



Module 3 Home Hazard Assessment

There are four ways that hazards are controlled, reduced and eliminated. These are:

1. Engineering controls: modifications to the environment to reduce exposure to hazards (e.g., substitution of less hazardous products, provision of lifting device).
2. Administrative controls: policies and procedures determined by employers (e.g., work assignment, training in specific work practices).
3. Work and hygiene practices: worker practices (e.g., hand washing, proper body mechanics, use of Standard Precautions).
4. Personal protective equipment (PPE): clothing or equipment designed to protect the worker (e.g., gloves, eye protection). Implementing engineering controls in the home environment can be problematic. More reliance is typically given to administrative controls, work and hygiene practices and PPE. It is particularly important that workers hone their observation and analytical skills so they can assess home environments for hazards.

"The first contact with a client should be used to negotiate the joint responsibilities of home service delivery. The worker's responsibility is to deliver the right service to the right person at the right time. One of the client's responsibilities is to ensure a safe work environment. This means a work area that is free of pets, alcohol, illegal drugs and abusive behaviour" (Leiterman, 1999).

3.1 Employer Strategies

Employers should:

- Have in place control measures and policies aimed at the prevention, recognition and control of potential exposures. These documents should address areas such as risk communication, notification of pregnancy or planning for pregnancy, job reassignment (when necessary) and medical surveillance. **All workers should have the right to ask clients and their family members to refrain from smoking and remove pets during the home visit.** A letter of agreement between the CCAC and the client may be used to clearly identify the roles and responsibilities of the client, workers and members of the team.
- Adopt a hazard identification system and train workers to use it. For example, the Grey-Bruce CCAC uses a colour coding system to alert providers to potential risks (i.e., purple = violence/abuse; orange = weapons; red = fire; green = environment; blue = substance abuse; black = other). The name of the colour is written on the assessment sheet beside "Current History" and underlined to alert providers upon referral.
- Have in place policies related to preparation, administration, transportation and disposal of antineoplastic agents, other drugs and specimens. Arrange working relationships and written agreements with pharmacies regarding the type and amount of supplies, timing of delivery and pickup, emergency response plan and pertinent client education.
- Train workers on procedures and techniques for administering and disposing of antineoplastic agents and equipment with an aseptic technique. Include information on how to protect family members, visitors and pets.

- Ensure a formal documented inventory is conducted, listing chemicals and other hazards to which workers, clients and their family members could be exposed.
- Provide training to workers on how to read consumer product labels, recognize consumer product symbols, properly use, handle, store and dispose of consumer products and respond in the event of an emergency. Where controlled products (as defined in the *Hazardous Products Act*) are also present, the requirements under WHMIS with respect to labels, MSDSs and training must also be met.
- Ensure workers know how to use public equipment like emergency exits, fire alarms and fire extinguishers.
- Provide workers with appropriate PPE (Personal Protective Equipment - gloves, gowns, eye wear, face protection, respirators, PPE disposal products) and ensure they know how to correctly use this equipment.
- Ensure home health care workers assess, document and evaluate a client's technique for self-administering medication and performing clean-up to ensure proper safety precautions are taken for the worker's own protection.
- Develop methods for reporting accidental exposures and hazardous effects. *
- Provide an appropriate monitoring, record-keeping and a hazard communication program, which addresses methods for spill management and disposal of bodily fluids.
- Consult with the JHSC or worker health and safety representative about work-related accidents and problems and appropriate preventative measures.
- Use team conferencing as a means of effectively communicating concerns about clients and transferring knowledge of problem-solving techniques.

- Have an intervention procedure in place for dealing with workers at risk of psychiatric emergencies (e.g., suicidal behaviour).
- Establish an Employee Assistance Program (EAP) so that workers can receive counselling for problems both on and off the job.

3.2 Worker Strategies

In addition to addressing the problems identified in an assessment of the home environment, workers should:

- Report any health and safety concerns that the client does not address. The employer should have a policy on this.
- Take along a snake light for a makeshift source of light.
- Carry as little as possible into the home until insect or rodent infestations are handled. Place any belongings in a clean area. Inspect it discreetly before leaving so that insects or eggs are not carried out.
- Ensure spills are promptly cleaned.
- Conduct a formal documented inventory of chemicals and other hazards to which the worker, the clients and their family members could be exposed. This should include any hazardous material that the worker brings into the home to provide client services. Conducting an inventory will help to identify hazardous substances.
- Where necessary, educate clients in the safe use, handling and storage of consumer products and other hazardous materials and emphasize the importance of maintaining a hazardous material inventory.
- Always read the label before using a household cleaning product or other consumer product used in the home.
- Ensure grab bars and bath stools are made available. Educate the client on how to use aids and prevent falls. Falls prevention for clients means less opportunity for musculoskeletal injury in workers.

- Ensure client and family members never smoke around oxygen delivery equipment and that such equipment is never used around an open flame. Remind clients that oxygen will saturate their clothing, towels and sheets, increasing the risk of a rapidly spreading fire. Workers should leave if clients refuse to exercise caution around oxygen delivery equipment.
- Never lubricate an oxygen gauge with a petroleum-based product. Never use petroleum-based adhesive tape to label an oxygen cylinder.
- Ask that pets be kept restrained or kept out of the room on initial visits. If it is determined that the pet has attacked any visitor in the past or if the worker is uncomfortable around a pet, have the pet restrained or put in a separate room for every visit. *
- Do not assume that animals will react the same way on every visit. It is important that workers proceed with caution - they are the intruders in the animal's home. Even a normally calm animal may grow protective during unfamiliar nursing procedures.
- Never offer an outstretched palm or look at a dog or cat straight in the eye. Look down or to the side. Do not approach a dog or cat that has its hair raised, teeth bared, tail raised or between its legs - these are signals that the animal feels threatened.
- Maintain a distance of at least ten feet from the pet. If a pet approaches, slowly back toward an exit or safe area.
- Acknowledge the importance of pets in the home environment and show interest in the relationship that clients have with their animals.
- If required to handle or clean up after pets, including reptiles, fish or birds, wash hands thoroughly with soap and water. Because of the risk of a fetal illness called toxoplasmosis, pregnant women **must not** clean up cat litter or cat feces.

- Keep a flea spray bottle in your car, especially during the fall season. Spray lower legs and feet when you suspect you have been in contact with fleas.
- If bitten by a dog and there is a puncture/ laceration, wash wound thoroughly with soap and water at the client's home and go immediately to the nearest treatment facility. A worker may need to undergo rabies prophylaxis if the animal has rabies.
- If scratched or bitten by a cat, wash lesion carefully with soap and water at the client's home and seek medical attention after the visit. (Cat bites and scratches may result in hemorrhagic septicemia or cat scratch fever.) Any animal bite that occurs must be reported to the local public health unit for follow up to determine if there is any risk of rabies transmission. Clients can be advised that the bite will be reported and that such a report is routine and not intended to get anyone "in trouble."
- Call animal control authorities as soon as possible when sick animals are noticed in a client's home or neighbourhood.