician and only under certain conditions. These conditions are:

- To help the client sit upright and prevent falls from a bed or wheelchair.
- To protect the client while administering treatment (IV, feeding tube, or catheter).
- To protect the client from injuring himself, herself, or injuring others.

There are several types of protective devices:

- **Vest support.** This is worn like a vest to provide postural support.
- **Pelvic support.** This is worn between the thighs to prevent the hips from slipping forward.
- **Mittens.** These are worn on the hands to prevent scratching or removing dressings.
- **Extremity restraints.** These are used to immobilize a limb during treatment or to protect the client from causing injury to himself, herself or others.

### **The Use Of Restraints**

The use of restraints can cause the client to be anxious and frustrated. Following is the procedure for using restraints:

1. Approach the client in a calm, unhurried manner.

2. Wash your hands, and explain to the client and his or her family what you are going to do in a simple, nonthreatening way. Stress the protective purpose of the supports, using terms such as "safety belt" and "postural support."
3. Restraints are to be used **ONLY** when the client is in a bed or chair which has wheels. If there is an emergency, the client will have to be moved quickly.
4. Restraints are **NOT** to be tied to side rails or parts of the bed that are raised or lowered. If the rails or parts of the bed were raised or lowered with the limb attached, the restraint might injure the client.
5. Restraints are to be tied in simple, easy-to-release clove hitch knots placed out of the client's reach. **NEVER** use a slip knot as it can tighten when a client moves.
6. The client must be checked for proper positioning before a restraint is applied.
7. Restraints, when in place, should fit snugly, without binding. Check to see if you can slip two fingers under the edge of the restraint after it has been tied.
8. Restraints must never restrict the client's circulation. Check the client for the following signs of restricted circulation:
  - o Change in skin color.
  - o Change in skin temperature.
  - o Complaints of tingling, numbness, or pain.
  - o Swelling.
9. Protect the client's skin from wrinkles, knots, and buckles. Use padded restraints or pad bony places to prevent pressure ulcers.
10. A client in supportive restraints must be observed every hour, and the client in treatment restraints must be observed every 15 minutes or as required by your agency. It will be necessary to instruct a family member in the use of restraints. Your supervisor will provide instruction.
11. Restraints must be released every one to two hours for short periods, to allow for massage, exercise and movement. This also provides time for a position change. It is important to remember that older adults' skin is often fragile and easily injured. Be observant for any signs of skin irritation or trauma.
12. The client must always be able to call or signal for assistance.
13. Restraints are **NEVER** used as punishment or for the convenience of the care provider.
14. When finished, wash your hands.

Restraints are considered the last resort. They are to be used to protect the client, or to prevent him or her from harming others. You will only use them when told to by your supervisor.

### ***Alternatives to Restraints***

Some alternatives to restraints are:

- Placing the client where he or she can be constantly observed.
- Keeping the client dry, clean, and comfortable to reduce agitation.
- Responding promptly to the client's needs.
- Diverting the client's attention to safer, more meaningful activities.
- Taking time to provide special attention to the client.

## **Assistive Devices**

Assistive devices are used by clients to increase mobility or ambulation. Wheelchairs are used by people who are unable to walk or too weak to walk safely. Walkers, crutches, and canes are examples of ambulation devices used for support while walking. You will learn more about ambulation devices in Chapter 38.

### ***Wheelchair***

Some clients may depend on wheelchairs for mobility. Even clients who can walk may use a wheelchair because they may lack the strength or balance to ambulate safely.

Safety precautions to remember when using a wheelchair are:

- Always lock the brakes before attempting to transfer a client into or out of a wheelchair.
- The foot rests should be up when a client is transferring into or out of a wheelchair. The foot rests should be down for support for the feet when the client is sitting in the wheelchair.
- Keep the client's limbs and clothing away from the wheels.
- Broken or defective parts should be reported to the family and to your supervisor immediately.
- Older clients have fragile skin which injures easily. Use care during wheelchair transfers.
- When moving a client in a wheelchair, be alert to obstacles and hazards.

### **Walker**

Clients who have poor balance or general weakness often use a walker for safe ambulation. It takes some of the weight off the client's legs and puts more on the arms.

There are three types of walkers:

- **Pick-up walker.** This has no wheels and is picked up and moved forward at each step. It provides very firm support.
- **2-wheeled Walker.** This has wheels on two legs. The other legs must be lifted at each step.
- **4-wheeled Walker/Rollator.** This has wheels on the legs, and usually a seat.

Safety precautions to remember when a client uses a walker are:

- Check the walker regularly and report immediately any broken or defective parts.
- Keep the client's path free of obstacles and hazards.
- If the client appears to be using the walker improperly, report this to your supervisor immediately.
- If the walker appears to be the wrong size for the client, check with your supervisor immediately.

### **Crutches**

Crutches are used by clients to decrease the weight borne by one or both legs. Safety precautions to observe when clients use crutches are:

- Check the underarm padding to be sure it is adequate and in good repair.
- Be sure there are no loose screws and the tips are in good repair.
- Check the client's underarm area for signs of pressure. If found, notify your supervisor.
- If the client appears to be having difficulty or uses the crutches improperly, notify your supervisor immediately.

### **Cane**

Canes offer some support for clients who have balance problems. The cane is used on the strong side of the body. There are two types of canes:

- **Straight single point.** This is the ordinary walking cane. It touches the ground at one point and provides little side-to-side support.
- **Quad.** This type has four small feet and touches the ground at four points. It provides more side-to-side support.

Safety precautions for clients who use canes are:

- Check the cane regularly for loose screws or cracks.
- Rubber tips should be clean and in good repair.
- Report to your supervisor any difficulty the client has using the cane.

Protective and assistive devices are very important to a client's safety and mobility. It is the responsibility of the home health aide to ensure their safe and proper use.

## **Your Personal Safety**

As a home health aide, you may have to visit some areas that seem dangerous to your personal safety. You may have to travel in late afternoon or at night, or by yourself, or into areas where you may be seen by people who

assume any healthcare worker will be carrying valuable drugs or needles.

No one is ever 100% safe, but there are a number of steps you can take to make your travel much safer. You should talk over safety issues with your supervisor and develop procedures that will help you feel safer.

### ***General Travel Precautions***

Know the area you will be visiting. Discuss it with others who have been there. Find it on a map and be sure you are oriented. Know all the major cross streets. Know where the nearest police station is. If you own a cellular phone, preset an emergency number and carry it with you.

If you feel an area might be dangerous, tell a friend or someone responsible where you are going and when you expect to arrive, both on your way to and from a client. Tell the friend you will call within a few minutes of the time arranged. Discuss with them what action to take if you do not call: for example, call your supervisor.

If you live in a city where you can travel by public transport, be sure to have enough change in a pocket for the fare, and for an emergency phone call. Don't take out your wallet or coin purse where it can be seen. Sit near the driver or conductor.

Don't carry any valuables with you. Leave as much home as you can, including spare credit cards. Carry wallets and purses close to your body or out of sight. Men should carry a wallet in a front pocket, not a rear pocket where it is easily stolen.

Have everything you need to carry in a single bag so one hand is free at all times.

Let the client and family know that you never carry much cash, or drugs, or needles. Leave your purse or other valuables in the trunk of your car.

Have some form of identification that verifies you are a home health aide and who you work for.

### ***Safety and Your Car***

Make sure in advance that your car has plenty of gas and no mechanical problems that could leave you stranded. Also, keep a good spare tire, a flashlight with fresh batteries, flares, a small fire extinguisher and a first aid kit in the car. It's a good idea to post in the car the phone number of a local tow service or auto club.

Have your keys ready before you reach the car. Look in the back seat before getting in, especially after dark. Don't leave anything in plain sight in the car. If you must leave something in the passenger compartment, put it under a seat, out of sight.

If your initial client visit will be by car at night, visit the area first in the daytime so you can see where you are going and where to park. Choose a route that takes you through the busiest, brightest streets.

Once you're in the car, lock the doors and keep the windows rolled up. If you break down and someone comes to help, tell them to call police. Do not get out.

If another car follows you, go directly to a police or fire station. Drive directly into the police lot if you can. Know where the local stations are.

If you feel unsafe for any reason when you reach the client's home, do not get out of the car. Drive to a safe telephone or use a cellular telephone and call your supervisor.

When leaving the client's home, look out a window and check the area first.

### ***Personal Defenses***

Carry a whistle or loud personal siren. If attacked, activate the alarm or scream as loud as you can.

If it is legal in your area, carry pepper spray or some other personal defense aerosol. If these are not legal, carry a small hairspray bottle and spray it in an attacker's eyes.

Carry your car keys like a weapon, with one key poking out of your hand. Slash at the attacker's face with it. Poke at an attacker's eyes with anything you have, a key, a pen, or even your thumbnail.

Kick and strike out at an attacker's genitals and face. Stomp hard on a foot.

If someone grabs your wrist, wrench your arm upward against their thumb. You can break almost anyone's grip that way.

Talk over safety issues with your supervisor. If you do not feel safe in an area, do not get out of the car. Drive away.