

Pre-/Post-Test Personal Safety (Jan/Feb 2003 issue)

All questions in this quiz are based on articles in the Jan/Feb 2003 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. Cell phones, though very useful, may have limitations such as:

- a. Interference from tall buildings and heavy phone use in a city.
- b. 911 connections to state rather than local police.
- c. Dead spots in rural areas.
- d. 911 calls can't be traced to the phone's location.
- e. All of the above.

2. (True/False) If you meet a suspicious person in the client's house, quietly ask the client to dial 911 while you draw the other person into a different part of the house.

- a. True.
- b. False.

3. Your car's tires are extremely important for safety. To maintain peak tire safety:

- a. Check air pressure at least once a month.
- b. Choose "all weather" or "all season" tires.
- c. Measure tread depth by using a quarter.
- d. a & c.
- e. All of the above.

4. (True/False) Because air bags do such a good job of restraining you in a crash, seat belts are not really needed.

- a. True.
- b. False.

5. Which of the following will NOT help you drive safely in rainy or wet conditions?

- a. Reduce speed.
- b. Follow other vehicles more closely so you can better see what they are doing.
- c. Keep windows and lights clean.
- d. Replace windshield wiper blades each year.
- e. b & d.

6. Be prepared for car problems by keeping the following items in your car:

- a. Good booster cables.
- b. Heavy extension cord (at least 25 ft.).
- c. Flashlight with spare batteries.
- d. a & c.
- e. All of the above.

7. (True/False) When you meet an angry dog at a client's home, it's best to walk away quickly.

- a. True.
- b. False.

8. Which of the following actions shows that a dog probably will not harm you? The dog:

- a. Stays put or backs away.
- b. Comes toward you with tail wagging in a low position.
- c. Comes toward you with tail wagging in a high position.
- d. a & b.
- e. a & c.

9. Some good ways to protect yourself from an unfriendly dog include:

- a. Talk to the dog in a firm, quiet voice.
- b. Stare at the dog's eyes to show that you're in charge.
- c. Leave the home by backing away slowly while watching the dog.
- d. All of the above.
- e. a & c.

10. If your back is causing pain, the best thing(s) to do is:

- a. Stay in bed until your back gets better.
- b. Use ice or cold packs on the affected area.
- c. When you sit, use a soft, stuffed chair.
- d. When sleeping, put an extra pillow under your head.
- e. All of the above.

I began reading *Home Health Aide Digest* at _____ am/pm.

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Spirit Profile: Gail Beauregard

Gail Beauregard's first client, an ALS ("Lou Gehrig's disease") victim, was very demanding. So demanding, Gail admits, that often "I would go home and cry. But I went back every day—for three years." Eighteen years later Gail still gives clients everything they need—even when it requires extra effort.

Clients have been so pleased with Gail's can-do attitude that one year she received a plaque that reads, "Never Say No." She just won't compromise when serving her clients. And she refuses to complain.

Gail is so devoted to her work that she has never called in sick—in 18 years. She has never even missed an inservice. All while working very long hours as a home health aide (HHA) at Interim HealthCare of Syracuse, NY.

For the last eight years Gail has filled a dual role at Interim. On weekdays, from 6:30 a.m. to 4:30 p.m., she is on-call in the office as a coordinator to the agency's 100 health care workers. Rather than taking calls from field staff at home, she prefers to take them at the office—for about 10 hours a day.

Being the on-call person isn't always easy. A call may be an HHA asking how to care for a client if the care plan isn't at the home. It may be an HHA locked out of a house, while a 100-year-old client who can't get out of bed waits inside. It may be an HHA calling in sick, requiring Gail to quickly find a fill-in—or to be the fill-in.

In her second role Gail works weekends on the front line giving in-home care, she says, "to relieve the HHAs who work six days a week." (Apparently Gail thinks she doesn't need any relief.)

Somehow, she also has a home life. Gail has reared five children as a single mom. Now she is helping her daughter raise a little girl.

"Always remember it's the client's home you're in. Give them the best you can, they deserve the best care."

—Gail Beauregard

Amidst these challenges, her over-the-top service at Interim has never lagged. Gail's supervisor, Patricia Pitko, RN, says Gail has "a high level of tolerance for inconvenience." However, Gail

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Focus on PERSONAL SAFETY

In the days of black-and-white films, gloomy shadows and eerie music scared the daylight out of moviegoers. The rush of terror was a cheap thrill, and when the movie ended, people returned to their real and—usually—safe world.

In our 21st century, a home health aide works in a world that, in many ways, is less safe than in the era of those old movies. Traffic is maddening, drivers are impatient, and crime and drug abuse are on the rise.

Hiding in fear is not an option, because your clients need you. Instead, serving with a manner of quiet confidence will assure clients that you are trained and capable of handling any problem that may occur.

This issue of the *Digest* will help you gain skills for protecting yourself as you drive and as you work in a client's home.

Keep safe YOUR CAR



by Paul Brand

As an HHA, you spend much of your workday behind the wheel of your car. Of all the built-in risks in your work, none poses more of a threat to your life and your career than a crash. So when you think about preparing for work, make sure you include your car in your plan, starting with vehicle maintenance.

Taking care of your "wheels"

Quick, what are the most important parts on your vehicle? The tires, of course. The tires provide your only contact with the road surface. Thus, the right choice of good tires with enough tread, in good condition and properly inflated, is the main key to your driving safety.

The right air pressure for your car's tires is often displayed on a decal on the doorpost or glovebox. The owner's manual also lists proper pressure. Typically, passenger



- car tires should be inflated to no less than 30 pounds per square inch (PSI). Tire pressure should be checked every month.

- Check the tread depth by inserting a quarter into the tread. If the top of President Washington's head shows above the tread, it's time for new tires. The tread-wear indicators built into the tread surface will begin to show at 2/32nd inch of remaining tread. At this point, the tire is fully worn out and will not perform well on wet roads. It's best to replace tires when about 4/32nd inch of tread remains.

- Good tires are vital to safe winter driving. "M&S" tires, rated for mud and snow, meet industry standards for traction in mud and snow. They are the best choice for most passenger cars and light trucks. The "all-weather" and "all-season" labels are not standards. Those terms just mean the tire was designed for year-round traction.

Other aspects of auto care are basic, common-sense issues. Change the oil and filter as often (or more often) as the

- car maker suggests, and have all fluid levels checked at the same time. When the oil is being changed, ask the technician to make sure your brakes and exhaust system are still okay.
- Check the engine oil level weekly.

Safe driving tips

- Remember these basic tips for staying safe—and staying out of another motorist's problem. Most of these tips are useful for driving in any season, at any time, night or day.

Buckle up

- Hook your seat belt each and every time you climb into a motor vehicle. The same goes for your passengers. Here's why. There are five ways to get badly injured or killed in a car crash: (1) an outside object entering the car, (2) collapse of the passenger cabin, (3) fire, (4) hitting part of the car with your body, and (5) being ejected from the car. Car makers have done a wonderful job of building "safe" vehicles that prevent outside objects from entering the cabin, that keep the cabin's structure intact in a bad crash, and that minimize the risk of fire. However, it's your job to "attach" yourself firmly to the seat to prevent your body from hitting some part of the cabin—such as the windshield, dash, steering wheel, door or roof—during a crash. Don't use air bags as an excuse not to buckle up. They are *supplemental restraint* devices that work together



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trying to hide their work, toxic fumes, and possible explosion or fire. Here are some signs that a client's home may be housing—or is near—a meth lab:

- A strong chemical smell.
- An exhaust fan in a strange place, such as a basement window.
- Suspicious trash in the garbage can. Watch for unusual amounts of empty containers for:
 - Cold/allergy tablets (such as Sudafed).
 - Camping fuel.
 - Drain cleaner.
 - Battery acid.

- Antifreeze.
- Paint thinner.
- Automobile fuel line dryer.
- Household cleaners.

If you suspect a meth lab in or near the house, contact your supervisor immediately.

Thankfully, these are not common dangers when giving home health care, so we should not live in fear. But it is wise always to be alert to possible danger.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law.

For more information, or if you have questions about this topic, consult your supervisor.

Acknowledgments

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<http://www.hometechsystems.com/firstcall.htm>.*

PERSONAL SAFETY IS A FULL TIME JOB

Working alone to provide health care has many rewards. It also has its hazards—sometimes surprising ones. Less than a year ago, a nurse in Palm Beach, FL, accused a patient of attacking her sexually. The patient was 94 years old!

If you find yourself in a situation where either the client or someone else in the home is behaving in a sexually aggressive way, immediately and firmly say no, and resist. Report the incident as soon as possible. If the person persists, immediately leave the home and call your supervisor.

This is just one of the hazards you might face in your profession. Staying alert to possible danger is a constant part of the HHA's job. Here are some other considerations:

Your cell phone—know its limitations

Carrying a wireless phone is always a good idea. However, this handy tool is not perfect, so a cell phone is no guarantee of safety. In a city with tall buildings and heavy phone use, a wireless phone may have trouble reaching a tower. And, if you do get a 911 link, don't assume you've reached city police.

Instead, you may be talking with the state police. The

operator must then put you in contact with the local authorities.

The same goes for a rural area. In the country a wireless phone may hit a "dead" spot between towers. Or, the 911

operator you reach may be in the next county, which requires extra steps to get help for you.

Even a "land line" can be a problem in rural areas. A 911 call may be a link only to a small town's fire department, with no way of giving a direct connection to city or county law enforcement. Once help is dispatched in a rural county, the nearest officer may be 30 minutes (or more) away from you.

A land-line phone provides a 911 operator with an address, but a cell-phone gives no such help. Therefore, whether in the city or country, always know where you are (using a street name, mile marker, or landmark). Telling the operator, "I'm on Oak Street in the south end of town," is not very helpful. However, "I'm on Oak Street near the Highway 22 exit," will make sure help finds you as soon as possible.

Fake police cars

Many squad cars are no longer well-marked. Unmarked units display no lettering, and their flashers are hidden behind the grill and windshield. Some criminals now prey on people by pretending to be police officers in unmarked cars.

If a car behind you begins flashing lights, especially if the lights seem very simple, you have a right to suspect that the driver is a fake. This is especially true at night. In such a case, keep driving slowly. Call 911 on your cell phone and explain where you are and why you're suspicious about the car trying to stop you. If the operator assures you it's a squad car, pull over—and be courteous. (Officers are trained to be understanding about this.) If it's not a real squad car, stay on the phone and follow instructions.

Watch for trouble outside

When you reach a client's home, never assume everything is okay. Before exiting your car, take a look at the client's property, to make sure everything is "normal."

- Are curtains closed—though usually open?
- Is a window broken?
- Is a door ajar?

- Is a door that is usually open, locked instead?
- Is a strange car in the driveway (or in the garage)?
- Are there fresh oil spots on the driveway (from a stranger's car)?
- If there's snow, does it reveal unusual footprints around the house?

Listen to your instincts. If you suspect real danger, call 911. If you're not sure, call your supervisor before you get out of your vehicle.

Watch for trouble inside

As you enter the house, announce your visit loudly so no one will be surprised. Then take a moment to look around. Compare the scene to "normal."

If you meet a person who is acting strangely, even if the client knows who the person is, excuse yourself with, "I forgot something in the car." Make sure you can describe the stranger, then walk out quickly and call your supervisor. If you are sure there is trouble, do not hesitate to call 911. If another person who lives there (or a regular visitor) seems to be acting strangely, take the same measures.

Here are other signs of possible trouble:

- The client seems nervous.
- Things look out of place, and the client doesn't seem to know about it.
- You hear unusual noise from upstairs or the basement.
- Money is lying in the open.
- You see drug paraphernalia. (Ask your supervisor for information on what these items may look like.)
- You notice strange smells that may mean someone is using or making drugs (such as methamphetamine).

Telltale signs of a meth lab

Methamphetamine (known as "meth") is a very common illegal drug. It usually is made in small, homemade "labs." Because of their strong chemical odor, such labs often are found in rural areas or near industrial areas. These labs pose many dangers, including drug-makers



Keeping Safe in Your Car

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with seat belts. Air bags can actually increase the risk of injury if you're unbelted in a crash.

Pay attention

Nothing is more important than giving complete attention to the task immediately at hand—driving the car. Stay off the cell phone. Don't try to write or look up an address or check a medical record while moving. Pay attention to driving while you're driving.

Horizon eyes

Look as far ahead as possible to maintain good "situational awareness." This helps you spot possible hazards soon enough to avoid them.

Mirror, mirror everywhere

Check your side and rearview mirrors every 3–7 seconds to complete the 360-degree picture of what's going on around you.

Slow down when the road is slippery

Seems obvious, doesn't it? Yet most of us fall victim to "following the crowd" of vehicles driving too fast for current conditions. Remember, when roads are wet or slippery, your vehicle can only achieve a fraction of the grip or traction it gets on dry roads. That means your car won't stop, turn, or accelerate nearly as well on wet pavement as it does on the same road when it's dry. A rainstorm after a long, dry period is very dangerous, because the road builds up an oily film from the cars driving on

it. A fresh rain turns the oil to a very slick coating.

Increase following distances.

Leave more space between your car and the one ahead of you to improve your ability to see ahead of you, to give yourself more time and distance to react to problems in front of you, and to give your car more time and distance to slow or stop safely. On dry roads, stay at least two seconds behind the vehicle in front. In rain or snow, increase that time and distance dramatically.

Keep 'em clean

Keep all your windows snow-free, frost-free, and dirt-free, inside and out. If you can't see out, how will you know what's out there? Clean your headlights and taillights at the same time.

Fresh wipers

Install a new set of wiper blades each fall, and keep the windshield washer bottle topped off. Keep the old set of wipers in the trunk, just in case a new one comes apart.

The best way to avoid problems

With so much of your livelihood, not to mention your life, riding on your car, the best way to make sure you get to your clients safely every time, every day, is to buy, properly maintain, and safely drive a newer vehicle. In today's market, with so many "\$0 down/0 percent" financing plans available, buying a new car can be a smart move. Lower monthly payments, minimum repair, warranty coverage, and a "new"

car—all are great assets to the person who has to rely on a motor vehicle every day.

When looking for a new car, realize that small isn't always the best buy, whether you're thinking economy or safety. Depreciation is the single largest vehicle expense for car owners. Over 3–5 years a midsize sedan may hold its value better than a subcompact, thus actually costing less per mile to own and operate. And, of course, larger is safer in a crash. A safer car often translates into lower insurance costs. (Your insurance agent can advise you on this.)

So when you're shopping for a vehicle, factor in the safety ratings and depreciation along with the fuel mileage. You're looking for the safest, most efficient, lowest-total-cost vehicle, not the cheapest car. In the long run, an "economy" car may actually cost you as much—or more—than a larger car.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Paul Brand is nationally known as an automotive troubleshooter, racecar driver, and leading Midwest instructor of law-enforcement pursuit driving. He is the twice-weekly host of a popular radio show titled AutoTalk, and a regular columnist for the Minneapolis StarTribune.

Stay Awake at the Wheel

Clients need you, no matter how little sleep you've had the night before. But, if you had a bad night, it's easy to feel drowsy behind the wheel. Here are some popular stay-awake tricks gathered by the American Automobile Association (AAA).

• Pull off the road (at a safe place) and exercise or walk for a few minutes.

• Drink a beverage that contains caffeine.

• Converse with someone. (Don't be shy about talking with yourself.)

"SHE'LL BE COMIN' AROUND THE MOUNTAIN..."

• Splash your face with cold water. (During winter in the North, snow is a handy substitute for water.)

• Roll down the window.

• Sing as you drive.

• Listen to loud or stimulating music.

• Chew on ice or gum.

• Listen to a radio talk show, or an audio book (available at libraries).

• Take an unfamiliar route.

• Slap or pinch yourself.

• Eat a snack.



• Change the seat position.

• Change the temperature in the vehicle.

From a study supported by AAA Foundation for Traffic Safety:
<http://www.aaafoundation.org/pdfs/drowsydriving.pdf>

OH-OH

Being Prepared for a Problem on the Road



by Paul Brand

Even with good care and careful driving, your car may fail. Or, you may be involved in a crash. By being prepared, you will be able to handle the problem with as little inconvenience as possible.

Let someone know when and where you're going

Anytime you're getting ready to drive somewhere by yourself, whether to a client's location, across town, or cross-country, let someone else know the details of your travel plans—what time you're leaving, what time you expect to arrive, and the address you're driving to. If needed, follow up with a phone call to let your supervisor, friend, or family member know you've arrived safely. If something happens and you're unable to contact anyone, your delayed arrival will be a signal to others that something may have gone wrong.

Be equipped for problems

Don't forget to pack your roadside emergency kit in your trunk. Every vehicle should have at least the following items on board:

- ◆ Tire pressure gauge.
- ◆ Quality booster cables.
- ◆ 25-foot tow rope.
- ◆ Old blanket, towel, and gloves.
- ◆ Flashlight with spare batteries.
- ◆ "Fix-a-flat" aerosol tire inflator for emergency use.
- ◆ Spare tire, jack, and lug wrench.
- ◆ First-aid kit.
- ◆ Cellular phone with car power cord. Every cell phone, activated or not, will dial and reach 911.

You could add a number of other items if you choose.



- If you'll be driving out of a metro area, particularly if the weather is cold, add candles, matches, food, water, and heavy clothing/jacket/gloves/ snow boots to protect yourself from the cold.
- If you live in a snowy region, you might also carry a small shovel and a bag of sand or cat litter to help if you get stuck in the snow.
- If you're willing to try to fix minor breakdowns yourself, add basic hand tools such as a multiblade screwdriver, slip-joint pliers, knife, duct tape, spray lubricant (such as WD-40), wire coat hanger (to re-hang a dragging exhaust pipe), gallon jug of antifreeze, and spare fan belt.
- Take a moment and think about your specific vehicle, the area you travel, and your skills. Perhaps there are other items that could be useful. Remember, you can't plan for what will happen, but you can plan for what can happen.

Dealing with breakdowns

- What if the vehicle does break down? Regardless of location, try to move the vehicle off the roadway into a safe spot. If a warning light on the dashboard lights up, figure out what it's telling you so that you respond correctly. *The only two warning lights that signal you to stop the vehicle safely and shut off the engine quickly are "coolant/temperature" and "oil/oil pressure."* Your vehicle must have good flow of coolant and oil to survive, much less run, so if one or both of these warning lights appears while you're driving, stop safely right away.

- However, if it's the "service engine soon" or "check gauges" or "check engine" warning lights, check the rest of your gauges first. If neither the "coolant/temp" nor the "oil/oil pressure" warning light is on, then you can keep driving for a short distance at least. Even if the

"generator/alternator/charge" light comes on, the engine will run for some time. If the fan belt has failed, the engine may soon begin to overheat and the "coolant/temp" light will come on. (On many newer vehicles, one belt powers both the cooling and charging systems.)

If your vehicle suffers a flat tire, the first sign may be a heavy "pull" to one side or the other, or a heavy shaking that rapidly gets worse. If either occurs, gently ease back the throttle—don't overreact—and try to keep the vehicle pointed straight ahead. As it slows to a safe speed, gently pull off the roadway, safely onto the shoulder. Turn on your four-way flashers to make other drivers aware of your problem.

If you are going to change the flat tire yourself, make certain the vehicle is far

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What You Will Learn...

After studying this issue of the Digest, you should:

1. Know several signs of trouble to look for, both outside and inside a client's home.
2. Understand the most important ways to keep your car safe and reliable.
3. Know methods for safe driving in rainy or wet conditions.
4. Understand how to deal successfully with an unfriendly dog.
5. Know a variety of techniques for taking care of your back.

Oh-Oh Being Prepared for Problems Continued from page 5

enough off the roadway to be completely safe. Then, set the parking brake firmly and block one of the wheels with a large rock or piece of wood. Loosen the lug nuts before raising the vehicle, jack up the vehicle following the directions with the jack, change the tire, and tighten the lug nuts securely. (You did remember to check the air in the spare tire, didn't you?)

Don't panic

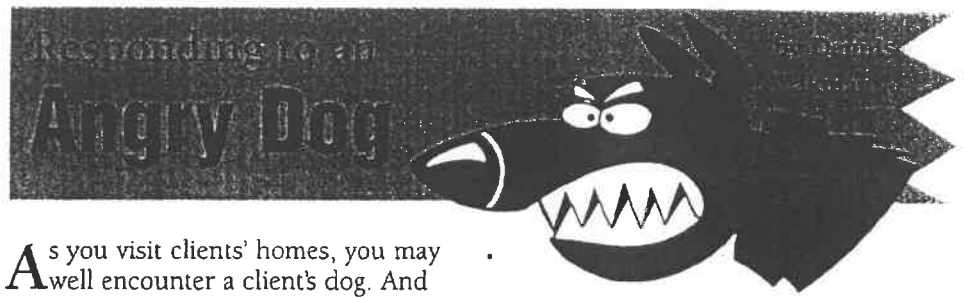
No matter what the problem, don't panic, and remember that your best and safest course of action is to use your cell phone to call 911. The dispatcher will either direct law enforcement to your vehicle, or, if it's a nonemergency, call for road service or a tow truck. Wait in your vehicle with the doors locked and keep the emergency flashers on. To keep yourself safe, stay in the vehicle until an officer or tow truck arrives. Confirm that person's identity before getting out of your vehicle.

Use this same common sense and caution when dealing with "road rage" of any type. If you feel another motorist is tailgating, intimidating, gesturing, speeding by, or forcing you to slow down, deal with the event calmly. Use your cell phone to call 911 if you feel threatened in any way. If you've accidentally caused the anger by cutting that driver off or doing something similar, a quick "I'm sorry" wave may end the problem. But in most cases, the rage is due to the mental state of the other motorist, so avoid eye contact.

Continue to drive with the flow of traffic, signaling and moving to the right-hand lane. If the other driver follows, signal and exit the roadway at the next good opportunity, and drive to a well-lit, busy location, such as a gas station or convenience store. Stay in your car with the doors locked, and, if the other driver follows you there, call for help.

Always think safe when you drive, and you'll stay safe.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.



As you visit clients' homes, you may well encounter a client's dog. And this dog may react to you with hostility. What to do?

There isn't a simple answer nor a set formula for dealing with an unfriendly dog. However, all dogs tend to follow predictable rules of behavior.

A dog tends to defend its space from humans and other dogs, regarding both as its own kind. The territory may be the dog's kennel, or that of the "pack"—its owner's house. (The dog regards its owner/family as its "pack.")

The dog intends to make you leave its domain by showing aggression toward you. Your natural response will be to leave as quickly as possible, thus rewarding the dog and encouraging it by its success. To succeed against such a dog, your goal will be to confuse the angry dog by not rewarding it by your actions.

➤ Even a friendly dog will bark at you, as its job is to defend its territory. Talk to the dog in a firm but quiet voice and if it approaches in a friendly way—no snarl or hackles up—stand still so that it can sniff you. Many dogs will respond to such a greeting by wagging their tail. Others will ignore you, but do not be too bold or over-friendly.

➤ As you approach the dog, notice how it reacts to you. If it stays put or backs off, it probably regards you as a dominant intruder and so will be too scared to attack. If it walks or runs toward you with its tail wagging in a low position, it is probably friendly and will not bite. If it stiffens up, holds its tail high, snarls, and stares at you, then be on your guard. If it shows its teeth, you probably should go no further. But don't turn and run; back away slowly.

➤ Never run past a strange dog, or walk quickly away from it. This may cause it to chase you and possibly bite you. If you feel the dog may chase you, walk or back away slowly while continuing to face the dog.

➤ Try to avoid showing any fear. A dog can read fear in your eyes and body movements. Keep calm, whistle, walk slowly, or speak firmly to the dog. Dogs rarely attack so don't be over-anxious about every dog you meet. Most are scared to get into a fight, but like to act tough on their own territory. Don't ignore such dogs, but always behave in a friendly and confident way. You will lessen the dog's own fear.

➤ Never stare at a dog. Staring is a threat; a dog may read it as a challenge and attack you.

➤ Remember, a dog can tell if you like it. Therefore, a dog biscuit in your pocket is a better insurance than a stick or other form of repellent (such as pepper spray). However, do not feel bad if every dog responds by barking at you, even though you like dogs. The dog is just doing its job, as you are doing yours.

➤ Finally, don't forget that many dog bites occur while a visitor or delivery person is leaving the house. Remember, therefore, this "golden rule": If in doubt, back away slowly, keeping the dog in your sight all the time.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

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MOM WAS RIGHT: Wash Your Hands

If it isn't enough that Mom nagged you to wash your hands, even the Bible says so—"He that hath clean hands...shall receive the blessing from the Lord" (Psalm 24:4-5)!

For almost 200 years, we've learned much about the need to kill germs on hands that provide health care. Whether they be germs that carry the common cold or a deadly staph infection, careful hand-washing knocks those germs a deadly blow. Clean hands protect everyone—the client and the care giver.

Despite this knowledge, health-care workers sometimes feel too rushed to wash as often and as completely as they should. This is risky. Here are some points to keep in mind to keep your hands clean as you work.

✓ Gloves can be a key tool for hand hygiene. They don't, however, mean

you don't have to wash your hands. Some experts recommend washing your hands before and after using gloves.

✓ Clean nails make a difference. Artificial nails, and real nails longer than a quarter-inch, give more places for germs to hide.

✓ A ring on your finger is another germ hiding place. It also gets in the way when putting on a glove.

✓ An alcohol-based hand rub can save time, and is very effective in killing germs. These rubs are fast-acting and less harsh to skin than some cleansing products. Follow the maker's guidelines for use.

✓ If the hand-cleaner supplied to you causes an allergic reaction, consult with your supervisor.

✓ An alcohol-based hand rub may

not always be enough. If your hands *look* dirty, wash with soap and water.

✓ According to the Association for Professionals in Infection Control and Epidemiology (APIC), proper hand-washing should be done like this:

1. Wet your hands with running water.
2. Rub soap/cleanser all over your hands and fingers.
3. Rub together all the surfaces of your hands, including fingers, using friction. (Some guidelines require up to one minute of washing.) Give special attention to the areas around fingernails.
4. Rinse well and dry with a clean towel. One study has shown that drying with a paper towel can be as clean as air drying.

Because germs are too small to see, it's hard to be too careful. It's therefore wise to wash both before and after working with a client.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

For a helpful fact sheet on hand hygiene, see <http://www.cdc.gov/od/oc/media/pressrel/fs021025.htm>.

Relax That Back



By Suzanne P. Campbell

One of the most common problems HHAs encounter is low back pain. Acute back pain is what our grandmothers called a plain, old-fashioned backache. Nearly everyone has them from time to time. Fortunately, over 90 percent of people with low back pain recover completely in four to six weeks.

If your pain has lasted for a while, you often can find relief with some simple home treatment, according to HealthSystem Minnesota. Here are 10 recommendations:

1. Avoid prolonged bed rest. Medical studies now show that bed rest of more than two days actually may increase pain and stiffness.

2. Do moderate activities that do not aggravate your pain.

3. Use ice or cold packs to reduce the pain, swelling, and inflammation of a muscle strain or spasm. Use the packs three or four times a day for about 20 minutes during the first few days.

4. After that, you might find that applying a heating pad or sitting in a warm bath reduces pain and stiffness. (Stick to the cold packs for the first few days, however, even though heat might feel good.)

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Relax That Back

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5. Over-the-counter medicines such as ibuprofen (Motrin, etc.) or aspirin can help ease lower back swelling and pain because they are anti-inflammatory. If these upset your stomach, try acetaminophen (Tylenol, etc.). You also can use muscle relaxers to ease pain or spasm. Be very careful, though; these may cause drowsiness. Narcotic painkillers (though very effective) should be avoided because they can be addictive.
6. Maintain good posture. This helps keep your body weight in alignment and reduces stress on the back muscles. When you sit, it may help to use a chair with good support or to put a pillow behind your back for support. Stuffed chairs with soft, deep cushions may not be good for your back.
7. When you go to bed, try these two positions:
 - Lie on your back with a pillow under your knees, or
 - Lie on your side with a pillow between your knees.

8. Maintain a healthy body weight. Being overweight increases stress on the back.
9. When you first return to work, avoid lifting heavy objects, repetitive bending, and twisting. Also try to change positions frequently.
10. Manage your stress. Worries about family, money, or work situations can cause us to feel stress and tension. Tense muscles are less flexible and therefore more vulnerable to injury. Learning to accept and manage everyday stress can be a real back saver. If you often feel stressed, discuss it with your doctor to get suggestions for coping.

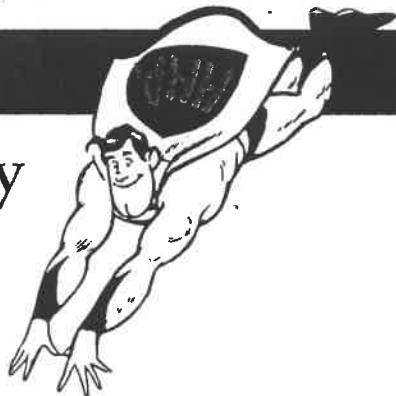
The Centers for Disease Control (CDC) provides guidelines on how to design safe lifting jobs. These were updated in 1999. Information for ordering the instructional manual can be found on the CDC's Web site at www.cdc.gov/niosh/lifting1.html.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

WIMPS Need Not Apply

If anyone accuses you of choosing a "safe" career, you can tell them otherwise. Health-care work, it turns out, is not for wimps.

The National Institute for Occupational Safety and Health says: "Health care is the second-fastest-growing sector of the US economy, employing over 12 million workers. Women represent nearly 80 percent of the health-care workforce. Health-care workers face a wide range of hazards on the job, including needlestick injuries, back injuries, latex allergy, violence, and stress. Although it is possible to prevent or reduce health-care worker exposure to these hazards, health-care workers



actually are experiencing increasing numbers of occupational injuries and illnesses. Rates of occupational injury to health-care workers have risen over the past decade. By contrast, two of the most hazardous industries, agriculture and construction, are safer today than they were a decade ago."

So much for being a wimp.

Source: Centers for Disease Control Web site: www.cdc.gov/niosh/healthpg.htm

Tips for Avoiding Carbon Monoxide Poisoning

- When you, or your client, wake up on a crisp, cold morning, do you have a headache, feel fuzzy-headed, or experience nausea? You could have the flu. You also could have carbon monoxide poisoning.
- You can't smell, taste, or see carbon monoxide. It gets into your system and replaces the oxygen. Tissues and organs deprived of oxygen can't function. Even low levels of carbon monoxide can cause dizziness or chronic headaches. High doses can cause death. A leaky gas stove can give off enough carbon monoxide to kill you.
- The best way to prevent problems is to have gas appliances, including the furnace, checked annually—or more often if there is any question about their safety. You also can purchase inexpensive carbon monoxide detectors at hardware and discount stores. In addition, be sure that gas appliances designed for outdoor use always are used outdoors, not in the house or garage.



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HEALTH CARE SAVVY

Depression Not Uncommon for Elderly Patients

Does an elderly patient in your care seem depressed? If so, your client is not alone.

While home-care services for the elderly have been growing, treatment tends to focus on the patients' medical conditions while ignoring their mental states. Yet a study has shown that major depression can be a real problem for geriatric patients.

The two-year study followed 539 patients who were receiving home health care services. The results showed that 13.5 percent of the patients had major depression, but only a handful of those were receiving any treatment for their depression. The study determined that elderly patients receiving home care are twice as likely to suffer major depression as those receiving primary care.

If your client seems depressed, discuss it with your supervisor. Perhaps the doctor can offer help.

(Source: *American Journal of Psychiatry*, 2002)

Depression— a Shared Event

It isn't only the patient who may suffer depression as a result of a medical condition. The patient's partner may, too.

Patients with Type 2 diabetes commonly suffer depression, studies have shown, while other studies have indicated that the people who deal with depressed people may well become depressed, too.

Now, research done at the University of California, San Francisco, has shown that depression and anxiety can be equally high in both diabetes patients and their partners. Female partners tended to be more affected than male partners, the study showed, and

- sometimes the partner was bothered when the patient was not.
- It is important for health practitioners to keep both patient and partner in mind when helping the patient adjust to and manage life with diabetes.
- (Source: *Diabetes Care*)



Helping Children Facing End-of-Life

More than 53,000 children die each year. The health-care system in the United States is not well-prepared to offer quality end-of-life care to children, according to Last Acts, a Washington, D.C.-based organization whose focus is end-of-life care. The organization was commenting on the Institute of Medicine's Report on Pediatric End-of-Life Care.

In response, Last Acts has offered a plan to improve services for children facing the last days of life. The organization's "blueprint" has five key points:

- Greater respect for the wishes and choices of the child and his or her family.
- Relief of physical and emotional pain.
- Care teams that include many disciplines, including social workers and psychologists in addition to doctors and nurses.
- Services to ease the burden on the caregivers, including respite care and babysitters for other children in the family.

- Increasing support for and improving the advancement of end-of-life care programs.

For more information on this organization and its goals, visit the Last Acts Web site at www.lastacts.org.

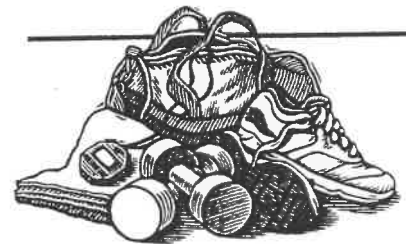
(Source: *Home Health Line*)

No Need for Doctor's Orders

A doctor's order is no longer required for flu and/or pneumonia vaccines to be given to Medicare and Medicaid beneficiaries in nursing homes, hospitals, and home health agencies.

The Centers for Medicare and Medicaid Services has released a new policy allowing the change. Now home health agencies, nursing homes, and hospitals can suggest on their own that patients in these settings receive the vaccinations. The hope is that more patients will receive the vaccinations, which have been shown to save lives.

(Source: *Home Health Line*)



Someone to Watch Over Me

Many heart failure-patients are helped by exercise. However, the patient needs to keep working out for the long term to gain real help. That can be hard for anyone, but is very hard for a heart patient. For that person, exercise may not feel good; she gets tired fast and breathing may be hard and painful. Therefore, many heart-failure patients quit exercising.

A recent study at the University of Nebraska* found that feedback, goal-setting, and problem-solving guidance

Health Care Savvy

Someone to Watch Over Me
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helped patients stick with their workouts. All the patients in the study went through 12 weeks of supervised workouts. They were then split into two groups. Patients in one group were told what to do during the next 12 weeks, then left alone. The second group received the same instructions, but every three weeks received help with goal-setting, feedback, and problem-solving.

At the end of the study, one-third of the "left alone" group had stopped exercising. The group of patients who received help had no quitters. Those patients also were quite sure they would keep going with their exercise plans.

This shows that a proper amount of guidance and encouragement will help a heart-failure client keep up on exercise.

*University of Nebraska Medical Center College of Nursing-Lincoln Division in Lincoln, NE

(Source: *Progress in Cardiovascular Nursing*, 2002)

Symptoms Signal Heart Trouble

Which of these people is in danger of having a heart attack: The man clutching his chest, doubled over in pain, or the woman who is feeling nauseous and experiencing unexplained shortness of breath?

The answer is both. While it is the man's symptoms that tend to be recognized as "unstable angina," an early warning of a heart attack, the woman's symptoms can mean unstable angina, too.

Researchers at the University of Alabama in Birmingham looked at medical records of more than 4,000 elderly patients who had been diagnosed with unstable angina. The study showed that over half of those patients had no chest pain at all. The "atypical" symptoms they most frequently reported were shortness of breath, and pain in areas other than the chest.

Unstable angina can be treated. Left untreated, however, it can lead to a full-blown heart attack, doing permanent damage to the heart. Even so, the researchers found that the patients who had no chest pain were treated less aggressively. According to lead researcher John Canto, M.D., the typical angina patient may be the one "who has unexplained shortness of breath and nausea; that's the one both the public and the medical providers need to recognize."

(Source: *Journal of American Cardiology*, 2002)

What Did You Say?

Hearing trouble affects nearly all of us as we grow older—about 90 percent of people over age 80 have some trouble hearing. But some of the causes of hearing loss may surprise you, and there may be steps you can take to help hold off or lessen your own loss.

It's no news that frequent exposure to loud noise can lead to bad hearing. If a person works in a job where he has to shout to be heard, he will probably eventually suffer hearing loss. Folks who don't wear hearing protection when they drive farm machinery without a cab or operate a jackhammer are asking for hearing trouble.



Noisy hobbies such as woodworking or shooting guns can be bad for our ears, too. Avid hunters are at risk—their likelihood of hearing loss increases 7 percent for every five years of hunting.

But that's not all. Smoking can be bad for hearing, eventually. So can heavy drinking.

On the other hand, a drink or two a day is not bad—in fact, nondrinkers are

40 percent more likely to have hearing loss than those who imbibe a little. Exercise also is beneficial if you want to preserve your hearing. It may be that practices that are good for our hearts also are good for our hearing.

Interestingly, exposure to hair dryers, blenders, vacuum cleaners, and the like doesn't seem to have a real affect on hearing.

This information comes from the largest US study done on this particular problem, the Epidemiology of Hearing Loss Study. The University of Wisconsin conducted the study, begun in 1993, and kept track of people in Beaver Dam, WI, population 15,000, where researchers noted health and hearing of two-thirds of all the residents over age 48.

The good news is that we are more aware than we used to be about providing hearing protection for workers in noisy jobs, such as factory work. Therefore, the study shows that people in their late 40s and early 50s do not seem to be losing their hearing as quickly as older people.

(Source: *The Canadian Press*, 2002)

Too Much of a Good Thing

With the abundance of herbal and alternative medicines, it is no wonder that many people reach for those to help them deal with or recover from a medical problem or condition. It isn't always a good idea, though. In fact, it may do more harm than good.

Seventy-five percent of heart patients use some type of alternative medicine or treatment to help in their healing. Many look for blood-thinning supplements such as vitamin E, garlic, Ginkgo biloba, CoQ-10, or fish oil.

If the doctor has prescribed a blood-thinning drug such as Coumadin,



Been There, Done That, Did it Well

After 18 years as an HHA, Gail Beauregard (this issue's "Spirit Profile") knows what satisfies a client. Here is her best advice for giving a client first-class care:

1. Arrive at your client's house with a smile on your face, and ask how the client is doing. After you ask, make sure to wait for the answer—and listen closely.
2. Remember that you are there to help do things the client can no longer do. Let the client tell you how she wants you to prepare food, clean, and do personal care.
3. Don't make a client do something he doesn't want to do. Often, if you'll just wait a little while, the client will be ready to receive a bath, a shampoo, or a meal.



4. Remember you are in the client's home. Respect that. Do not move or change things unless the client says it's okay.
5. Leave with a smile on your face and a kind word such as, "Have a good day," or, "Take care of yourself until I see you again."

Thanks to Gail Beauregard, HHA, of Interim HealthCare, Syracuse, NY

Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

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however, taking a supplement in addition can be dangerous. According to cardiologist Curtis Weaver, M.D., of the Florida Heart Group in Orlando, combining these may result in "three times, four times, five times the level of anticoagulation or blood thinning that is desired." Adding supplements to prescribed blood-thinners can lead to spontaneous hemorrhage or possibly death! Yet it has been shown that more than 31 percent of heart patients do so.

Dr. Weaver has some words of advice. If you are tempted to take a supplement, read the ingredient list on the label and watch for words such as "acetate" or "acetaminophen." Blood-thinning drugs should not be combined with any supplements that contain aspirin or aspirin-like ingredients. And if you have any questions, the safest course of action is to ask your doctor.

(Source: *Ivanhoe Newswire*)

“
GREAT
opportunities
to help others
seldom come,
but **SMALL**
ones surround
us every day.
—Sally Koch
”

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OUR MISSION:

To educate, encourage and elevate Home Health and Hospice Aides as vital participants in the delivery of health care.

Spirit Profile *continued from cover*

seems not just to tolerate tough challenges, but to welcome them.

Gail's supervisor describes her as:

"Respectful, polite and attentive.

"A person of her word.

"Patient, tolerant and understanding.

"Able to recall the details of cases.

"Armed with compassion.

"Calm and gentle.

No matter who the client is, says Pitko, "Gail has the ability to make the client feel special." Skilled at the art of conversation, she doesn't just listen, she "really hears what they have to say." This skill also is useful as she handles calls from clients or HHAs who are facing problems. "People leave a conversation with Gail feeling like someone just heard them who really cared about what they had to say." That's because Gail focuses on "promoting the clients' overall well-being and improving the quality of their lives."

With the clients' needs first in Gail's mind, Pitko continues, "Gail is flexible and willing to fill in at a moment's notice." No matter how tough the case, her strong work ethic "accepts the responsibility and handles it graciously."

Gail is a stickler for detail who, according to Pitko, "follows assignments to the letter, paying close attention to the details of the care plans." As she carries out her duties, "She is well aware of the importance of accurate and proper completion of documents."

Therefore, she makes sure "her documentation is always complete and legible."

Gail has "a vast knowledge of how to handle almost any situation." Her grasp of home health care is so thorough and practical that coworkers, according to Pitko, "rely heavily on Gail for input and advice. Her experience allows her to meet this need."

And she does it all with a touch of class by looking her absolute best. Pitko says Gail is "impeccably groomed and absolutely professional in appearance in whatever capacity she is working—in the office or in the client's home."

Appearance is a conscious effort on Gail's part. "I think you should always be neat and clean when you go into a person's home," she says. (Gail does make full use of her daughter's skills as a hairstylist.) "It makes me feel better. At inservices I've seen an HHA with greasy hair or coffee stains on her blouse and wondered, *How can she go to work like this?* I wouldn't want somebody looking like that to touch me."

Gail's high standards rub off on others. Sometimes, after a first visit to a client, she observes, "The next time I come, the woman may have lipstick on or have her hair combed, which she didn't usually do. That makes me feel really good."

Such high ideals did not just happen. Gail decided to become an HHA after helping her mother who had lung cancer. "After she died I just wanted to help people in their homes," says Gail. "She was in the hospital and they didn't take care of her right—and I don't like hospitals or nursing homes. So, I

figured people should have the option of staying in their homes."

With that driving desire, she goes to work every day expecting to give her best and nothing less. She urges other HHAs to do the same, saying, "Always remember it's the client's home you're in. Give them the best you can, they deserve the best care."

The address of the office that nominated Gail Beauregard is:

Interim HealthCare
3300 James St., Ste. 201
Syracuse, NY 13206

thinks of
changing the
world, but

thinks of
changing
himself."

—Leo Tolstoy

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