
Health and Safety Advisor for Home Care Agencies

UIC University of Illinois at Chicago
School of Public Health
Great Lakes Centers for Occupational and Environmental Safety and Health



*Department of Commerce & Community Affairs
George H. Ryan, Governor
Pam McDonough, Director*

Health and Safety Advisor for Home Care Agencies

identifying ways to improve the health and safety of workers and patients

Home care workers make up a growing group of employees who find, communicate with, and serve individuals who are not part of traditional facility based health care delivery systems. The Bureau of Labor Statistics reports that the industry providing nursing care and personal care in patients' homes added jobs faster than any other segment of the U.S. economy, with 500,000 employees in 1994. Looking to the future, the BLS Occupational Outlook Handbook states that health care occupations are expected to increase more than twice as fast as the whole economy.

Home care workers face unique injury and illness risk factors in their work. Workers are required to perform a challenging set of tasks in constantly changing work settings. Patient and clients have multiple physical limitations, which result in increased worker risk for injury. Home care settings present a less standardized, predictable and controlled work setting. This is a challenge to employees and employers. Employers and employees may have little or no knowledge about or control over conditions in patients' homes and workers usually do not have the opportunity to request assistance with particularly difficult or dangerous activities.

The following materials were developed in cooperation with home care employers, employees, and government agency representatives. The Advisor is designed as a workbook to help improve your health and safety program. After assessing your program, you may work through a series of interactive tools, used by yourself or with a group, for areas needing improvement. Suggested methods for use include:

- Complete the "Employer's Health and Safety Advisor" to identify the strengths and areas for improvement in your existing health and safety program.
- Review the materials included in the "Advisor" and select the tools that would be useful in enhancing your health and safety program
- Use the exercises and tools as a self-study guide for developing a plan to identify potential hazards and control strategies (answers to these exercises will be found in appendix B)
- Use the exercises to train employees on specific health and safety topics
- Contact organizations on the resource list to provide support and assistance in the development and implementation of a health and safety program

Employer's Health and Safety Program Advisor

Read the advisor and assess your workplace health and safety program. The advisor is a tool that will help you identify your current program strengths and areas that need improvement. The advisor also directs you to materials that will assist you in improving your program. Consider the following in "grading" your program that you may score directly on the advisor checklist on page 2:

A—This section is part of written program, implemented effectively at all levels, including management and workers

B—This section is part of written program and communicated to management and workers

C—Important part of our program but not a priority

D—Management and employees reminded to be careful and encouraged to think about these issues but rarely discussed

E—Never thought about it before

After you complete the advisor:

- 1) List the program strengths and note the reasons for these strengths.
- 2) List the elements of the program that need to be improved.
- 3) What support do you need to implement the improvements?

The other materials in this factpack can be used to enhance your existing program. Each of the following sections contains materials for increasing knowledge and skills. Each section offers a framework for understanding the program area, tools for developing a site specific program, and suggestions for employer self study to apply the program to their workplace. By completing this program you will be on your way to having a written program for injury and illness prevention in your workplace.

Employer's Health and Safety Program Advisor

Employer's Name _____

Manager's Name _____

Worker's Representatives Name _____

A—This section is part of written program, implemented effectively at all levels, including management and workers

B—This section is part of written program and communicated to management and workers

C—Important part of our program but not a priority

D—Management and employees reminded to be careful and encouraged to think about these issues but rarely discussed

E—Never thought about it before

Health and Safety Program Area	A	B	C	D	E
1. Employee Participation: Workers are equal partners in planning for and implementing their own protection. (Page 3)					
2. Site Specific Hazard Analysis: A proactive program includes the comprehensive survey and analysis of job hazards and changes in conditions. (page 5)					
3. Qualitative Assessment: An effective program will analyze records for sources, locations and jobs that result in injuries and illnesses. (page 11)					
4. Management Leadership: Visible management leadership provides the motivating force for an effective program(pg 13)					
5. Implementation: Tools provided by management that include: budget, assigned responsibility, adequate expertise and authority and accountability. (page 15)					
6. Safety and Health Training: Interactive training should cover the responsibilities of all employees including supervisors and managers with performance requirements and job practices. (page 17)					
7. Hazard Control and Maintenance: Workforce exposure to all current and potential hazards should be prevented or controlled by using engineering controls wherever feasible and appropriate, work practices and administrative controls, and personal protective equipment. (page 19)					
8. Inspection: Regular site inspections identify new or previously missed hazards and failures in hazard controls(21)					
9. Hazard Reporting: Worker should be able to notify management of conditions that appear hazardous and receive timely responses without fear of reprisal. (page 29)					
10. Incident Investigation: Incidents and near misses are investigated to identify causes and means of prevention(pg35)					
11. Medical Program: A medical program provides medical evaluation of workers by a licensed health care professional(37)					

Based on OSHA's Program Evaluation Guide: Directive CPL 2-0.119/11-25-97

1. Employee Participation

Workers are equal partners in planning for and implementing their own protection. Employees are the frontline of your company. They also are on the frontline for identifying the risks and complying with workplace programs. Including employees in the planning process benefits your company by improving communication, assessing problems and implementing programs.

Recommendations:

- One effective method for increasing employee involvement is employee/employer joint health and safety committees. The committees meet on a regular basis to address health and safety issues. The advisor may be an outline for the work plan of the committee.
- Conduct regular health and safety meetings. The agendas should include program a discussion of the overall program goals and how these are being met; problems that may have arisen; and discussion of new health and safety plans.
- Include people with different experiences and different responsibilities to help to identify the most significant problems and develop strategies for reducing exposure.
- The health and safety committee can use information generated from other parts of this program to prioritize hazards and prevent injuries and illnesses.
- Health and safety committees shall make recommendations on policy initiatives and purchases which are seriously reviewed and implemented by management leaders.

Self study suggestions

- a) Complete the attached form.
- b) Ask managers, supervisors and employees for their recommendations setting up a committee.
- c) Schedule a meeting.

Employee Participation: Management/employee Joint Health and Safety Committee

Name of Company _____ Date _____

Name of Management Representative _____

Name of Employee Representative _____

Other Management Representatives

Other Employee Representatives

Chairperson _____

Telephone number _____

When will this committee meet? (monthly, weekly, ½ hour, 1 hour)

Where will this committee meet?

What are the priority health and safety issues identified in advisor program areas particularly Area 2: Survey and Hazard Analysis, 3. Qualitative Assessment, 8. Inspection and 10. Incident Investigation to address?

- 1.
- 2.
- 3.

a) Who takes the minutes and where are they kept?

b) How does information about health and safety get communicated?

2. Survey and Hazard Analysis

A proactive program includes a comprehensive survey of job hazards and changes in conditions. The *Home Care Safety Assessment Tool* was designed by employers and employees to be used as a checklist. The tool considers both patient care issues and environmental/worksites issues. The tool should be used as part of a comprehensive program that balances the need of the patient with protections for workers. Patient assessment through the discharge planning process is an ideal place to include environmental assessment. The tool can increase awareness of potential hazards and identify areas that require intervention strategies. The information derived from the tool can provide better case orientation, improve field communication, increase supervisor awareness of hazards, and provide information on prevention and training needs.

Recommendations

- Complete this tool (or similar tool) as part of the discharge planning process.
- Social worker, nurse or caseworker completes this form as part of first visit.
- Supervisor/mentor accompanies new employees on initial visit and completes the form.
- Include the completed form as part of case reporting.
- Manager would work with local law enforcement (community policing) to assess potential for criminal activities.

Self study suggestions

The purpose of the activity is to conduct a comprehensive survey of job hazards and develop recommendations for controlling exposure. Using the information provided in the case study on page 6 complete the *Home Care Safety Assessment Tool* (page 7-10). After completing the tool and questions answer the following questions:

- a) What additional information do you need and from whom would you get the information?
- b) What recommendations would you make to control the hazards?

Assessment Tool Case Study

Read the case and complete the Assessment Tool on pages 7-10. Answer the questions at the bottom of the page.

Joseph is a 30-year-old home care worker who has just received a referral to care for a 50-year-old patient. Joseph has been told he will be responsible for helping the patient with toileting, dressing, mobility and personal hygiene. The patient weighs 250 lbs. The patient has been diagnosed with diabetes and left hemiparesis (paralysis of the left side) due to a stroke he suffered three weeks ago.

On his way to the patient's house, Joseph is nervous as he had never been in this neighborhood before and a friend told him there are two rival gangs in this area. He notices the following: There are many abandoned buildings with broken windows. There are people walking around aimlessly, some seem to be drinking alcohol, other people are driving around with music blaring.

Joseph is glad to finally arrive at his patient's home. He was able to park in front of the building. He rings the bell a few times and waits five minutes. Although the building seems decent from the outside, there is a lot of activity with people coming in and out. Joseph's gut feeling is to leave but he is worried he will be reprimanded by his supervisor. Finally, someone introduces himself as the patient's brother and lets him in. While walking to the third floor where the patient lives, he smells what he thinks is marijuana but is not absolutely sure. He also notices that: There is no elevator. The stairs are very slippery, dirty and smell of urine. There is no lighting on the stairway. On the second floor, there are people standing under the stairs.

At the patient's apartment, Joseph is surprised by two big German Shepard dogs. The apartment is very hot, as it is the middle of summer. All the windows are open and there are a couple of fans. The patient does not have a phone but can use his brother's cell phone whenever his brother is home. He can hear water running in the bathroom. He also notices a couple of syringes with exposed needles lying on the patient's nightstand.

Answer the following questions:

- a) What information should Joseph report to his supervisor?
- b) What is Joseph expected to do about continuing to provide care?
- c) What changes should be made prior to the next visit?

Home Care Safety Assessment Tool (Page 1 of 4)

Client Name: _____

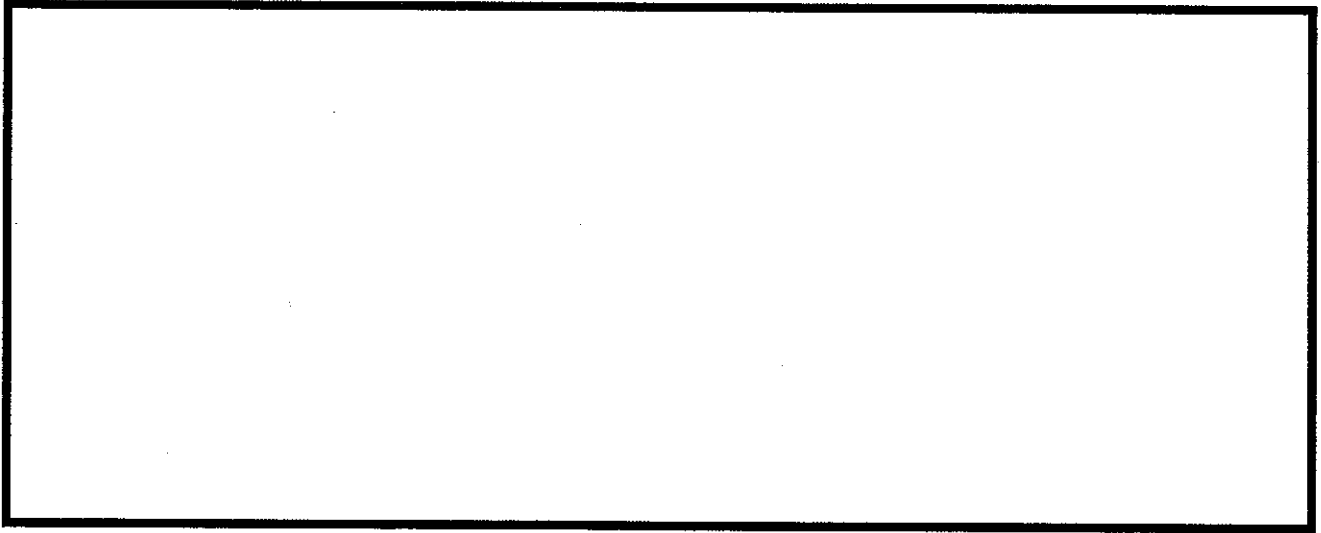
Case Number: _____

Address: _____

City/State/Zip: _____

Phone: _____

Tool Use: Please circle below and date:
Staff Completing Tool: _____
Discharge Planning: _____
Initial Visit: _____
Employee Orientation/Evaluation: _____
Client Follow-up: _____
Other: _____



Draw or Map Community area as relevant

Community Environment: Conduct a "Windshield Survey" by assessing and describing the risks and assets of the clients community

Neighborhood: _____

Overall safety: Excellent Good Fair

Define or Specify Risks: _____

Abandoned Buildings: Yes/No Proximity: _____

Unguarded Railway Crossings Yes No not observed

Additional comments: _____

Home Care Safety Assessment Tool (Page 2 of 4)

Environment Surrounding the Client's Home:

Building: Type of Dwelling _____ Home _____ Apt Bldg _____ Hotel _____ Other _____
 If apartment how many floors/units _____
 Entry Door: _____ Locked/Unlocked _____ Buzzer System/How to gain access: _____
 Is client name on doorbell? Yes/No Name: _____
 Number of Floors: _____
 Elevator: Yes/No Working: _____ Usually Sometimes Rarely
 Hallway and Stairs: _____ Stairs intact: Yes/No
 Lighting: _____ Bright Adequate Dim
 Loiterers: Yes/No Usually Sometimes Rarely
 Location of alternative exits: _____
 Service Provider or Staff Located in Building for Assistance? Name: _____ Phone: _____
 Transportation: Specify by Car or Public Transportation Accessible (Describe) _____
 If by car specify parking: Street/Restrictions? Free? Meter? Arrangement in Lot? Other?
 Will Client be transported or assisted from the home? Yes/No Accessibility: _____

Environment Inside Client's Home:

Running water & soap available?: Yes/No Outlets for cord plugs with 3 prongs? Yes/No
 Home heated? Yes/No Type: Space Heaters Present? _____
 Other heating considerations: _____
 Home air conditioned?: Yes/No Other (Specify) _____
 Clutter or obstructions: _____
 Fire Extinguishers: Present? Yes/No Charged and Ready for use? Yes/No
 Locations: _____
 Smoke Detectors/CO Detectors Present? Yes/No Functioning Properly? Yes/No Needs: _____
 Access to telephone: Yes/No Where is telephone located? _____
 Pets in home: dogs _____ cats _____ other _____
 Pests in home: _____
 Presence of gun(s) or illegal drugs: _____

Home Care Safety Assessment Tool (Page 3 of 4)

Client Name: _____

Case Number: _____

Address: _____

City/State/Zip: _____

Phone: _____

Tool Use: Please circle below and date:

Staff Completing Tool: _____

Discharge Planning: _____

Initial Visit: _____

Employee Orientation/Evaluation: _____

Client Follow-up: _____

Other: _____

Client Emergency Contacts:

Telephone

Pager

Address

Family/friend:

Medical Care provider:

Others in home: Name:

Relationship:

Brief description:

Is Client Responsible for the care/supervision of children or others in the home? Describe:

Medical Problems/Diagnoses:

Physical Needs:

Height: Weight:

ADL:

Personal Hygiene

Toileting

Dressing

Mobility

Cooking

Shopping

Driving

Patient/Family wishes about resuscitation:

Name of person who can assist with Patient care: _____

Home Care Safety Assessment Tool (Page 4 of 4)

Nursing Needs (describe):

Assistance with lifting/transferring:

Are lifting devices/gait belts/other tools available for lifting/transferring?

Please list:

Describe how the environment may be adapted for ease of lifting and transferring:

Assistance with medications: Oral _____ Other _____

Assistance with dressing changes: _____

Assistance with injections/IVS/TPN: _____

Patient Assessment goals: _____

Patient Teaching goals: _____

Other (specify): _____

Psychological/Emotional Issues:

Mental status:

History of aggressive/impulsive behavior:

Current mental health problems/issues:

Current chemical use problems/issues:

Other (specify):

Employee considerations:

Role in home:

Work schedule & arrangements:

Acceptability of services to client:

Ability to maintain professional boundaries:

Ability to provide for personal first aid and emergency procedures:

Ability to report changes in status:

Other (specify):

3. Qualitative Assessment

Keeping track of workplace injuries and illnesses is an important tool for identifying hazards. Data can be gathered using a variety of methods and tools. Most often employers find out about injuries and illnesses “through the grapevine”. There are better ways to find out about hazards and to identify patterns of injuries and illnesses. This also helps to focus energy and resources to the areas that are the most problematic.

Recommendations

- Results of baseline health and safety surveys, with notation of hazard correction
- Forms used for change analyses, including safety and health considerations in the purchase of new equipment, chemical, or materials;
- Job Hazard Analysis
- Employee reports of hazards
- Site safety and health inspection results, with hazard corrections noted
- Incident investigation reports, with hazard corrections noted
- Workplace survey of supervisors and employees to find out what they think are the problems
- Workers Compensation reports, summaries or experience

Self study suggestions

Using the table on Page 12 gather together the existing information recommended. Develop a plan for collecting and making decisions using the information. You may need to update information in this section based on other activities you complete as part of this advisor.

a) Who will collect the information?

b) Who will compile the information?

c) Who will communicate with management and employees about the results?

Qualitative Assessment Activity

Type of Data	Location	Form	Whom to Ask for data
Health and Safety Surveys (Pages 7 – 10)			
Purchasing Decisions			
Hazard Reports (Pages 32-34)			
Inspections (Pages 22-27)			
Incident Investigations (Pages 35-36)			
Supervisor and Worker Perspectives (Pages 3 – 4)			
Workers Compensation Records			

4. Management Leadership

Visible management leadership provides the motivating force for an effective program. Developing and maintaining a program of health and safety for home care workers is a challenge. Programs that work in fixed site facilities are not easily replicated in settings and tasks that change throughout the day and workplaces that are not controlled by the employer. However, home care employers and employees have creatively addressed many challenging issues.

Best practice recommendations that employers have implemented include:

- Annual training by police on safety and street sense. This training not only is important for employer and employee education but also for developing relationships with the community policing.
- Home care workers accompanied by co-worker or security service.
- Schedule work for during the day when children are at school.
- Schedule work during the day light hours.
- Employer refuses work or requires more than one home care worker based on security or health and safety concerns.
- Supervisors mentor new employees and provide support to workers with health and safety concerns.
- Pay employees for professional development training.
- Staff meeting every two weeks (pay day).
- Monthly newsletter for those who are not present at the office.

Self study suggestions

Review your management plan. Answer the following questions.

- a) How do you communicate about job assignments and changes in policy?
- b) How do you communicate about health and safety issues?
- c) Who provides the orientation and mentoring for new employees?

Case Study for Management Leadership

Mary is a visiting nurse taking care of a patient with HIV who has recently returned to living in his single room occupancy (SRO) apartment after being in the hospital for a lymph node biopsy. The wound created when the lymph node biopsy was done continually drains a yellow fluid--presumed to be lymphatic drainage. Mary provides nursing assessment and monitoring of the patient.

Diane is an aide provided through a different agency to assist the patient with personal hygiene including dressing changes and bathing in the communal shower room at the SRO. Mary is aware that the agency Diane works for has a policy of teaching its employees to use bloodborne pathogen precautions with all patients (Universal Precautions) and thus does not release the HIV or Hepatitis infection status of patients to the employees.

Questions:

- a) What are the risks for Mary and Diane in caring for this patient?
- b) Are there any other workers who may be at risk?
- c) Considering the recommendations on page 13 what do you think Mary should do?

5. Implementation

Tools provided by management include budget, assigned responsibilities, adequate expertise and authority and accountability. Implementation of the program should include the following.

- Work site policy (including how policy is communicated to workers)
- Current year's goals, objectives, action plans, and program evaluation
- Job descriptions that include safety and health responsibilities
- Performance evaluations that include an evaluation of safety and health responsibilities
- Budget showing money allocated to safety and health
- Evidence of employee involvement, such as committee minutes or other records of employee participation in safety and health program decisions

Responsibility for health and safety falls to the manager/supervisor and employees. Managers/supervisors are responsible for assigning responsibilities, communicating with employees about the program and defining the consequences of non-compliance. Employees are responsible for complying with the employers program. Implementation of health and safety programs is not necessarily expensive, but it does require some resources. Low and no cost interventions are addressed in section 7. However, planning and defining implementation strategies is essential for a successful program.

Recommendations:

- Use qualitative assessment information to identify priority safety and health hazards.
- All hazards are eliminated or controlled
- Analyze health and safety hazards inherent in each job
- Directions to employees when changes in work process are made
- Employees are trained to recognize and report hazards
- Encourage safety suggestion on a regular basis (weekly)
- Safety work orders take priority over all other work orders
- Conduct weekly site inspections (management and employee representative chosen by lot), inspections are monthly with rotating members. Describe all hazards found and location.
- Near misses, first aid incident or accident is investigated by the trained team.
- Annual review of weekly reports and incident investigation reports.

Self Study
(see page 16)

Self study

Supervisors can provide important information about the effectiveness of the implementation of programs. Interviews and periodic feedback about implementation are parts of an effective program. Read the case study below and answer the following questions:

You are interviewing Grace, a nurse-supervisor who is leaving your company to take a management position in a home care agency in another state. Among other questions you ask her if there was anything she could tell you about your company's health and safety program.

Grace states that she felt the agency was pro-actively addressing safety issues. The joint health and safety committee had great representation and input for all levels of employees. The committee identified ergonomics as a concern which she personally supported since she experienced a back injury while working as a home care assistant prior to nursing school. Assessment, training, equipment and team staffing were all elements of the program that Grace described.

However when she went to supervise home care assistants caring for clients that needed to be lifted or transferred, she found the following: while an assessment was conducted and the assistants were trained there was no lifting equipment and team staffing was not provided. When she asked the assistant about this, the person stated that a decision was made by the purchasing director to hold off on obtaining the lifts until the next budget cycle. Furthermore, team staffing was not provided because the scheduler told the assistant that the assessments were not conducted by the most qualified providers and that in her opinion the clients did not need extra support for lifts. The team lifting assistants were assigned to other clients.

You thanked Grace for her input, assured her of confidentiality and made notes about her observations.

- a) Is there any additional information you need?
- b) When you have enough information, what are the next steps you will take?
- c) List the steps you will take to address the problems.

6. Safety and Health Training

Interactive training should cover the responsibilities of all employees including performance requirements and job practices. Training programs should be on going and include all parts of the program plan. Some training sessions may take as long as several hours. Some sessions may be as short as 15 minutes. Much depends on what needs to be covered and how often training takes place. Although conducted separately, both workers and management should receive training. Those needing in-depth training include frontline managers and workers.

Training should include knowledge and skills development. Training effectiveness should also be a component. This might include special performance observations and/or be components of the management and implementation plan.

Recommendations

Best practice:

- Mentoring by supervisor
- Monitoring if senior employees are teaching new employees bad habits
- Setting criteria for training such as: completing two "modules" annually
- Pay employees for training
- Conduct training every two weeks (payday) for 10 minutes. Use experiences from the previous two weeks as training tools. Brainstorm solutions.
- Monthly newsletter to reach management and workers who are rarely in the office.
- Make videos available to reinforce knowledge
- Retrain senior employees

Best training methods:

- Moderator lead discussion with co-workers
- Reading and discussion of practical experiences (case studies)
- Written materials with bullet points to reinforce information

Health and Safety Training Continued

Motivation

- strong employer commitment
- mandatory for all employees
- conduct training at advanced as well as basic levels

Self Study

Use the Advisor to plan training programs. Or find training resources on the web at

1. Illinois On-Site Safety and Health Consultation Program
Department of Commerce and Community Affairs
100 West Randolph
Suite 3-400
Chicago, IL 60601
Phone: 1.800.972.4216 /or 1.312.814.2337
<http://www.commerce.state.il.us>
2. University of Illinois at Chicago School of Public Health
Great Lakes Centers for Occupational and Environmental Health
2121 W. Taylor Street
Chicago, IL 60612
Phone: 312-996-6904
www.uic.edu/sph/glakes

7. Hazard Control and Maintenance

Workforce exposure to all current and potential hazards should be prevented or controlled by using engineering controls, wherever feasible and appropriate, work practices and administrative controls, and personal protective equipment. There is an order or priority when it comes to evaluating controls. The best controls are those that work at the source of the problem; the least desirable are those that control the exposure when it gets to the worker. The further from the source, the less desirable or effective is the control. The hierarchy is follows:

Best: At the source

Second Best: Along the Path

Least Desirable: At the worker

Every particular process must be evaluated individually to determine the optimal method of control. In some cases it will be necessary to combine a number of different methods to control successfully and completely a particular hazard or dangerous process.

Recommendations

- Identify hazards that may be eliminated and set this as a priority
- If some hazards can not be eliminated, then use a combination of control methods to protect worker from being exposed
- Control methods must be appropriate to controlling the hazard, communicated clearly to management and workers, and use of primary importance
- Non use or misuse of control methods should be dealt with immediately
- Provide each employee a "tool kit" including personal protective equipment and safety devices such as a ground fault interrupter utility cord
- Utilize Material Safety Data Sheets with chemical products to establish safe handling and use practices, to understand symptoms of exposure and to identify safer products to substitute as alternatives
- Develop skills in saying "no thank you" or declining use of patients "tools"
- Use newspapers to set bags on or to sit on. Put bags on table or chair but not on the floor
- Hand washing
- Prioritize hazards using data collected, complaints, or accident reports

Self Study

Complete the activity on page 20 to develop hazard control responses in the areas of chemical control and ergonomics.

List the chemicals you work with, and identify products that may contain hazardous chemicals. Using the table provided list chemicals and identify ways of controlling hazardous exposures.

1. Make a list of the chemicals that are used by the home care workers in your company. Include chemicals you supply as well as drugs or chemotherapy medications which workers may assist with or administer and chemicals that you may be aware of in the clients home.
2. Compare your list of chemicals with lists available from your purchasing director and director of nursing. Are they the same?
3. Locate your list of hazardous products and chemicals required by OSHA Hazard Standard 29 CFR 1910.1200 for your company. Are there products or chemicals on the list that have not been mentioned already?
4. Locate the Material Safety Data Sheets (MSDSs) for the products in use and review.
5. For each of the chemicals listed complete the table below:

Chemicals	Eliminate?	Substitute?	Control at Source	Control at path	Control at worker

6. With this information what changes would you make to your program?

8. Inspection

Regular site inspections identify new or previously missed hazards and failures in hazard controls. Checklists, narrative debriefings, and employee surveys are all useful in gathering information. Inspections for hazard identification and worker compliance with health and safety policies keep a program current and relevant. The Home Care Worker Safety Assessment Tool (page 7-8) may be a useful tool for inspections. Inspection tools can also be developed combining the results of several of the completed Safety Assessment forms.

Recommendations

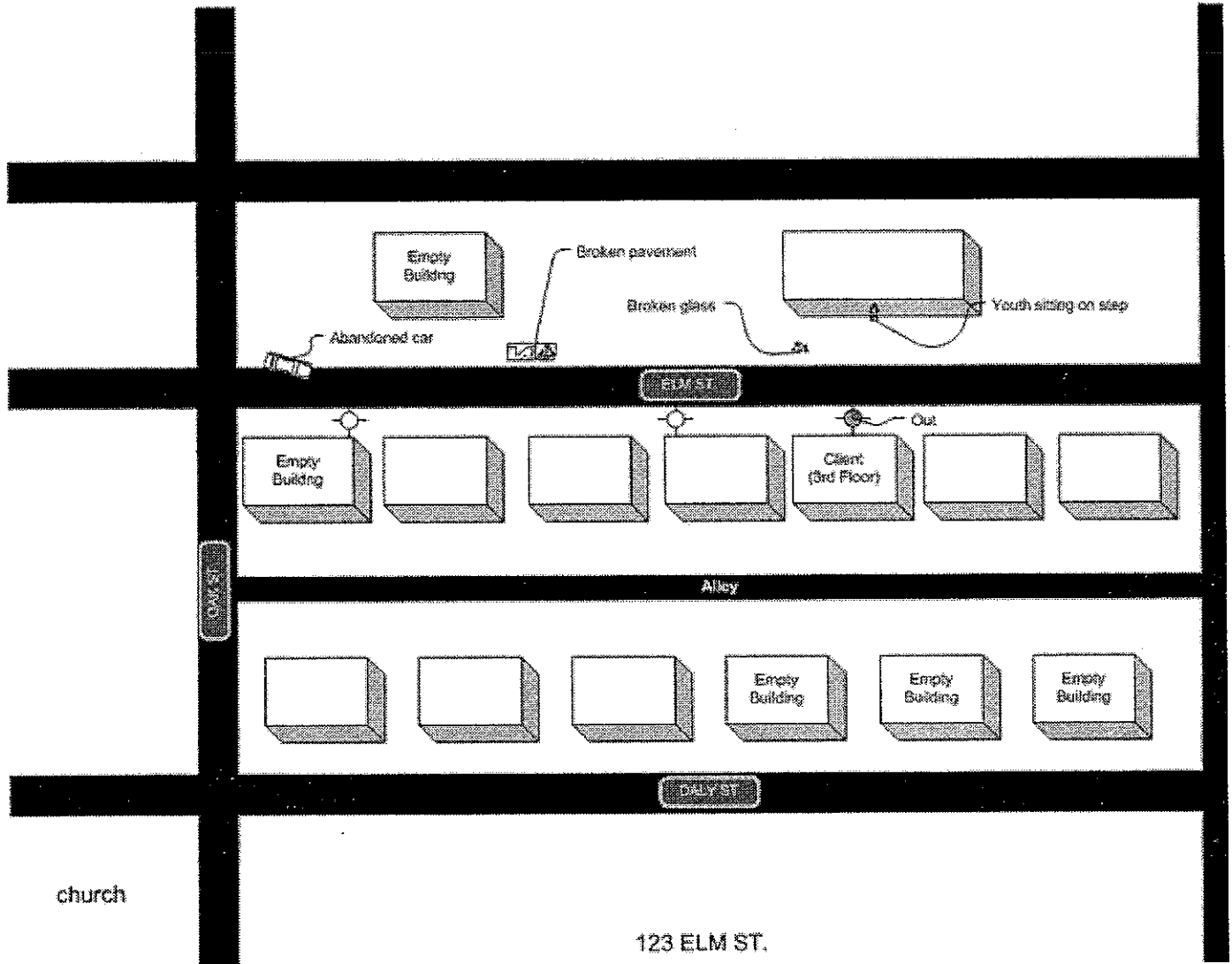
- Observe the workplaces
- Investigate complaints from workers
- Examine accident and near miss records
- Examine sickness figures
- Use simple surveys to ask your co-workers about their health and safety concerns
- Use check-lists to help inspect the workplaces
- Read reports about homecare health and safety

Self Study

Using the pictures and information found on page 20 answer the following questions.

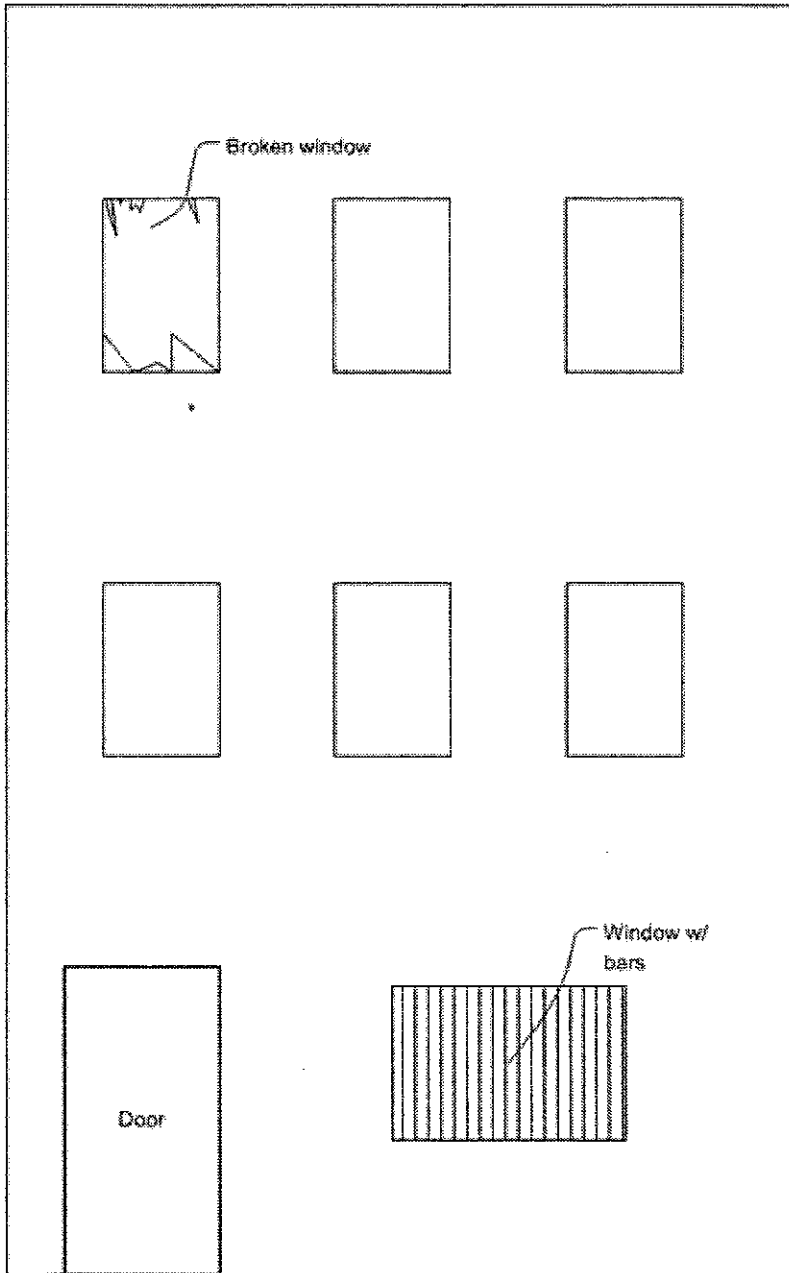
- a) List the potential unsafe conditions or hazards you see in the community and home environment presented.
- b) Complete the Workplace Assessment Tool using the pictures on page 22-26.
- c) How would this impact your health and safety program?

Risk Map Hazard Reporting



List Potential Hazards _____

Front of Building



List Potential Hazards _____

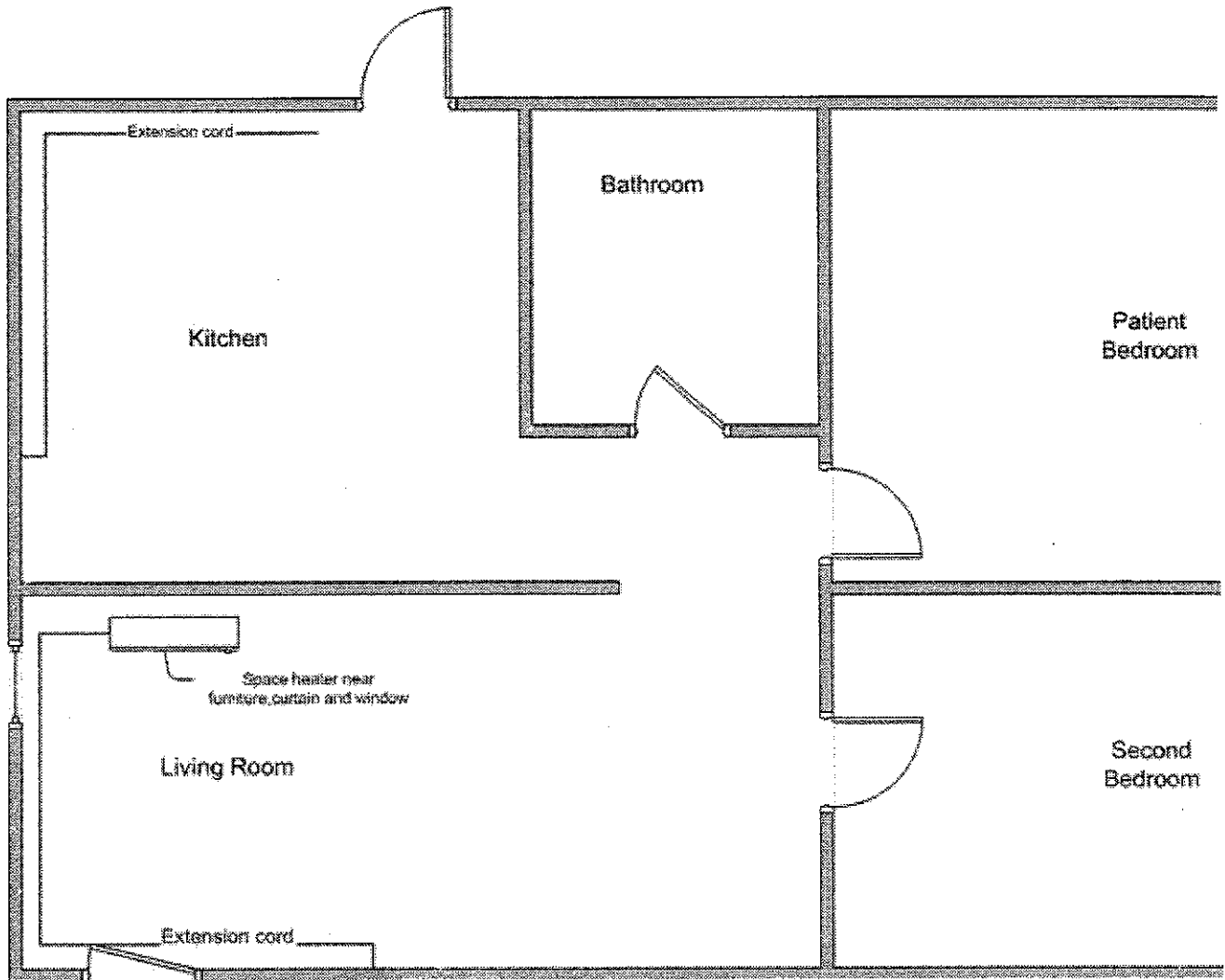
Door to apartment

No lights

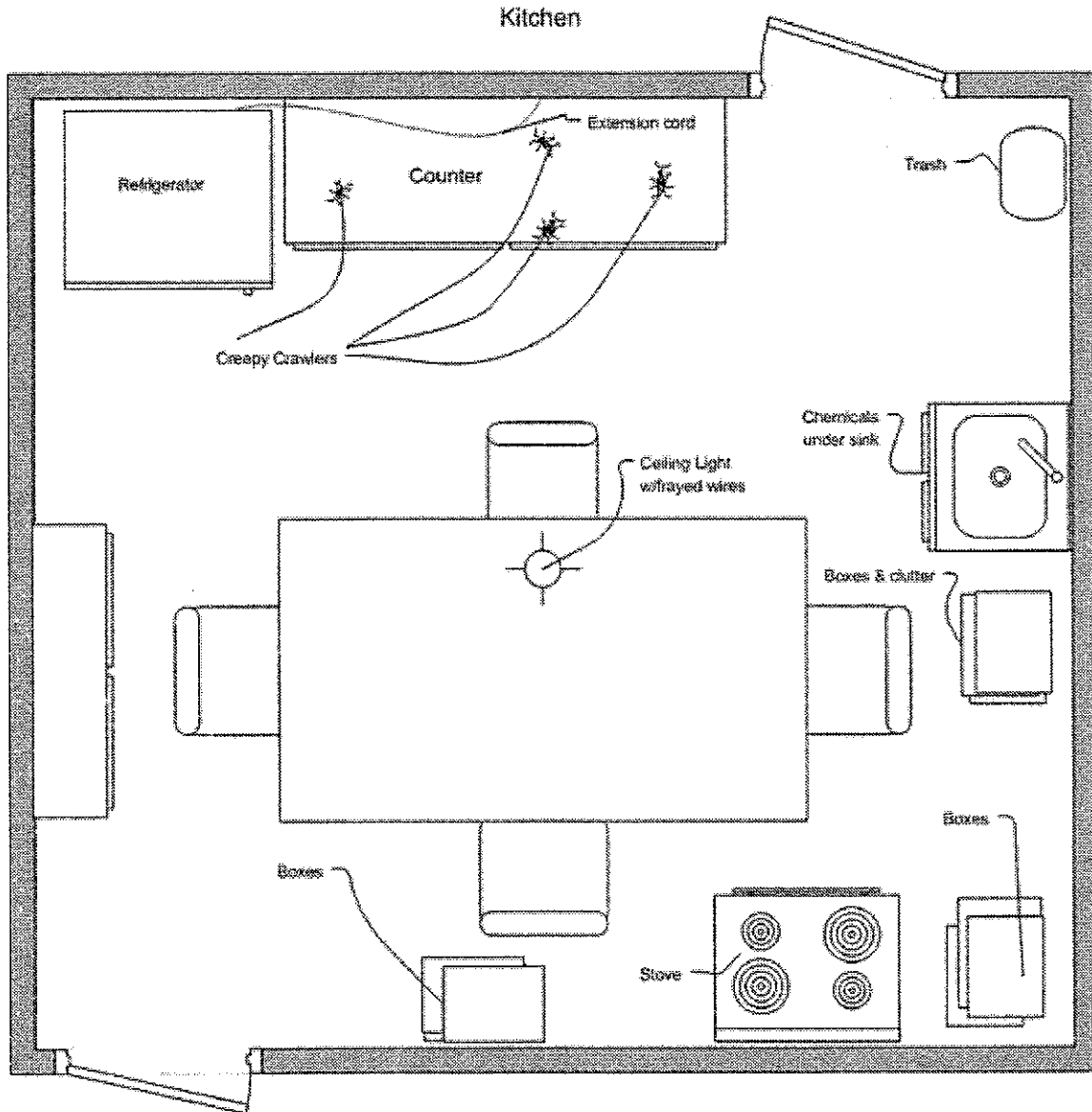
No railing

Broken Stair

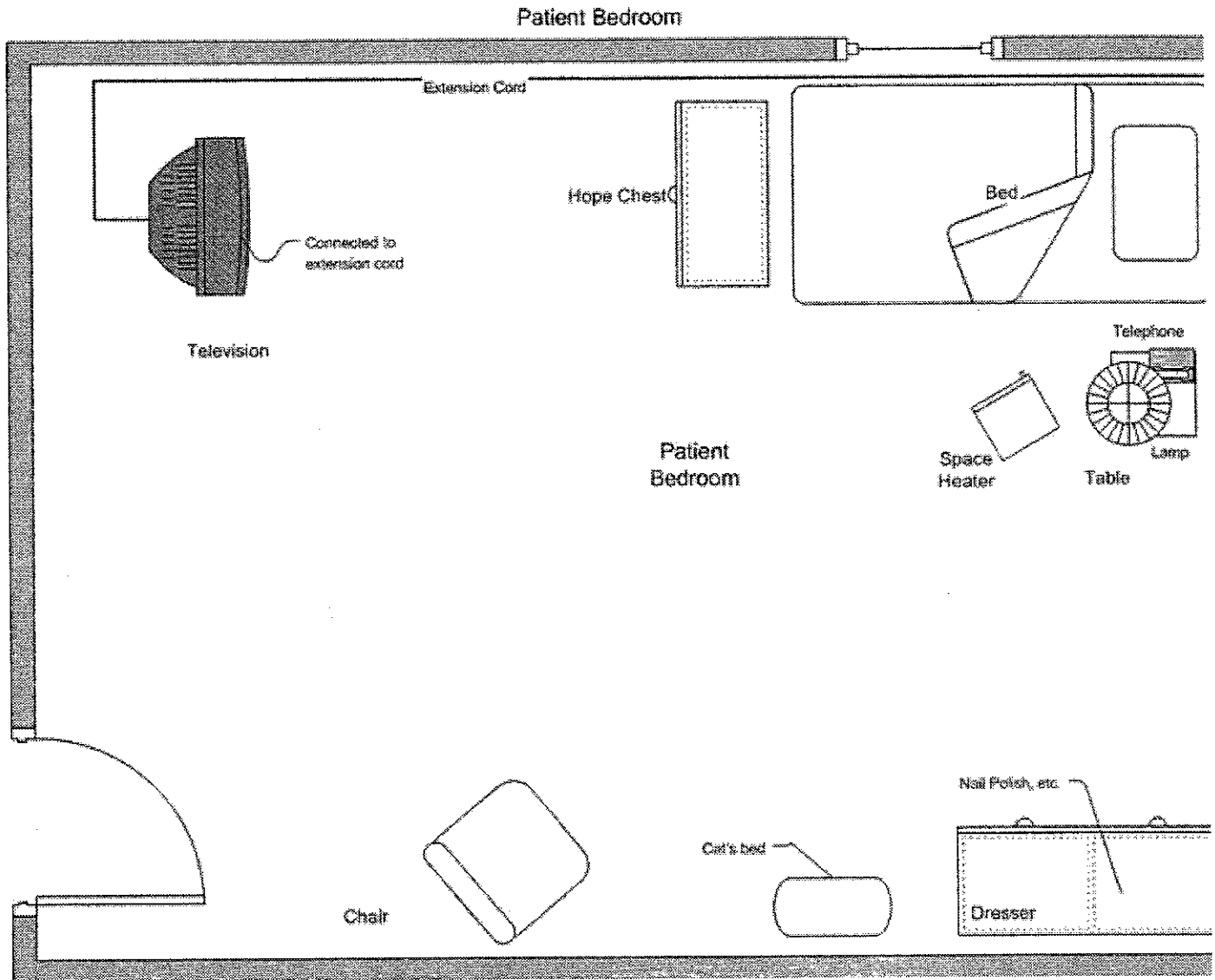
List Potential Hazards _____



List Potential Hazards _____



List Potential Hazards



List Potential Hazards _____

9. Hazard Reporting

Workers should be able to notify management of conditions that appear hazardous and receive timely responses without fear of reprisal. Work plays a central role in people's lives. Work place environments should be safe and healthy. Often it is the lack of attention given to health and safety that results in injuries and illnesses. These injuries and illnesses can be very costly and can have serious direct and indirect effects on the employer. It has been estimated that indirect costs of an accident or illness can be four to ten times greater than the direct costs. For small employers the cost of one accident can be a financial disaster. Costs to the employer include:

- Payment for work not performed
- Medical and compensation payments
- Repair or replacement of damaged machinery and equipment
- Reduction or a temporary interruption of services
- Increased training expenses and administrative costs
- Possible reduction in the quality of work
- Negative effect on morale in other workers
- Replacing injured or ill worker
- Training new workers
- Reduced productivity of new worker
- Poor public relations

Recommendations

- Address all work-related hazards
- Communicate about solutions to hazards so that they can be addressed in other settings
- Spend time in the field talking about concerns and observing work practices
- Log of Work Related Injuries and Illnesses is used to classify work-related injuries and illnesses and to note the extent and severity of each case. This is a form that is required by OSHA to be kept by all employers with for each establishment and site. The purpose of the log is to keep track of injuries and illnesses it is not for worker compensation or insurance purposes. Listing a case on the log does not mean that the employer or worker is at fault or that an OSHA standard is violated. More information about the Log of Work Related Injuries and Illnesses is found on pages 32-33.

LOG OF WORK-RELATED AND ILLNESSES (FORM 300)

All work related incidents/illness are to be report to the supervisor as soon as possible after the incident/illness has occurred. The supervisor will investigate the incident to determine if any preventative measures are necessary to stop recurrence. This investigation will also determine if the accident meets the criteria for recording the injury/illness on the OSHA Form 300, Log of Work-Related Injuries and Illnesses. Supervisors will provide all of the necessary information to the designated OSHA recordkeeper who will assure the injury/illness is logged.

The following work-related injuries and illnesses are considered recordable for OSHA recordkeeping purposes:

- I. Death**
- II. Loss of Consciousness**
- III. Days away from work**
- IV. Restricted work activity**
- V. Job transfer**
- VI. Medical treatment beyond first aid**
- VII. A serious or significant injury/illness diagnosed by a physician or other licensed health care provided**
- VIII. Other specific criteria**

The other specified criteria includes:

- I. Any needlestick injury or cut from a sharp object contaminated with another persons blood or other potentially infectious material.**
- II. Any case requiring an employee to be medically removed under the requirements of an OSHA standard ((lead, formaldehyde, ethylene oxide)**
- III. Any hearing loss of 25dB at 2000, 3000 and 4000 Hz.**
- IV. A positive TB skin test or a diagnosis of tuberculosis made by a physician or other licensed health care provider after exposure to a known case of active TB.**

The following are considered first aid treatment: using non-prescription drugs at non-prescription strength, , cleaning, flushing or soaking a wounds, using a wound covering such as BandAids, guaze pads, SteriStrip or butterfly bandages, using hot or cold therapy, using eye patches, using simple irrigation or a cotton swab to remove foreign bodies from the eye, using irrigation, tweezers cotton swab or other simple means to remove splinters or foreign material from areas other than the eye, using finger guards, using massages or drinking fluid to relieve heat stress.

Please review the OSHA 300 Log below. This log represented injuries and illnesses at your work place:

- a) What patterns do you see?
- b) Is the information recorded in a useful way?
- c) What can't you determine from looking at the OSHA 300 Log?
- d) How would you get this information?
- e) List the steps you would take to investigate these incidents?
- f) What actions would you take to prevent recurrence of these incidents?



OSHA's Form 300

Year 001-200

Log of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name Healthy Home Services

City Chicago

State IL

Identify the person

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)
1	J. Smith	HHA	2/1	1 Elm St. Client-apartment building	sprain to ankle from fall on stairs
2	Privacy Case	RN	2/13	2 Elm St. client's home	needlestick to left index finger
3	K. Smith	RN	4/7	1 Oak Street client's home	back strain from moving patient from bed to chair
4	L. Smith	HHA	5/30	2 Oak Street client's home	Chemical spill when preparing dosage
5	M. Smith	HHA	6/2	client's bedroom	TB exposure from patient coughing while changing sheets
6	Privacy Case	RN	6/11	client's bedroom	scratches on arm and hand from patient assual
7	Privacy Case	HHA	6/22	client's livingroom	Body fluid on face while emptying patient waste
8	N. Smith	HHA	7/4	client's livingroom	back strain from moving patient from bed to chair
9	O. Smith	RN	7/28	client's home in kitchen	electric shock from extension cord attached to ventilator
10	P. Smith	RN	8/1	client's home in kitchen	burn from stove heating coil while preparing meds
11	Q. Smith	HHA	8/15	driving to work South/Mail	whiplash to neck
12	R. Smith	HHA	9/2	client's livingroom	back strain from moving patient bed to clear

Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

0 6 0 2 0 109

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A Summary of Work-Related Injuries and Illnesses

Year _____
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OSHA no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35. In OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	6	0	2
(G)	(H)	(I)	(J)

Number of Days	
Total number of days of job transfer or restriction	Total number of days away from work
0	109
(K)	(L)

Injury and Illness Types					
Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) All other illnesses
9	1	1	0	1	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3624, 200 Constitution Ave. NW, Washington, DC 20220. Do not send the completed forms to this office.

Establishment Information

Your establishment name _____
 Street _____
 City _____ State _____ Zip _____
 Industry description (e.g., Manufacture of motor truck trailers) _____
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715) _____

Employment Information

Annual average number of employees _____
 Total hours worked by all employees last year _____

Sign here
 Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

 Company executive Title _____

 Phone _____ Date _____

OSHA's Form 301 Injuries and Illnesses Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

Information about the employee

- 1) Full Name _____
- 2) Street _____
- City _____ State _____ Zip _____
- 3) Date of birth _____
- 4) Date hired _____
- 5) Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ Zip _____

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
- 12) Time employee began work _____ AM/PM
- 13) Time of event _____ AM/PM Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorins from hand sprayer"; "daily computer key-entry."

- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore". Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

- 18) If the employee died, when did death occur? Date of death _____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

10. Incident Investigation

Incidents and near misses are investigated to identify causes and means of prevention. Incidents are indicators of problems. The health and safety program is designed to prevent incidents from occurring. When they do occur and employer needs to identify the conditions that brought about the incident. The goal is to improve the program so that incidents do not happen in the future.

Incidents are costly for employers and employees both directly and indirectly: Employer costs can include increased workers compensation; replacing the worker if they are not there, training new or replacement employees, accommodations for disabled worker. Costs for workers can include pain and suffering of injury and illness, loss of income, possible disability and health care costs.

Recommendations

- Employees involved in incidents can provide important information about circumstances and environmental conditions that contributed to an incident.
- Health and safety programs are important tools for incident investigations on all of the factors that can contribute to incidents including training, health and safety committee activities and reports of similar incidents.
- Incorporate information from this incident into the health and safety program
- Outcomes of incident investigations should be communicated both to the employee and supervisor directly effected by the incident as well as others who might be effected by similar incidents

Self study

Read the case study on page 36 and the list of steps in an incident investigation. Generate a list of question you would like to ask regarding the incident. Put the steps in the correct order. Please note some steps may not be relevant to this case. You should only order the steps that are necessary to this investigation.

Incident Investigation Case Study

Ms James, a Home Care Nurse, was on her way to the second patient she must visit. She is responsible for administering IV medications, monitoring vital signs and assuring that the patient is taking prescribed oral medications.

While on route, Ms. James checked her list of patients to see how many she had scheduled for the day. Ms. James decided to pull the chart for the next patient to review while on her way since this was a new client and she needed to familiarize herself with the needs and condition of the patient. This is Mary's full time job but she also works a second job at a local hospital emergency room. Ms. James just completed a 7 PM to 7 AM shift at the hospital. She felt tired but she has done this before and is sure that after her third cup of coffee this morning she would be fine.

Ms. James always makes sure that her bag with medications and instruments are in the trunk of her car. Her hospital uniform and stethoscope lay next to her in the front seat of the car. She had to travel about 45 minutes to her visit. 15 minutes are on a highway and the other thirty minutes are on a not-so-busy road that crosses several busy intersections. It is the middle of winter, temperatures are cold, there is some ice on the road and snow. Near the home she skids while trying to avoid a deer that runs out in front of the car. She ends up in the ditch.

List of Questions:

Investigation Steps:

Order the following steps from first step to last step. Eliminate steps that you think are not necessary, add steps you think are missing.

Step	number
Scheduling to allow enough time to prepare and get to location; Training on driving defensively	
Only drive; do not do other things while the car is moving	
Employer has policy on automobile maintenance	
Employee disciplined for involvement in incident.	
Responsibility to communicate with supervisor when an incident occurs	
Chain of command for employees in the field and decision making in an emergency or with changes in staffing	
Communication with employer about fitness for duty	
Complete incident investigation report	
Supervisors are responsible for assessing the impact of the incident on co-workers and delivery of care	

11. Medical Program

A medical program provides medical evaluation of workers by a licensed health care professional. Medical programs include surveillance, vaccinations, and post exposure intervention. While prevention is the primary goal, medical programs are important for evaluating the effectiveness of control strategies. Medical programs are also important for post exposure diagnosis and treatment.

Occupational physicians and occupational health nurses are trained and board certified in the area of work-related injuries and illnesses. These practitioners have expertise in recognizing potential injuries and illnesses due to work and can be a valuable resource to the health and safety program, particularly in preventing injuries and illnesses from occurring.

Recommendations

Review post-exposure protocol established under the bloodborne pathogens exposure control program: How well is this program working and have providers made recommendations to improve protection for employees?

Contact occupational health providers through the Cook County Division of Occupational and Environmental Medicine at 312-633-5310 or through the University of Illinois at Chicago Health Service at 312-996-7420 for more information about services and appointments.

Self Study

Read scenario and answer the questions below.

- a) Describe how a supervisor would direct workers to access the medical program.
- b) What are the consequences of this exposure to workers and employers?
- c) What changes need to be made in the health and safety program to prevent exposures in the future?

Medical Program Case Study

Joan is a certified nursing assistant with a home care hospice program and is caring for Ann, a 70 year old woman dying of uterine cancer. Ann is spending her last days at her daughter's home, surrounded by family. Ann is weak and requires complete care for all ADL and personal hygiene, toileting, etc. She has been treated for her cancer for the last 5 years and also has a history of cardiac bypass surgery.

Joan is with Ann for 6 hours each day, allowing Ann's daughter to take her young children to their pre-school and to get some time for herself, run errands, etc. Sometimes Joan has meals with the family, especially when friends drop by with casseroles. Due to Ann's condition, there is no smoking allowed in the house--so Joan takes short smoking breaks outside when there are appropriate opportunities.

Last week Joan volunteered to take out the garbage. While disposing of it Joan was stuck with a needle.

Home Care Workers supply lists.

Office Supplies

- Bottled water, purifying tablets
- Non-perishable food
- Hand can opener
- Baby food, formula
- Vitamins
- Snacks
- Powdered or canned milk
- Pet food, if needed (Note: most shelters do not allow pets)

Health needs

- Prescription refills
- Bandages, gauze pads
- Safety pins
- Scissors
- Tweezers
- Adhesive tape
- Antiseptic spray
- Soap
- Rubbing alcohol
- Latex gloves
- Baby diapers
- Eye glasses, contacts, eyecare products
- Toilet paper
- Sun screen
- Bug repellent

Safety gear

- Rain gear - poncho, umbrella
- Blankets, sleeping bags
- Hat, sun visor
- Work gloves
- Flashlights, extra batteries
- Boots, shoes with rigid soles
- Weather radio, portable radio and extra batteries

Documents:

- Insurance documents
- Personal identification
- Extra money
- Address book
- Reading material, coloring activities for kids
- Hurricane tracking chart

NOTES: _____

Health and Safety Advisor for Home Care Agencies

identifying ways to improve the health and safety of workers
and patients

Answer Sheet

(Answers shown are only some of the possibilities, you may identify others)

Employer's Health and Safety Program Advisor (page 2)

Use the information to plan your activities and programs. You might want to communicate about the successful parts of your program to managers and employees. Also, select those areas where you might need improvement and complete the self study activities.

1. Employee Participation (page 4)

Complete the form as appropriate to your workplace. Keep in mind that a successful committee will be one where there is support from management and workers in addressing issues. There are a variety of structures and operating procedures, powers and duties. Management and workers will have to decide what works best at your company.

a) Who takes the minutes and where are they kept?

Taking and maintaining accurate minutes is an important record keeping duty. The minutes should include subjects discussed and those that are still open. The minutes can be used for assessing program.

b) How does the information about health and safety get communicated?

Bulletin board
Weekly newsletter
Staff meeting agenda
Email
Distributed with paystub

2. Survey and Hazard Analysis (page 5)

The case study includes the following information that would help you complete to survey form:

Patient Information: help with toileting, dressing, mobility, and personal hygiene. Diagnosed with diabetes, left hemiparesis due to a stroke.

Environmental Information: Two rival gangs, many abandoned buildings with broken windows, people walking around aimlessly, some people drinking alcohol, some people driving around with music blaring.

Building Information: Parking in front of building. Bell does not work. Many people coming in and out of building. Someone with a key lets him in. Patient lives on 3rd floor. No elevator. Stairs are slippery, dirty and smell of urine. No lighting on the stairway. People standing under the stairs. May be the smell of marijuana.

Apartment Information: Two large German Shepard dogs. Apartment very hot. Windows are open and a couple of fans blowing. No phone. Bother has cell phone. Syringes with exposed needles lying on the patient's nightstand.

- a) Condition of neighborhood, lack of access to the building and difficulty accessing apartment, people hanging around. Concerns for continuing to work there. Recommendations for future visits.
- b) If services must be provided, should consider written instructions on scope of work, sending someone to help Joseph, providing Joseph with cell phone and procedures for reporting concerns and problems. Guidelines for not conducting the visit.
- c) Two people go on the visit. Call brother before going on visit. Contact City building inspector. Get information from physician concerning unexpected medical problems.

3. Qualitative Assessment (page 11)

a. Who will collect the information?

The information may be collected by anyone who has access including the owner, environmental manager, industrial hygienist, safety manager, human resources, or office manager.

b. . Who will review the information?

The information should be reviewed by the manager, owner, and safety staff. In addition, the safety committee can use the information in planning.

c. .Who will communicate with management and employees about the results?

The health and safety committee can be an excellent resource for communicating about health and safety information through written reports. The manager or owner may also want to hold a meeting with employees to explain the information and how it will be used to improve health and safety.

4. Management Leadership (page 13)

a) How do you communicate about job assignments and changes in policy?

Memos, meetings, email, posting information on bulletin board, note with paycheck

b) How do you communicate about health and safety issues?

Same

c) Who provides the orientation and mentoring for new employees?

Orientation and mentoring should be provided by someone knowledgeable about job tasks and workplace policies for health and safety. Orientation should be provided by someone who does

not teach the “short cuts” first. Understanding and applying workplace policies is an important responsibility for employees.

Case Study for Management Leadership (page 14)

a) What are the risks for Mary and Diane in caring for this patient?

Risks to Mary include exposure to body fluids and travel to the home.

Risks to Diane include exposure to body fluids, lifting, wet floors, travel to the home.

b) Are there any other workers who may be at risk?

None are listed.

c) Considering the recommendations on page 9, what do you think Mary should do?

Mary should assess Diane’s knowledge of and use of universal precautions. Mary should review her company’s program and policies to see if they address health and safety concerns of contract employees. Mary should work with her employer and Diane to ensure that Diane is seen by a physician and provided appropriate medical intervention.

5. Implementation (page 16)

a. Is there any additional information you need?

What are the criteria that are used to make decisions about implementing the program? In this case how did the supervisor decide that the recommendations made by the “less qualified” providers were not correct? Review incident reports.

b. When you have enough information, what are the next steps you will take?

c. List the steps you will take to address the problems.

Include purchasing in the discussion when decisions require additional funding allocations. Add specific language in the program that will clarify how decisions are made.

6. Safety and Health Training (page 18)

7. Hazard Control and Maintenance (page 20)

Chemicals:

Cleaning: ammonia, bleach, soap

Alternatives:

Cleaning: borax and hot water; hydrogen peroxide, vinegar
(see Safe Solutions for Home and Garden at go4green.sask.com/home/home/recipe1.html)

Possible controls: premix cleaning products before going to the home, designate area for home care provider in a well ventilated area with access to water.

Drugs: chemotherapeutic, antibiotics

Alternatives: limited due to physician orders.

Possible controls: work in designated area with adequate ventilation and access to water.
Gloves, handwashing, disposable policy.

8. Inspection (page 21)

- a) List the potential unsafe conditions or hazards you see in the community and home environment presented.

Vacant building across alley, vacant building on street. 123 Oak St has broken window and bars on the first floor window these suggest concern that there may be illegal activities such as drug use (in vacant buildings) or robberies from bars on the windows.

In the apartment there is a space heater that may cause fire and an extension cord across the entrance door which could be tripping hazard. Additional extension cord in the kitchen.

One small kitchen counter in the kitchen that has ants and roaches. No adequate place to designate for home care worker. Also, clutter in the kitchen making clean up difficult.

Household chemicals stored under the sink accessible to children.

Living room has clutter, food left to be cleaned up, and litter for the cats. These make cleaning difficult and attracts bugs (however, there is space in this room to move things for the kitchen to create space for home care provider).

Patients room space heater, television with extension cord. These are both fire hazards.

- b) Complete the Workplace Assessment Tool pages 7-10 using the pictures on page 22-28.

- c) How does this impact your health and safety program?

The work plan needs to include controlling the hazards identified in a) and c). Space needs to be provided for home care worker to set up work place. Work plan should include recommendations for the time of visits and employee trained on policies for refusing to enter the building. Calls should be made to the local community police program to determine the best way for the home care worker to identify themselves (uniform, identification, sign on car, parking arrangements)

9. Hazard Reporting (page 31)

- a. most reports are injuries, over 1/2 of the incidents resulted in days away from work, 3 out of 12 were back strain
- b. not enough information on the location. No details on how and why.
- c. root cause of the incident.
- d. ask employees about what happened. Encourage reporting and be supportive in addressing the problems.
- e. interview employee. Complete incident reports. Ask for recommendations for preventing in the future.
- f. varies depending on the incident.

10. Incident Investigation (page 35-36)

Questions you might ask as part of the investigation:

Did she have enough time to get there considering the weather conditions?
In addition to driving what else was going on in the car?
Who provides maintenance for the car?
Will she be suspended or terminated for this incident?
How did she communicate about the problem?
Did she inform supervisor/what did supervisor do?
Will she choose between night job and day job?
How badly damaged was the car? Will she be able to complete current and future assignments?
Were other employees impacted by this incident?
How did the patient receive care this day?

Scheduling to allow enough time to prepare and get to location; Training on driving defensively	2
Only drive; do not do other things while the car is moving	3
Employer has policy on automobile maintenance	1
Employee disciplined for involvement in incident.	eliminate
Responsibility to communicate with supervisor when an incident occurs	6
Chain of command for employees in the field and decision making in an emergency or with changes in staffing	5
Communication with employer about fitness for duty	4
Supervisors are responsible for assessing the impact of the incident on co-workers and delivery of care	7

11. Medical Program (page 35)

a. Describe how a supervisor would direct workers to access the medical program. Joan should be seen by a physician for a HIV/AIDS blood test now and in 6 months. She should be counseled and placed on appropriate medical prophylaxis. The needle stick should be recorded on the log of injuries and illnesses (see page). An incident investigation should take place and the results reported to staff.

b. Work related illnesses, work complaints, medical treatments.

c. What changes need to be made in the health and safety program to prevent exposures in the future?

Needles should not be disposed of in the trash. The incident investigation should result in recommendations for eliminating this exposure.

Resources

1. Illinois On-Site Safety and Health Consultation Program
Department of Commerce and Community Affairs
100 West Randolph
Suite 3-400
Chicago, IL 60601
Phone: 1.800.972.4216 /or 1.312.814.2337
<http://www.commerce.state.il.us>
2. University of Illinois at Chicago School of Public Health
Great Lakes Centers for Occupational and Environmental Health
2121 W. Taylor Street
Chicago, IL 60612
Phone: 312-996-6904
www.uic.edu/sph/glakes
3. Fact Pack (currently on GLC CE webpage at
<http://www.uic.edu/sph/glakes/ce/health&safety/index.htm>)
4. OSHA www.osha.org
5. National Institute for Occupational Safety and Health
www.cdc.gov/niosh
6. Joint Commission on Accreditation of Healthcare Organizations www.jcaho.org
7. NAHC Member Home Care and Hospice State Associations
<http://www.nahc.org/Consumer/stassn.html#anchor170566>

These materials were developed with support from the Illinois On-Site Safety and Health Consultation Program, Department of Commerce and Community Affairs, State of Illinois.