

A Safety Module:

HOME CARE SAFETY TIPS

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Developing Top-Notch CNAs, One Inservice at a Time



A Safety Module:

HOME CARE SAFETY TIPS

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

Instructions for the Learner

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

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Discuss which clients are most at risk for accidental injury.



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



Discuss at least three ways to prevent falls.



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



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

THANK YOU!



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A Safety Module: Home Care Safety Tips

HOME SWEET HOME!

Client safety is one of the primary responsibilities of every healthcare worker. This is especially true of nursing assistants because you spend so much one-on-one time with your clients. If you work in clients' homes, you know that keeping your clients safe can sometimes be a real challenge!

When client care is provided in a facility, such as a hospital or nursing home, the environment is fairly controlled. The rooms are all similar. Housekeeping staff keeps everything clean. And, supplies and equipment are just a few steps away.

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

- Mr. Jones, who lives downtown with his wife on the 8th floor of a large, new apartment building.
- Mrs. Walker, who lives by herself in a 50-year-old one-story house that could use some repairs.

- Mr. Sampson, who stays with his daughter in a small, two-story duplex that has just been updated.
- Mrs. Canfield, who rents a room in a 100-year-old boarding house at the edge of town.
- Mrs. Thomas, who lives with her elderly brother outside of town on the family farm.

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

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



HOME SWEET HOME!

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

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

The most common causes of home accidents are:

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

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



ARE YOUR CLIENTS AT RISK?

Whose safety is most at risk while at home? It's the people who are least able to protect themselves, including **children** and **the elderly**. Young children are at risk for injuries because they are curious and have not yet learned about all the dangers in their environment. But adults know better, so why are older people at risk?

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

- Muscle strength decreases gradually with age. Joints, tendons and ligaments lose their flexibility and limit motion.
- Reflexes begin to slow, making it hard for older people to react quickly.
- As people age, their vision diminishes—including their depth perception. This makes it hard for them to judge distance and can lead to a fall or other injury.
- Elderly women are at risk for osteoporosis, a condition that causes bones to become weak and brittle. Even a slight fall can cause a severe fracture!

- Some older people develop urinary urgency. It's easy for them to trip or stumble on something as they hurry to get to the bathroom.
- The side effects of some medicines can put people at risk for falls, especially older people as they tend to take *multiple* medications. If your clients take four or more medications per day, they have an increased risk of injury.
- Diseases that are common among the elderly, such as Alzheimer's disease and arthritis, can add to a person's risk for accidents.



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

THE NATIONAL PATIENT SAFETY GOALS

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

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

1. Identify patients correctly.

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

2. Improve staff communication.

Your agency might meet this goal by developing a list of approved abbreviations (and a list of abbreviations that *can't* be used), improving how they take physician's orders or finding a better way for team members to share information about patients.

3. Check patient medicines.

4. Use medicines safely.

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



Even if your organization is not certified by the Joint Commission, these patient safety goals can serve as excellent basic guidelines.

5. Prevent infection.

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

6. Prevent patients from falling.

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

7. Help patients to be involved in their own care.

For example, the home care staff might teach each patient (and their family) how to report their complaints about safety.

8. Identify specific patient safety risks.

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

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

THE SAD TRUTH ABOUT FALLING DOWN

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

Every year, nearly two million senior citizens are treated in emergency departments for injuries due to a fall. One out of every four of them is hospitalized for those injuries.

TIPS FOR PREVENTING FALLS

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



KITCHEN SAFETY

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

- ☑ Make sure you understand how to use your client's kitchen equipment *before* turning it on.
- ☑ Keep appliances as clean as possible to prevent fire hazards. For example, empty the toaster oven's crumb tray and/or clean out the crumbs periodically from the toaster. Wipe out the microwave. Clean the stove top.
- ☑ Do not touch or handle electric equipment, including switches, if your hands are wet or if you are standing in water.
- ☑ Don't put metal in a microwave oven. The sparks can turn into fire or can seriously damage the microwave. And, if your client has a cardiac pacemaker, unplug the microwave and DO NOT use it!
- ☑ Unplug electric appliances when not in use. Otherwise, they continue to draw electricity even when they're not turned on. If the appliance's wiring is old or faulty, a fire could break out.
- ☑ If you take a hot pan off the stove and put it on a counter, leave a hot pad on top of the lid as a warning to your client that the pan is hot.
- ☑ Never leave wooden or plastic tools, dish towels, or other items on the stove top. If you turn on the wrong burner, you could easily melt something or start a fire.



- ☑ Make sure that all pot holders and kitchen dish cloths are at least a few inches away from the stove top, as they are quite flammable.
- ☑ Place the client's frequently used items at a convenient level—somewhere between the shoulders and the knees. This keeps the client from reaching and bending and reduces the chance of falls.
- ☑ Make sure that all cooking messes are cleaned up as they happen in order to prevent fires. Just a little bit of oil splattered on a stove top can ignite and turn into a major fire.

Encourage the client's family to keep a fire extinguisher in the kitchen.

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

What's the bottom line? In the kitchen, it's important to pay attention to what you are doing—whether it's cutting up food, cooking on the stove or using a mixer. Never leave these items unattended. If your client needs your attention, turn off the stove or other appliances before leaving the kitchen.

BED AND BATH SAFETY

Here are some tips for preventing accidents in the bedroom and bathroom:

- ☑ Keep a flashlight at the bedside table (in case of a power outage).
- ☑ Move a sturdy chair or table next to the bed that the client can use for support when getting in and out of bed. A sturdy chair with arms also helps with dressing and sitting.
- ☑ Consider moving the client's bed against one wall (to minimize the chances of the client tumbling out of bed).
- ☑ Keep in mind that some of your clients may find it safer and easier to dress while lying down—especially when it comes to pulling up pants. If a client is weak on one side, encourage him/her to dress the *weaker* side first.
- ☑ Encourage the family to purchase a room monitor (such as an inexpensive “baby monitor”) to alert them (and you) when the client needs help.
- ☑ Get rid of clutter. Clothing and towels on the floor invite accidents to happen. Cluttered shelves lead to things falling onto the floor—and perhaps hitting you or your client.
- ☑ NEVER plug in an electrical appliance near an area where water is present. This includes the bathtub, toilet—and even the sink. One false move could plunge a plugged-in electrical item into the water, causing electrocution.
- ☑ Remember that towel bars should not be used as grab rails! If your client is in need of grab bars in the bathroom, discuss the issue with the social worker.
- ☑ If the client's sink has a separate knob for hot water, consider marking it with red nail polish—to remind the client that the water will be hot.



- ☑ If possible, place a telephone near the toilet, to prevent the client from making a “run” for the phone.
- ☑ Encourage the family to remove any lock on the bathroom door so that, if the client should fall, the family can get in the room quickly.
- ☑ Get rid of all glass in the bathroom. Even decorative items such as candle holders or perfume bottles can fall and shatter, especially on a tile floor. You don't want anyone picking glass shards out of their feet.
- ☑ Keep an extra roll or two of toilet paper within easy reach at all times.

BATH TIME!

- ☑ Use nonslip safety strips or a nonslip bath mat in the tub or shower.
- ☑ Keep the tub clean to avoid slippery soap scum or mold.
- ☑ NEVER let your client use a soap dish, towel rack or sliding glass shower door for stability or balance. This is extremely unsafe because these items were not meant to support human weight.
- ☑ If the tub or shower floor is white—and your client is elderly—suggest that the family get a *colorful* non-slip rubber mat. Many seniors find it easier to judge distance with a colored mat against the white background.
- ☑ Remember that the greatest danger in a bathroom comes when clients get in and out of the tub or shower. The risk of falling is high! Be sure to wear rubber-soled shoes.

MISCELLANEOUS SAFETY TIPS

- ☑ Put some colored tape at eye level on glass doors or picture windows—especially for clients who are confused or suffering from dementia. This may keep them from trying to “walk through” the glass.
- ☑ Make sure that furniture will not move if your client leans on it for support.
- ☑ Discuss the furniture arrangement with the family. They may want to move any unnecessary furniture out of the way. To avoid confusion, once a client has gotten used to the new furniture arrangement, do not change it.
- ☑ Never run extension cords under carpets or where they may be stepped on. Extension cords should never be plugged together.
- ☑ Keep the floors free of clutter.

FACT: An 85-year-old needs three times as much light that a 15-year-old needs to see the same thing!

- ☑ Encourage the family to purchase an “automatic” night light that turns on when the room gets dark.
- ☑ Make sure that the client’s area is well lit, especially any hallways and stairways.
- ☑ Drain cleaners, bleaches and strong acids can be dangerous if mixed, causing explosions or dangerous gasses. Make sure to always use chemicals according to the directions on the package, and make sure that the containers are properly sealed when not in use.
- ☑ Wipe up any spills promptly to prevent falls.

HEATING PAD SAFETY:

Your clients may be in the habit of using a heating pad to relieve aches and pains. If so, keep these safety tips in mind:

- ☑ Inspect a heating pad before each use to see if it is in proper working order. If it looks worn or cracked or the electrical cord is frayed, don’t use it! Let the family know they should replace the heating pad.
- ☑ If the heating pad has a removable cover, keep it on during use.
- ☑ Don’t use pins or other metallic fasteners to hold a heating pad in place. (The metal can heat up and cause a burn.)
- ☑ Place a heating pad *on top of*—not underneath—the “target” body part. And, don’t let your clients sit on a heating pad. (The temperature of a heating pad increases if heat is trapped.)
- ☑ Unplug a heating pad when it is not being used.
- ☑ When storing a heating pad, don’t fold or crush it.
- ☑ Never use a heating pad on an infant, a client who is paralyzed or on someone whose skin is not sensitive to temperature changes.
- ☑ Advise your clients *not* to use a heating pad while they sleep.
- ☑ Make sure that clients who are on oxygen therapy don’t use heating pads. It’s a fire hazard!



KEEPING YOURSELF SAFE!

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

- ☑ Get specific, clear directions to each client's home—before you leave your office.
- ☑ Make sure your supervisor knows your visit schedule. If your schedule changes for some reason, call the office right away.
- ☑ Park as close to the client's home as possible, preferably in a well lit area.
- ☑ Look around before you leave your car. Don't get out of the car if you feel unsafe.
- ☑ Be sure to lock your car. And, never leave your purse visible in your car. (Lock it in the trunk.)
- ☑ Attach a whistle or chemical spray to your key ring. Keep your keys ready—in your hand—while walking to and from your car.
- ☑ Always knock on the door before entering a client's home.
- ☑ Never enter a home that has not been *scheduled* for a visit. It's best to confirm the visit by phone ahead of time.
- ☑ Be careful in elevators. Stand close to the control panel with your back to the wall. If anyone bothers you, do not press the stop button. Instead, press the button for the next closest floor and get off as soon as the elevator stops. Knock on the first available apartment door. You can also try yelling, "**FIRE!**" and kicking the hallway walls.
- ☑ If you feel uncomfortable about someone who is waiting for the elevator with you, don't get on when the elevator door opens. Try saying, "Go ahead. I'm waiting for a friend."
- ☑ In hallways, stick to the center of the space. If you need help, knock on as many doors as you can and yell, "**Fire!**".
- ☑ When you arrive at a client's home for the first time, take a minute to assess the situation. Do not enter a home if there is a visible threat to your safety such as drugs, weapons or unfriendly animals.
- ☑ Once inside, make a mental note of the location of every exit and of a telephone. As you perform your client care, keep an "exit strategy" in mind.
- ☑ If your client has relatives or neighbors who create a safety problem, discuss the issue with your supervisor.
- ☑ If anyone in the house, including the client, is intoxicated, abusive or making inappropriate advances toward you, end the visit right away. Call your supervisor from a safe place.
- ☑ If the client tells you to leave, end the visit and report the situation to your supervisor.
- ☑ If you are the victim of a robbery, don't resist giving up your money or valuables. They are not worth getting hurt over!
- ☑ Tell coworkers about any safety issues you've encountered at a specific client's home—in case they have visits scheduled with that client and/or in that neighborhood.
 - ☑ If a client's home feels unsafe to you, ask your supervisor to send another aide with you or plan your visit to overlap with the visit of a nurse or therapist.



KEEPING YOURSELF SAFE, CONTINUED

WHAT ABOUT PETS?

- Don't assume that a client's pet will behave the same way every time you visit. Always proceed with caution around a client's animal.
- Remember that even a calm animal may become protective of its owner as you proceed with your work. Do not approach a dog or cat that has its hair raised or its teeth bared. These are signs that the animal feels threatened.
- In fact, your best bet is not to touch your client's animals at all. This reduces your chances of being bitten and keeps you from having to rewash your hands in the middle of client care.
- Your clients probably love their pets and may want you to show affection to them as well. Explain that your workplace has a policy requiring you to keep your distance from all animals.
- If you feel uncomfortable around a client's pet, ask the family to put the animal in another room or restrain it during your visit.
- If a dog starts dashing toward you, don't run. The dog's instinct is to chase after you—even if it doesn't want to hurt you.
- If a dog approaches you, try to stand very still for a minute or two. The dog will probably sniff you (to check you out) and then get bored and walk away.
- Avoid making eye contact with a dog as this is seen as an aggressive move. And, if you walk away from a strange dog, go very slowly and calmly.
- If you are bitten by a client's pet, wash the wound gently with soap and water. Then, call your supervisor for further instructions.



- Avoid handling dog treats in your client's home. Some treats may be contaminated with salmonella, a bacteria that can cause food poisoning.
- Keep a bottle of flea spray in your car, especially during the fall. If you suspect that you have been in a home where there are fleas, spray your lower legs and feet when you leave the house.



GET creative!

Tap into your experience on the job and come up with at least ONE creative solution to each of the three problems listed on this page:

You are uncomfortable in a client's neighborhood after dark (and it's getting dark early): _____

Your client doesn't have a telephone and you don't have a cell phone. In an emergency, you would: _____

Your client's son tells you that he has several guns in his room: _____

FIRE SAFETY

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

- ☑ If your clients smoke, make sure they use large, deep non-tip ashtrays. Empty the ashtrays frequently—and make sure to wet the contents before dumping them into the garbage.
- ☑ Don't let anyone smoke in areas where oxygen is in use.
- ☑ Never allow clients to smoke in bed. Smoking in bed is the number one cause of fire in seniors' homes.
- ☑ If you discover that your client sleeps with a space heater operating, discuss the situation with your supervisor. Space heaters are the number two cause of fire in older people's homes.
- ☑ If you notice that the lights in a client's home flicker, smell bad or make noise, tell your supervisor. The electrical wiring in the house may be at risk for starting a fire.
- ☑ Keep things that can catch on fire (paper, curtains, linens, etc.) away from hot devices such as stoves, radiators or reading lamps.
- ☑ If grease catches on fire, don't put water on it. Water will only make the fire spread! Try to smother the fire using a pot cover or a fire extinguisher.
- ☑ Know where fire extinguishers are located in your clients' homes. Using a fire extinguisher is easy if you remember the word, PASS. It stands for: **Pull, Aim, Squeeze and Sweep.**
- ☑ Always call the fire department *before* trying to put out a fire. Why? If the fire gets worse, you may not be able to get to a telephone.
- ☑ If you are in a fire, test doors before opening them. If the door is warm to the touch, don't open it! Look for another exit.
- ☑ If you are trapped, help your client into a room with a window and close the door. Stuff clothing or linens under the door to block out the smoke. Next, break a window. Stay close to the bottom of the window since that's where fresh air will come in. Wave a shirt or pillowcase outside so someone can see you.



- *During a fire, smoke or flames may block your exit. It's important to plan two escape routes from every client's home—even if one of them is a window.*
- *Think about one of your current clients. Picture his or her home in your mind. What two ways could you get out of the house in case of a fire? Would you be able to get the client out by yourself? Write down your "fire escape" plan here:*

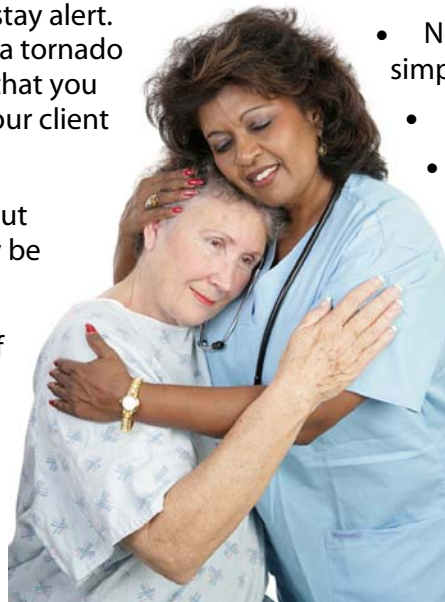
DISASTER PLANNING

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

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

An emergency or disaster can happen at any time—day or night. Being prepared is your best defense. Here are some tips to help you become prepared:

- ☑ Consider all the potential emergencies that can occur including floods, fires, terrorism, winter storms, earthquakes, tropical storms, tornadoes, nuclear facility accidents, hazardous materials incidents and influenza pandemics.
- ☑ Be sure you know which types of natural disasters are common in your area so that you can be ready for them. For example, hurricanes usually strike slowly. You'll probably have time to prepare yourself and your clients for this disaster.
- ☑ Tornadoes usually strike suddenly, with little warning. A tornado *watch* means that a tornado is possible and that you need to stay alert. A tornado *warning* means that a tornado has actually been sighted and that you need to protect yourself and your client immediately.
- ☑ Earthquakes can happen without warning, but floods can usually be predicted.
- ☑ It's important to know which of your clients have family or friends who will help them in a disaster—or if you are expected to stay with them in their home or in an emergency shelter.



- ☑ Your clients should be taught how to get a hold of you (and/or your workplace) during a disaster.
- ☑ Clients should also be encouraged to put together two *disaster supply kits*—one if they are *confined to home* because of a disaster and one if they are forced to *leave home* during an emergency. For more information about disaster kits, ask your supervisor for a copy of the Emergency Worksheet (that came with this inservice) or visit www.ready.gov.
- ☑ If you have a four-wheel drive vehicle, you may be asked to transport coworkers during an emergency.
- ☑ Your workplace may have a “telephone tree”. A coworker may call you to report that the disaster plan has been implemented. You might be expected to call the next person on the list.
- ☑ You probably learned about the emergency plan for your workplace during orientation. However, it's a good idea to review the plan every year.

SPECIAL NEEDS SHELTERS

In an emergency, would your clients qualify to stay at a “special needs” shelter? They may, if they:

- Need electricity to operate medical equipment.
- Need help with medications, injections or simple dressing changes.
- Receive regular dialysis treatments.
- Are receiving hospice care.
- Have mild dementia—but do not wander or behave in an abusive or combative manner.

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

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



Developing Top-Notch CNAs, One Inservice at a Time

EMPLOYEE NAME
(Please print):

DATE: _____

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

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

A Safety Module: Home Care Safety Tips

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

1. True or False

Across America, someone dies accidentally at home every four hours.

2. True or False

To prevent medical errors, healthcare organizations should use two methods for identifying their clients.

3. True or False

Clients who are at risk for falls should avoid exercising.

4. True or False

The majority of serious home accidents happen in the bedroom.

5. To keep your clients safe in the bathroom, you should:

- A. Keep the tub clean to avoid slippery soap scum.
- B. Encourage them to use towel bars for support.
- C. Use cold water only for baths and showers.
- D. Ask the family to paint the tub a bright color.

6. True or False

Dim lighting is safer than bright lighting because it doesn't cause a glare.

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

- A. Call the police immediately.
- B. Tell the client you don't feel safe.
- C. Ask one of the client's neighbors to come over.
- D. Leave as soon as you can and call your supervisor.

8. True or False

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

9. True or False

An emergency preparedness plan identifies who does what during an emergency.

10. True or False

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