



*Professional Home Health Care, Inc.*



*“Life was meant to be lived.”*

- Eleanor Roosevelt

# Professional Home Health Care, Inc.

## Safety Manual

January 2016



# PROFESSIONAL HOME HEALTH CARE, INC.

## SAFETY MANUAL

Welcome to Professional Home Health Care (PHHC)! We are happy that you have chosen to join a progressive, committed staff of professionals in providing quality care to those in need of home health services.

### TRAINING OBJECTIVES

At the conclusion of the training on this Safety Manual the participant will be:

- Knowledgeable of safety rules;
- Knowledgeable of PHHC's Workers' Compensation policy;
- Knowledgeable of PHHC's emergency preparedness plan;
- Knowledgeable of OSHA regulations;
- Knowledgeable of PHHC's Infection Control policies;
- Knowledgeable of PHHC's safety requirements;



### INTRODUCTION

These guidelines are designed to acquaint you with PHHC's Safety Manual. This manual is not all-inclusive, but is intended to provide you with a summary of some of PHHC's safety guidelines. This edition replaces all previously issued editions.

No employee safety guideline can anticipate every circumstance or question. After reading this information, if you have any questions, please talk with your immediate supervisor. Also, the need may arise to change the guidelines described. PHHC reserves the right to interpret or change them without prior notice.



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# PHHC Safety Manual

Since employee orientation and training play an important role in the development of safe and productive employees, the following requirements have been established for PHHC employees.

Newly employed personnel will be fully instructed in safety practices for their areas of responsibility. The Care Coordinator or supervisor will ensure that instruction is provided.

**All accidents, injuries and safety hazards related to care or service provided are to be reported, investigated and documented as "occurrences" on an Occurrence Report Form.**

## **A. PHHC SAFETY STATEMENT**

Our employees are our most valuable assets. It is PHHC's policy that every person is entitled to a safe and healthful place in which to work.

Establishment and maintenance of a safe environment is the shared responsibility between the employer and employees at all levels of the organization. To this end, every reasonable effort will be made in achieving the goal of accident prevention and health preservation.

Our philosophy is oriented toward affirmative control and minimization of risk to the greatest extent possible. PHHC considers the safety of our personnel to be of prime importance. We will be counting on you to do your part in making our safety program an effective one.



## **B. SAFETY RULES**

All PHHC employees must be aware of their responsibilities to PHHC, clients, and fellow employees. It is imperative that they follow established safety rules.

PHHC endeavors to provide safe working conditions for employees and to observe governmental safety regulations. No one will knowingly be required to work in an unsafe manner or environment. Safety is everyone's responsibility. Employees are required to do everything necessary to keep PHHC a safe and healthful place to work.

*Almost all accidents can be prevented if basic safety rules are followed. Violations of PHHC Safety Rules and Standards of Conduct will result in disciplinary action up to and including immediate discharge. In addition, by law, Workers' Compensation benefits may be reduced by fifty percent if a work injury or illness occurs due to an intentional safety rule violation. It is important that each employee knows and observes company safety rules applicable to your job title. Each employee's compliance with all safety rules is a requisite for continued employment.*



## SAFETY RULES (Continued)

The following is a list of required safety rules. Failure to comply will be considered a violation:

1. Lifting and moving clients without using techniques taught in licensing classes or outlined in this manual.
2. Moving clients without the use of a transfer or gait belt.
3. Moving televisions, refrigerators, heavy furniture, etc.
4. Disorderly conduct, horseplay, fighting, throwing objects, running except in extreme emergencies.
5. Possessing, drinking or being under the influence of liquor or drugs on company or client property.
6. Possession or use of firearms or any dangerous weapon.
7. Tampering with or improper use of equipment.
8. Failure to complete any re-training which may be required by PHHC after an injury and before employees can be reassigned to clients.
9. Failure to use personal protective equipment as required in the "Universal Precautions" procedures.
10. Failure to follow PHHC policies and procedures listed in the Employee Handbook, Safety Manual, or Drug and Alcohol Policy Manual.
11. Failure of employees or passengers to use automobile seat belts at all times, as required by law.
12. Failure to follow standard driving procedures as required by law.
13. Smoking in offices, company automobiles, or clients' homes.
14. Failure to promptly correct and/or report all unsafe acts and conditions to a supervisor.
15. Using unidentified materials or equipment.
16. Not knowing escape routes and the location of fire extinguishers.
17. Wearing jewelry, such as rings and bracelets, necklaces and loose clothing during care giving and when using equipment.
18. Distracting another employee from the task he/she is performing.
19. Failure to follow the PHHC Plan of Care for a client.
20. Providing services beyond the scope of practice or beyond the scope of the PHHC plan of care.
21. Failure to follow proper handling of sharps and sharp material to prevent needle sticks and lacerations.
22. Failure to set up work areas in ergonomically correct manner.
23. Failure to remove and /or correct hazards that could cause tripping, slipping, or falls.
24. Failure to identify and/or avoid hazards that cause tripping, slipping, or falls.
25. Failure to wear slip-resistant shoes while performing duties in the field.

26. Failure to exercise and maintain the strength needed to perform duties associated with providing home care services.
27. Disregarding instructions of or insubordination to a supervisor or other proper authority.
28. Engaging in any illegal activity, or in any other conduct unbecoming to the individual or PHHC, whether on or off Company or client premises.
29. Gambling, lottery, or other game of chance on Company or client property at any time.
30. Harassment or intimidation of employees or customers, fighting, or the use of offensive or profane language.
31. Inefficient or careless performance of duties, including failure to maintain proper standards of workmanship or productivity.
32. Using a cell phone while driving, this includes talking or texting.
33. Failure to observe safety rules and regulations, or environmental rules and regulations.

### C. WORKERS' COMPENSATION PROCESS



The Workers' Compensation Act is regulated by the State of Colorado. The Act allows compensation to workers for job-related injuries regardless of fault.

Job-related injuries should be reported to your supervisor immediately. However, injuries that are not job-related should not be submitted as a workers' compensation claim, but should be reported to your personal physician. An employee who fraudulently reports a personal injury will be disciplined by PHHC and may be prosecuted for fraudulent conduct.

PHHC has two designated provider physicians, from which you can choose one, to treat you for work-related injuries. **Failure to seek treatment from a designated physician may result in the employee becoming financially responsible for the medical care that is provided.**

Workers' Compensation provides compensation to workers for job-related injuries and exposures. However, if the injury is due to violation of company rules, compensation benefits may be reduced up to fifty percent.

In the event of an injury while you are working:

- **Report the injury to your supervisor immediately.**

- Assist your supervisor in completing an Occurrence Report and First Report of Injury that will be sent to Pinnacol Assurance. A claim number will then be established in your name.
- Complete an Employee Injury Statement, in your own handwriting, describing how the injury occurred.
- Sign the Provider Notification Letter.
- Select a physician listed on the PHHC's provider notification letter. If you follow this procedure, the doctor's visit will be paid for by PHHC. If you go to another physician, you will be responsible for the charges yourself.
- PHHC will have the doctor's office perform a drug screening.
- After your visit to the doctor, bring the doctor's report back to your supervisor on the same day.

After PHHC receives your Doctor's Report the following process is followed if you are unable to work your usual hours or if you cannot work at all:

- A claims agent from Pinnacol Assurance will contact you.
- If our workers' compensation carrier determines your claim is compensable, the insurance carrier will pay **for wages missed at 2/3 your regular rate, after missing three full days of work.**
- If you anticipate being off work for 3 or more days, you should contact your supervisor to see if you are eligible for Family Medical Leave, which will guarantee your job.

If your physician has told you that you can work with "restrictions" (modified duty):

- Your restrictions will be written on your doctor's report that you hand carry to your supervisor.
- Your supervisor will attempt to find work that will meet those restrictions. A copy of a job description showing those modified duties will be sent to your physician for his/her approval before you are offered a modified job. "Modified" duty may mean a position where lifting is restricted, or work hours are limited. In some cases, you may be asked to perform office duties if you are unable to perform your usual duties.
- You will be paid at your regular rate of pay for the hours you work the modified work duties.
- **If you refuse to work the modified schedule, your worker's compensation wage benefits may be discontinued.**

## WORKERS' COMPENSATION PROCESS (Continued)

### Your Responsibility

- In order for your benefits to continue, you **must** follow your physician's instructions with regard to your care.
- You **must** go for scheduled visits for follow-up at the physician's.
- If you experience complications as a result of your injury, you **must** communicate this information to your supervisor, and the physician.
- You **must** bring the doctor's report back to your supervisor on the same day.

## D. EMERGENCY PREPAREDNESS

PHHC has implemented an emergency preparedness plan to facilitate the continuing care and services in the event of an emergency resulting in interruption of services. All employees should understand this plan.

The Care Coordinator or supervisor will implement the Emergency Preparedness Plan as a result of:

1. Extreme adverse weather conditions,
2. Natural disasters,
3. Disasters other than natural that require action,
4. Industrial accidents,
5. Communication system failure,
6. Loss of personnel, or
7. Damage to a company's site.



The Care Coordinator or supervisor will notify the President immediately after the decision has been made to put the Emergency Plan into action.

If no means of communication exists, all staff available will meet at PHHC's site for planning and coordination. If PHHC's site does not exist, all staff available will meet at the county's designated disaster relief site.

All employees scheduled to work will be contacted, as appropriate by PHHC, if necessary.

The Care Coordinator or supervisor will work with the On-Call staff or Service Coordinator to prioritize and serve clients as appropriate or possible using the following information:

1. Employees current location and status (i.e. at home, snowed in),
2. Clients scheduled to be seen,

3. Of these scheduled clients, those who can be seen by an employee,
4. Of the clients who cannot be seen by an employee but must be seen by someone due to condition of client (medical necessity).

If PHHC's communication system is not working, telephone lines will be forwarded to one of PHHC's cellular telephones or a staff member's home telephone.

Every effort will be made to see scheduled clients based on their medical necessity. The Care Coordinator will make alternate plans for those clients who need services that PHHC cannot provide. Clients will be notified of cancellation or status of visit.

## **E. OSHA GUIDELINES**

### **1. Chemicals in the Workplace (Hazardous Communication)**

All chemicals that are stored on PHHC premises or used in conjunction with client care or substances that can cause harm to employees should be appropriately labeled with contents and warnings, as well as instructions for proper use. Do not remove labels from any chemical product.



Always read labels before using chemicals of any kind. Special handling or storage considerations may be required.

If you are concerned about any chemical you encounter while working for this company, be sure to talk to your supervisor.

#### **a. General Policy**

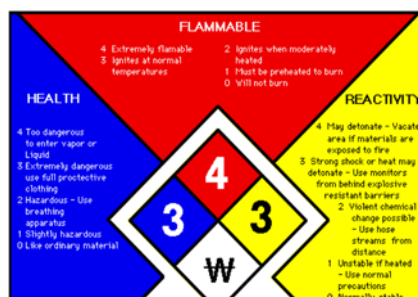
The purpose of this program is to comply with the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, Title 29 Code of Federal Regulations 1926.59. The program applies to all work operations where the employee may be exposed to hazardous substances under normal working conditions or during an emergency situation.

## b. Material Safety Data Sheets (MSDS)

MSDS stands for "Material Safety Data Sheet." It is available from the manufacturer or can be accessed by all employees on the Internet at [www.msdsprovider.com](http://www.msdsprovider.com).

## c. Container Labeling

The Care Coordinator or supervisor will ensure that all hazardous chemicals at PHHC are properly labeled. Labels that show the chemical identity, appropriate hazardous warning, and the name and address of the manufacturer, importer, or other responsible party will be obtained. Reference to the corresponding MSDS will assist the employee in obtaining or verifying label information. If the employee transfers chemicals from a labeled container to a portable container that is intended only for immediate use, no labels are required on the portable container. If a container is not labeled, an employee shall not use the chemical contained in the container. The employee shall report the situation to a supervisor immediately.



## d. Employee Training

Every employee who works with or is potentially exposed to hazardous chemicals will receive training on this Hazard Communication program and the safe use of those hazardous chemicals. Whenever a new hazard is introduced, appropriate training will be provided. Periodic refresher training will be provided. All new employees will be trained prior to commencement of job tasks/duties.

## e. Non-Routine Tasks



When an employee is required to perform hazardous non-routine tasks, a safety briefing will be conducted to inform the employee regarding the hazardous chemicals to which he/she might be exposed and the proper precautions to take to reduce or avoid exposure.

- f. If a hazardous material spill occurs in the office or a client's home, staff implements the following steps:

RESCUE - Evacuate the spill area. If possible, without risking further exposure, provide assistance including washing with water. Seek [emergency medical assistance](#).

CONFINE - Confine the spill area by closing the nearest doors to the spill area. Isolate contaminated persons and do not allow them to leave or spread the contamination. Cover drains to prevent spills from entering the environment.

REPORT – If needed, call 991. Immediately report the spill to the office for assistance with MSDS. Provide information on injured staff, type of hazardous material spilled, estimated quantity, and location.

SECURE - Secure the area until emergency response personnel arrive to ensure no one enters the spill area. If the area has multiple entrances, be sure to locate staff at all entrances to prevent entry.

CLEANUP - Cleanup must only be conducted by qualified personnel with the appropriate training, protective equipment and cleanup materials. Depending on the nature and size of the spill, trained State emergency staff may be needed. Do not clean up hazardous waste – call your supervisor for guidance.

## 2. Infection Control

### a. Hand washing

**Hand washing is the single most effective method of infection control.**

Hand washing should be done as follows:

- Before and after client care.
- As soon as possible after coming in contact with body fluid.
- Before eating and handling food.
- After covering a sneeze, blowing your nose, combing your hair, or using the toilet.
- After petting animals.

Hand washing procedure: (liquid soap + paper towel = 10 seconds)

1. Take supplies to sink and adjust water.
2. Lather hands, use friction – fingers down, and clean between fingers.
3. Rinse downward.
4. Dry with paper towel, leaving water running.



5. Turn off faucet with paper towel, not your bare hand.
6. Discard paper towel.

If you do not have access to running water or paper towels you can use an approved anti-bacterial gel/wipes/handwash. Please talk with your Care Coordinator for approved anti-bacterial material.

### **3. Bag Technique**

RESPONSIBLE PERSONNEL: RN's, LPN's, CNA's and PCP's

POLICY: Each staff nurse, CNA and PCP will carry a bag with standard supplies and will implement principles of infection control during home visits.

**GUIDELINES AND PRINCIPLES:  
THE OUTSIDE OF THE BAG IS CONSIDERED DIRTY.  
NEWSPAPER IS CONSIDERED CLEAN.  
THE INSIDE OF THE BAG IS CONSIDERED CLEAN.**

The PHHC bag should be taken into a client's home **only** when necessary.

- If the PHHC bag must be taken into the home, use a piece of newspaper to prepare a clean surface for the bag, or place on a wooden chair, coffee table, etc. You can also hang the bag on the back of a chair.
- Use another piece of newspaper as a clean surface for any equipment to be used this visit.

The bag should **NOT** be placed on a surface where food is prepared or medical supplies are stored.

The bag should **NEVER** be placed on the floor. Keep out of the reach of children and pets. The bag should **ALWAYS** be within your sight.

Hand washing materials should be kept at the top or outside pocket of the bag.

- Hands must be washed before entering or reentering the bag.
- Wash hands using soap and water, paper towels, or a clean hand towel (for your use only).
- It is acceptable to use the hand wash substitute provided by the agency.



Remove from the bag only those items needed for this visit. Place on newspaper or clean paper towel.

Select an item to use as a trash receptacle (plastic bag, newspaper, etc.).

Proceed with the visit, discarding waste according to agency policy.

CLEAN ANY USED EQUIPMENT AND WASH HANDS BEFORE PUTTING EQUIPMENT BACK INTO BAG.

Routinely wipe down the bell/diaphragm of the stethoscope with alcohol pad between clients.

**IF CARRYING FIELD CHART IN BAG, PROTECT THE CLIENT'S CONFIDENTIALITY. MAKE SURE NO NAME IS VISIBLE.**

- Avoid subjecting bag and contents to temperature extremes. Take inside at the end of the day.
- Avoid bringing bag into extremely dirty homes. Take in only what you know you will need.
- Do not leave bag in a visible, unprotected place.
- Use the client's own equipment whenever possible.

If contaminated equipment cannot be cleaned in the home, it should be placed in a plastic bag and transported back to the office.

STANDARD EQUIPMENT FOR CNA and PCP BAG:

- |  |  |   |
|--|--|---|
| - PPE Kit (Personal Protective Equipment)        | - Thermometer (electronic) and sheaths (CNA) | - Stethoscope (CNA)                         |
| - Soap and paper Towels, or hand wash substitute | - Clean latex gloves (ample supply)          | - Alcohol pads for cleaning equipment (CNA) |
|  | - Sterile gloves (one pair – CNA)            | - Newspapers (barrier)                      |
|  |  | - Trash bag                                 |

STANDARD EQUIPMENT FOR NURSING BAG:

- |  |  |  |
|--|--|--|
| - PPE Kit (Personal Protective Equipment)        | - 4x4 gauze, other simple dressing supplies    | - Tape measure   |
| - Soap and paper towels, or hand wash substitute | - Occlusive dressing (Duoderm, Tegaderm, etc.) | - Flashlight   |
| - Scissors, hemostat                             | - Clean latex gloves (ample supply)            | - Stethoscope and sphygmanometer                             |
| - Thermometer (electronic) and sheaths           | - Sterile gloves (one pair)                    | - Sharps container (to be separated from clean items in bag) |
| - Cotton balls                                   | - Syringes                                     | - Band-Aids  |
| - Tongue depressors                              | - Tape   | - Blood draw supplies  |
| - Alcohol wipes                                  | - Trash bag                                    | - Chemstrips   |
|  |  | - Newspapers (barrier)                                       |

Each Nurse, CNA and PCP is responsible for keeping his/her own bag clean and stocked. The PHHC bag and its contents are the property of PHHC and must be returned to PHHC when requested or at termination.

#### 4. Identifying and Reporting Conditions

In addition to preventing infection through hand washing, proper bag technique, and universal precautions, it is important to track infections. Employees play an important role in infection tracking by looking for (surveillance), recognizing (identifying), and reporting certain infections.

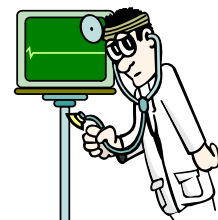
PHHC tracks the following infections. Please watch for these types of infections in clients or employees and report them to your supervisor for appropriate care or follow-up.

Reportable For					
Infection	Clients	Employees	Infection	Clients	Employees
Blood borne Pathogen	X		Mumps	X	X
Chicken pox	X	X	Neisseria Meningitis	X	X
Group A Streptococcal Disease	X	X	Rubella	X	X
Hepatitis A	X	X	Staphylococcus Aureus	X	X
Hepatitis B, acute	X	X	Skin Lesions		
Hepatitis C	X	X	SARS	X	X
Influenza	X	X	TB	X	X
Measles	X	X	Whooping cough	X	X

#### 5. Control of Infections

There are three types of contact that may transmit infectious disease:

- Contact may be direct, indirect or droplet spread:
  - Direct contact (physical contact).
  - Indirect contact (involves contaminated object).
  - Droplet spread (particles travel through the air).
- Airborne (particles of fluid transmitted in dust particles).
- Contact with insects.



Some factors may allow susceptibility to pathogens:

- Age (very young and very old are at an increased risk).
- Immune status.
- Nutritional status.

- Loss of natural barriers (i.e. skin, respiratory cilia).
- Presence of other disease,
- Virulence of, amount of, route of, duration of exposure to pathogens and location.

### Prevention Strategies

1. Identify and control the route of transmission:
  - a. Examine the client's environment.
2. Control the mode of transmission
  - a. Use routine hand washing.
  - b. Use personal protective equipment.
  - c. Clean and disinfect.
3. Protect
  - a. Workers should be immunized against vaccine preventable diseases.
  - b. Clients and family members may also need to be immunized.



### **6. Blood borne Pathogens**

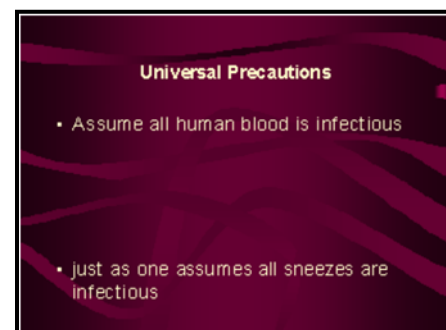
Hepatitis C, Hepatitis B, and HIV (AIDS) are blood borne pathogens found in blood and body fluids of those who are infected. Health care workers are most likely to be exposed by puncture wounds. Treat all body fluids as potential sources of infection.

#### Mode of Transmission

1. Sources of infection: body fluids, blood, fluid containing blood, and semen.
2. Sexual contact.
3. In the workplace: needle sticks, skin breaks, wounds, and cuts; mucous membranes lining eyes, nose, and mouth.

### **7. Universal Precautions**

“Universal Precautions” are general practices to follow to prevent the spread of infection. All human blood and body fluids should be treated as if they are infectious for Hepatitis B, HIV, or other diseases spread by contact with blood. It is impossible to know whether these fluids are contaminated, so one must always treat them as if they are infectious. OSHA and CDC (Center for Disease Control) have developed guidelines that employees should follow when working with clients.



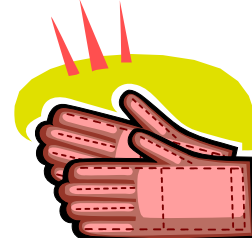
There is no way to know who is infected – therefore:

- Treat all body fluids as infectious,
- Treat all needles as infectious.

### Use/Wear Protective Equipment

#### a. Gloves

1. Whenever there is a possibility of touching or handling blood or other body fluids.
2. When drawing blood or performing invasive procedures.
3. If you or the client has a sore, skin rashes, broken skin, bleeding, open wounds:
  - i. Gloves are to be thrown away after use,
  - ii. Guidelines for using gloves: remove jewelry to prevent tears; wash hands prior to wearing gloves; wear the correct size; inspect for holes or tears; pull off inside out; wash hands again after use.
4. Latex Allergy: workers exposed to latex gloves may develop allergic reactions such as skin rashes; hives; nasal, eye, or sinus symptoms; asthma; and (rarely) shock. Workers with ongoing exposure to natural rubber latex should take steps to protect themselves.



#### b. Face Masks & Protective Eye Wear

1. Wear if there is a chance that blood or other materials will splash, spatter or spray.
2. Regular glasses are **not** considered protective eyewear and do not provide protection.

#### c. Protective Clothing

1. Wear protective clothing to prevent infectious materials from passing through to your other clothing.

CDC recommends immunization for workers who come into contact with blood or other potentially infectious blood fluids on the job. In order to protect both our clients and our employees from sharing infections, PHHC has established the guidelines on Universal Precautions on which employees will be trained.

d. Work Practice Controls (the following are areas that are trained at branch level in job-specific training)

1. Handling Sharps
2. Handling Lab Materials
3. Decontamination Procedures
4. Handling Laundry
5. Disposing of Waste
6. Personal Health and Hygiene



## 8. Tuberculosis



### Basic Information

Home health care workers may be exposed to working conditions in which there are high-risk groups of persons: homeless, elderly, alcoholics, IV drugs, persons infected with HIV, persons having exposure to TB, those who have a decreased socio-economic status, foreign born, infants.

TB is a bacterial infection that most commonly affects the respiratory system, destroying parts of the lung tissue. If infected, and there are no symptoms, the disease cannot be spread to others; however, if not treated, the bacteria can become active at any time.

### Screening Health Care Workers

Our company has developed a policy whereby all home care workers are offered testing at hire, and then annually.

If results are positive, your supervisor will instruct you of procedures you should follow.

## 9. Hepatitis B

Hepatitis B is one of at least three known hepatitis viruses. Formerly called serum hepatitis, Hepatitis B appears to be the most serious because of the many ways it can be acquired and its potential for complications. It has been associated with a chronic carrier state and chronic disease. No specific treatment has been identified for this disease.



PHHC offers the Hepatitis B series vaccine to all employees at hire at no expense to the employee. If an employee who initially refused the

vaccine decides he/she wants the vaccine, the employee should contact their supervisor to arrange to be vaccinated.

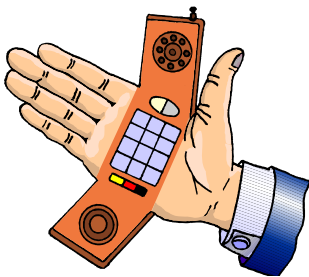
## **F. GENERAL JOB HAZARDS**

In order to promote a safe and healthy environment, every employee must assist in the pursuit of an accident-free work environment for PHHC. Employees must follow Safety Rules of PHHC.

All employees must be aware of their responsibilities to PHHC, clients and fellow employees.

Some general job hazards to which employees may be exposed are listed on the next page. Job specific training will be addressed at branch level.

### **1. Reporting Occurrences**



Occurrence reports (sometimes called incident reports) are a way to report any unusual occurrences with regard to client care or employee incidents. An occurrence report is an internal document for PHHC's use as a risk management tool. Through identification of areas of risk for clients and staff members, the agency can take preventive steps to avoid reoccurrence.

### **2. Equipment**

All client and field staff equipment is subject to regular maintenance and cleaning schedules as appropriate to manufacturers and infection control guidelines. This information is recorded as appropriate. All client care equipment that is soiled with blood, body fluids, secretions, or excretions shall be handled in a manner that will prevent skin and mucous membrane exposures. Single use, disposable items must be disposed of properly.



### **3. Ergonomics**

Ergonomics is a science that studies people's physical and mental capacities and limitations, including tissues of mobility and work-related stress. The purpose of ergonomics includes promoting physical comfort, productivity, and efficiency, reducing risk of injury, stress and fatigue. This in turn increases work satisfaction.

Employees are encouraged to report health problems; ask for help for job skills; report any ergonomics problems; give suggestions for job improvements; be willing to try new tools and equipment; learn to work smooth and easy; work as a team; exercise and take stretch breaks; think about off-the-job activities; and learn more about ergonomics.



#### **4. Slip-Resistant Footwear**

Due to the nature of our work, slips, trips and falls are a major concern and can cause severe injury. In order to minimize the risk of an injury, all field staff must wear shoes meeting these specifications:

- Shoes shall be identified by the manufacturer as “slip-resistant”
- Random sole patterns and patterns perpendicular to the direction of travel are most slip-resistant
- Shoes with too much grip or tacky surfaces will impede forward-travel and are not recommended
- Shoes must be closed-toe

All field staff is required to wear proper footwear as part of their daily uniform. Inspect your shoes daily for cleanliness, presence of liquid or solid contaminants wedged in the treads, and wear and tear. Employees failing to comply with this policy will be subject to the PHHC discipline policy.

#### **5. Workplace Violence**

PHHC will not tolerate violence in the workplace. It is PHHC’s goal to provide quality client care by providing a safe and healthful work environment for all employees. PHHC will strive to eliminate or reduce employee exposures to conditions that lead to death or injury from violence.

The following factors create risk factors for home health care workers:

- Working alone
- Working in the community, and being exposed to crime
- Prevalence of weapons
- Unstable, angry or volatile persons from varied backgrounds
- Lack of training on how to deal with hostile and assaultive behavior
- Constant contact with the public
- Using their car for work
- All neighborhoods have potential for crime and violence.

PHHC has developed a program that addresses issues of workplace violence:

- Violence will not be tolerated in the workplace.
- No reprisals will be taken against employees who report or experience workplace violence.
- Records will be kept to determine risks.
- Employees will be trained on safety issues in their workplace.
- Management is committed to a safe working environment for its employees.

All employees are asked to report incidents (threatening remarks, overt acts of physical violence, aggressive behaviors) to their supervisors. A "Violence Incident Report Form" will be used for this purpose and is available in your branch. Information reported on this form will be kept confidential.

## 6. Personal Safety

Employees are responsible for their own personal belongings, and should take care to protect them as needed. PHHC is not liable for personal belongings that are lost, stolen or damaged when an employee is working for PHHC.

### a. Driving Safety

*All PHHC employees are required to carry automobile insurance, to wear seat belts, and are to obey all traffic laws when driving. Only authorized employees are allowed to transport private duty clients according to the care plan. Your supervisor will notify you if you are allowed to transport a private pay client.*



### b. Fire Safety

Fire safety for clients and employees is of primary importance at PHHC. Our policies require that fire safety related to care provided in the client's home, as well as fire safety at the organizational site is provided.

To meet these requirements, PHHC provides for the following:

In the Client's Home:





- Train clients on fire safety.
- Address fire response procedures and fire hazards in the home.
- Review home safety assessment and make recommendations as appropriate.

Fire Safety In The Branch Office:

- Train employees on fire safety.
- Perform annual fire drill and inspection.
- Equip all locations with fire alarms, exit signs, fire extinguishers and fire escape routes.

All employees are responsible for initiating fire safety precautions where indicated.

c. Needle Stick Prevention and Sharps Safety

Needlestick injuries are wounds caused by needles that accidentally puncture the skin.

Needlestick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles. When not disposed of properly, needles can become concealed in linen or garbage and injure other workers who encounter them unexpectedly.

Needlestick injuries can transmit infectious diseases, especially blood-borne viruses.



Needlestick Facts -

Estimates from the national Centers for Disease Control and Prevention (CDC) are that 1 million accidental needlesticks a year occur in inpatient and outpatient care settings, with 66 percent of all needlesticks going unreported.

Clinicians can be exposed to a risk of infection from at least 23 bloodborne pathogens, including HIV and hepatitis B and C.

Health care workers suffer between 600,000 and one million injuries from conventional needles and sharps annually.

At least 1,000 health care workers are estimated to contract serious infections annually from needlestick and sharps injuries.

### ***Steps you can take to Prevent Needle Sticks***

- ❑ Wear gloves
- ❑ Never recap a needle
- ❑ Take your time, concentrate on the task, use caution and be careful
- ❑ Dispose of contaminated needles immediately in puncture-resistant containers
- ❑ Insulin syringes and any other sharp devices like those used for checking blood sugar, should be placed in a rigid container to prevent needlesticks or other injuries.
- ❑ Check each clients' home. Are they diabetic? Do they use needles? If so, make sure sharps containers are accessible.
  - Ask the nurse to provide a hazardous waste container.
  - Use home-made sharps containers (i.e. coffee can, hard plastic bleach bottle, etc.) if necessary.
- ❑ Keep sharps containers in a safe location in or near the area where they are used.
- ❑ Report needlesticks to PHHC immediately & report needlestick hazards observed
- ❑ Follow PHHC processes and professional standards of practice for your job title

### SHARP OBJECTS

Every year, Americans use over one billion sharp objects as part of their home care treatments. These "sharps" include lancets, needles, and syringes. If not disposed of properly, these items can injure caregivers, trash handlers, family members, and others who could come in contact with "Contaminated" materials.

Items which are sharp including: Needles, syringes, scissors, knives, staples, glass tubes or bottles, IV catheters, lancets, etc.

As home care workers, you may be assisting clients with proper handling of sharp objects. Be sure to assist them in placing used "sharps" directly into a clean, rigid container with a re-sealable lid. Use a hard plastic or metal container such as a coffee can (reinforce the lid with heavy duty tape). Never overfill the containers or recap needles once used. DO NOT use glass or clear plastic containers and never put "sharps" in containers that will be recycled or returned to a store. Seal the container with tape and place in the trashcan.

You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home. You should place:

- Needles
- Syringes
- Lancets
- Other sharp objects

in a hard-plastic or metal container with a screw-on or tightly secured lid.

A coffee can will do, but you should be sure to reinforce the plastic lid with heavy-duty tape. Do not put sharp objects in any container that will be recycled or returned to a store. Do not use glass or clear plastic containers. Finally, make sure that you keep containers with sharp objects out of the reach of young children.

Personal Care Providers and Homemakers – watch carefully so you will not have an accidental needlestick from discarded client needles. Call and ask the nurse to visit the home if you observe this hazard.

## **7. Back Safety**

Strains and sprains can be prevented through exercise and proper body mechanics.

### a. Body Mechanics:

The most common injury a home care worker experiences is an injury of the muscles, joints and ligaments of the lower part of the back, caused by doing physical work or lifting incorrectly. These injuries can put your career at risk and every year cost huge sums of money in medical treatment, lost wages, and disability payments. These injuries aren't necessary and we can all learn to avoid them.

You will never be requested to move anything heavy in a client's home. This includes televisions, refrigerators, heavy furniture, or heavy boxes. Never move such heavy objects for any reason. Politely refuse to do so and then report to your supervisor.

Using the body in an efficient and careful way, in order to save energy and prevent injuries is called "Body Mechanics". Good body mechanics includes using good posture, balance and the strongest and largest muscles to do the work. Posture is another term for "body alignment". Correct posture makes it easier and safer to do pushing, lifting and pulling.

The human spine is like a flexible, bendable rod. The muscles that run up and down the spine are not strong muscles nor are they designed to lift heavy loads. In order to avoid injury to the spine, the back must be kept straight and steady when hard physical work is being done. As you bend your knees, the muscles of the thighs and shoulders can do the work.

## 1. Bend Your Knees

Bend your knees, not your waist. This helps you keep your center of balance and lets the strong muscles in your legs do the lifting.



## 2. "Hug" The Load

Try to hold the object as close to your body as possible, as you gradually straighten your legs to a standing position.

## 3. Avoid Twisting

Twisting can overload your spine and lead to serious injury. Make sure your feet, knees and torso are pointed in the same direction when you are lifting.

### b. Transfer Belts



Employees are required to use a transfer belt during all client transfers. Failure to do so may result in the loss of some Workers' Compensation benefits and/or dismissal. See Safety Rules for details. A transfer belt will be given either to the client or the aide.



## 8. Basic First Aid

### a. Control Bleeding with Pressure

Bleeding is the most visible result of an injury. Each of us has between five and six quarts of blood in our body. Most people can lose a small amount of blood with no problem, but if a quart or more is quickly lost, it could lead to shock and/or death. One of the best ways to treat bleeding is to place a clean cloth on the wound and apply pressure with the palm of your hand until the bleeding stops. You should also elevate the wound above the victim's heart, if possible, to slow down the bleeding at the wound site. Once the bleeding stops, do not try to remove the cloth that is against the open wound as it could disturb the blood clotting and restart the bleeding.



Control Bleeding with Pressure (Continued)

If the bleeding is very serious, apply pressure to the nearest major pressure point, located either on the inside of the upper arm between the shoulder and elbow, or in the groin area where the leg joins the body. Direct pressure is better than a pressure point or tourniquet because direct

pressure stops blood circulation only at the wound. Only use the pressure points if elevation and direct pressure haven't controlled the bleeding. Never use a tourniquet (a device, such as a bandage twisted tight with a stick, to control the flow of blood) except in response to an extreme emergency, such as a severed arm or leg. Tourniquets can damage nerves and blood vessels and can cause the victim to lose an arm or leg. Never move an injured person unless there is a fire or when explosives are involved.

b. Treat Physical Shock Quickly



Shock can threaten the life of the victim of an injury if it is not treated quickly. Even if the injury doesn't directly cause death, the victim can go into shock and die. Shock occurs when the body's important functions are threatened by not getting enough blood or when the major organs and tissues don't receive enough oxygen. Some of the symptoms of shock are a pale or bluish skin color that is cold to the touch, vomiting, dull and sunken eyes, and unusual thirst.

Shock requires medical treatment to be reversed, so all you can do is prevent it from getting worse. You can maintain an open airway for breathing, control any obvious bleeding and elevate the legs about 12 inches unless an injury makes it impossible. You can also prevent the loss of body heat by covering the victim (over and under) with blankets. Don't give the victim anything to eat or drink because this may cause vomiting. Generally, keep the victim lying flat on the back.

c. Flush Burns Immediately with Water



There are many different types of burns. They can be thermal burns, chemical burns, electrical burns, or contact burns. Each of the burns can occur in a different way, but treatment for them is very similar. For thermal, chemical, or contact burns, the first step is to run cold water over the burn for a minimum of 30 minutes. If the burn is small enough, keep it completely under water. Flushing the burn takes priority over calling for help. Flush the burn FIRST. If the victim's clothing is stuck to the burn, don't try to remove it. Remove clothing that is not stuck to the burn by cutting or tearing it. Cover the burn with a clean, cotton material. If you do not have clean, cotton material, do not cover the burn with anything. Do not scrub the burn and do not apply any soap, ointment, or home remedies. Also, don't offer the burn victim anything to drink or eat, but keep the victim covered with a blanket to maintain a normal body temperature until medical help arrives.



If the victim has received an electrical burn, the treatment is a little different. Don't touch a victim who has been in contact with electricity unless you are clear of the power source. If the victim is still in contact with the power source, electricity will travel through the victim's body and electrocute you when you reach to touch. Once the victim is clear of the power source, your priority is to check for any airway obstruction, and to check breathing and circulation. Administer CPR if necessary. Once the victim is stable, begin to run cold water over the burns for a minimum of 30 minutes. Don't move the victim and don't scrub the burns or apply any soap, ointment, or home remedies. After flushing the burn, apply a clean, cotton cloth to the burn. If cotton is not available, don't use anything. Keep the victim warm and still and try to maintain a normal body temperature until medical help arrives.

d. Signs of an Infected wound include:

If you notice a person with any of these signs they should follow up with a medical provider to prevent the infection from getting worse.

- Swelling
- Redness
- Pain
- Fever
- Presence of pus
- Fainting

If a person begins to feel faint, he/she should...

- Lean forward
- Lower head toward knees; as the head is lowered below the heart, blood will flow to the brain.

## G. Safe Medical Device Act

It is PHHC's policy that all incidents involving death or serious injury related to medical equipment use or failure is reported to the equipment manufacturer and/or FDA. This policy is required in order to conform to the Safe Medical Device Act (MDA) of 1990 and FDA regulations. All employees are to report deaths or serious injuries related to medical equipment to their PHHC supervisor.



***Welcome to PHHC!***