

Community Health Worker Handbook



Occupational Health and Safety Agency for Healthcare in B.C.

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SAFETY AND EMERGENCY PREPAREDNESS

Emergencies, disasters, accidents and injuries can occur at any time and without warning. Being prepared to handle emergencies is a worker as well as an employer responsibility. Your supervisor is responsible for ensuring that employees are aware of safety procedures and emergency protocols.

WHAT CAN I DO?

- Have a planned emergency exit route and alternate emergency exit route for each home.
- Know where the emergency alarms and fire exits are located.
- Be trained on how to respond to threats of violence or aggression from clients, their family or household pets.
- Know to call 911 or a designated contact and have the information ready (e.g. client name, telephone number, an accurate street address, description of the situation, instructions on the door to use etc). DO NOT hang up until instructed or ambulance arrives.
- Keep your car well maintained.
- Take precautions in the event of a car failure when driving in remote locations (i.e. have available a supply of nonperishable food and water, emergency lighting, blankets, flashlights etc.).
- Ensure that your client (or a family member) has registered electrically powered, life-sustaining equipment with the electric supply authority and the community emergency program.

What do I do in case of an emergency or exposure incident?

1. First Aid
 - **Immediately** seek or self-administer first aid.
2. Medical Attention
 - Seek medical attention **within 2 hours**.
3. Reporting
 - Report the incident as soon as possible to your supervisor.
 - Complete your agency's **Injury/Incident Report Form, WCB Claim Forms**.
4. Follow Up
 - A health care professional may do an assessment.
 - An investigation and corrective action taken.

PERSONAL SAFETY IN THE CLIENT'S HOME

- If you are working alone and have concerns about your personal safety, set up a check-in policy with your agency or family. Have scheduled times to call your agency/supervisor to confirm your safety.
- Ensure at least one phone is placed in a low position so that the worker or client can access it in the event they cannot stand.
- Have emergency numbers posted by the phone or program them into the speed dial feature.

FIRST AID EMERGENCIES

1. Before starting any First Aid, always ensure that there is no further danger to the victim or to you.
2. Call 911. If family members or visitors are present instruct them to place this call. DO NOT move the client unless there is the risk of further injury.
3. Assess the client's injury/pain. Listen to breathing; assess consciousness/mental status; and note any unexpected odours in the home such as chemical fumes.
Standard precautions should be followed whenever there is the potential to come into contact with blood or body fluid. St John's Ambulance provides mini-kits containing both disposable gloves and CPR protective barrier.
4. Report all injuries to your supervisor and complete the appropriate documentation.

INJURY	PROCEDURE
Sharps injury or bite	Let the wound bleed freely. Wash the affected area thoroughly with mild soap and water. Do not squeeze!
Contact with non-intact skin	Wash the affected area thoroughly with mild soap and water.
Mucous membrane contact	Includes the eyes, mouth, and nose. Flush the affected area with large amounts of water.

SAFETY ON THE GO

- Stay in busy, well-lit areas. Do not take shortcuts through alleys or parks.
- Walk with someone else whenever possible.
- If you suspect you are being followed, be suspicious. Keep checking behind you so that the person knows you cannot be surprised. Change direction, cross the street and go a busy well lit area. Report the incident to the RCMP immediately.
- Be alert as you return to your vehicle. If someone is hanging around – leave. Have your keys ready and check your backseat before getting in your car. Lock your door and keep your windows rolled up.

MUSCULOSKELETAL INJURY (MSI)

A **MUSCULOSKELETAL INJURY** is an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain, and inflammation that may be caused or aggravated by work such as lifting, pushing,

RISK	PREVENTION
Force or muscular effort	<ul style="list-style-type: none"> ▪ Use available assistive devices. ▪ Avoid extreme forces or heavy weights. ▪ Avoid lifting movements during transferring or repositioning of clients. ▪ Avoid pulling heavy objects; push them instead. ▪ Avoid lifting objects above shoulder or below knee height. ▪ Keep objects close to the body when lifting. ▪ Avoid quick or jerky movements.
Awkward Posture	<ul style="list-style-type: none"> ▪ Avoid extreme awkward postures such as: raising arms overhead, bending far over with a weight in the hands, reaching forward excessively, twisting upper body.
Static Posture	<ul style="list-style-type: none"> ▪ Avoid holding a posture for greater than 30 seconds, especially postures involving the low back or shoulders.
Repetition	<ul style="list-style-type: none"> ▪ Take rest breaks when performing repetitious movements ▪ Alternate hands if possible.
Contact Stress	<ul style="list-style-type: none"> ▪ Avoid kneeling on hard surfaces. ▪ Avoid sustained body contact (leaning or pressing) against hard or hard-edged surfaces.

CONTROL MEASURES FOR USING MECHANICAL LIFTS

- Receive training for all equipment from the supervisor or manufacturer's representative.
- Keep equipment properly maintained. Check all straps, chains and hooks before use to make sure there are no signs of damage.
- When using a portable lift, always try to push rather than pull.
- Never push or pull upward on the client. When lowering the client into a chair, pull straight back on the portion of the sling that is near the lower back of the client to position the client upright in the chair.
- When attaching the sling, never lift the upper body of the client to get the sling into position; turn the client instead.

SEE Signs of Injury

- Redness
- Swelling
- Loss of normal joint movement
- Clumsiness
- Muscle wasting

FEEL Symptoms of Injury

- **Pain** (shooting, dull or sharp)
- Cold sensation
- Weakness
- Numbness or cramping
- Heaviness
- Heat or burning sensation
- Tenderness to touch and during movement

What should you do if you have signs and symptoms of injury?

- Follow MSI prevention measures that are suggested
- Report discomfort to your supervisor immediately
- Record injuries on your agency's Incident/Injury Report Form
- Participate in the injury investigation process

Does the presence of a risk factor indicate a risk for injury?

The mere presence of risk factors does not mean that you are always at risk. Consider the following to assess how much risk is present:

HOW MUCH? Magnitude or Intensity

- The heavier the load or the more intense the force, the greater the chance of injury

HOW LONG? Duration

- The longer that a posture is held, the greater the chance of injury

HOW OFTEN? Frequency

- The more often the task is performed, the greater the chance of injury

HOW MANY? Multiple Risk Factors

- Risk factors in combination increase the chance of injury

Ergonomic Guidelines for Transferring or Repositioning Clients

- **DO NOT LIFT**
- Use mechanical assists whenever possible.
- Use a transfer belt for transferring.
- Use a low friction drawsheet or garbage bag for repositioning.
- Stagger your stance by placing feet shoulder-width apart with one foot slightly in front of the other, and bend your knees.
- Keep trunk as upright as possible.
- Do not twist your back.
- Shift weight from front leg to back leg.
- Have the client assist as much as possible.

Ergonomic Guidelines for Pushing and Pulling

- **DO NOT LIFT**
- Stagger your stance by placing feet shoulder width apart, one foot forward, one back, and bend your knees.
- Whenever possible, push rather than pull.
- Use two hands.
- Keep hands between waist and shoulder height when lifting objects.
- Shift your body weight using your legs.
- Do not pull with your arm behind you.
- Do not make jerky or fast movements.
- Do not twist your back.

What is Wrong with Lifting People?

- Most people are too heavy to be manually lifted without risk of injury to the worker.
- There is no safe position to lift a person.
- Clients may become resistant, increasing the amount of effort required by the caregiver.
- There may be a risk of injury to the client.

Stretch it OUT!

Stretching can help to relieve pain and discomfort. Follow the stretches outlined in ONSAH's *Stretch It Out* poster.

- **Warm up first**, walk around and swing your arms for 20-30 seconds.
- Stretch at the **beginning** of your work shift, whenever your muscles are feeling tight or sore (especially during static posture), and at regular intervals (every hour if possible).
- Perform each stretch **slowly and with control, without bouncing**.
- Hold each stretch for **15-20 seconds**.
- Stretch **both sides** of the body.
- Only stretch as far as is **comfortable** – stretching should not be painful!

BIOHAZARDOUS WASTES AND INFECTION CONTROL

A **BIOHAZARD** is a disease-causing organism, or material contaminated with a disease-causing organism.

BIOHAZARDOUS RISKS

TRANSMISSION and RISK	PREVENTION	DISEASES
AIRBORNE <ul style="list-style-type: none"> ▪ Inhaled ▪ Coughing and sneezing 	<ul style="list-style-type: none"> ✓ Vaccinations ✓ Appropriate masks (NIOSH Certified N-95) 	Tuberculosis Measles Chicken Pox Influenza
VEHICLE-BORNE <ul style="list-style-type: none"> ▪ For example, though food, water or sharps ▪ Needle use, eating contaminated food/water; poor handwashing procedures 	<ul style="list-style-type: none"> ✓ Proper sharps procedure ✓ Use of disposable gloves when handling wastes ✓ Proper handwashing technique and sharps procedure 	HIV/AIDS Hepatitis B/C/A E coli Giardia
CONTACT <ul style="list-style-type: none"> ▪ Blood, other body fluids, contaminated objects ▪ Tasks that require direct contact with blood/ body fluids; handling contaminated objects; infectious clients 	<ul style="list-style-type: none"> ✓ Use of disposable gloves and gowns ✓ Disinfecting equipment 	Herpes MRSA Scabies, Influenza Rubella Mumps Ringworm
VECTOR-BORNE <ul style="list-style-type: none"> ▪ Animal carriers of disease (e.g. mosquitoes, fleas) ▪ Wooded areas, pests and pets 	<ul style="list-style-type: none"> ✓ Avoiding pests 	Lyme disease, Western encephalitis

STANDARD PRECAUTIONS

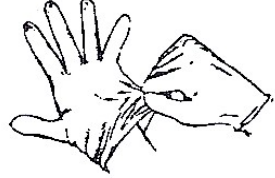

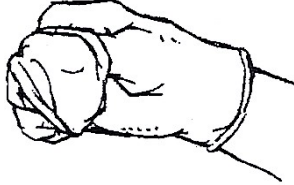
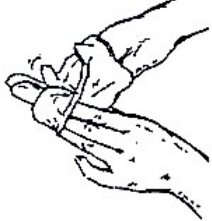
All clients should be assumed to be infectious for diseases and standard precautions should be followed. This means that no blood or body fluids should come in contact with your skin.

How do I protect myself?

- Ensure that you have had all appropriate vaccinations and booster shots.
- Handle and dispose of sharps properly.
- Use appropriate Personal Protective Equipment (PPE) such as disposable gloves, rubber gloves, gowns, and masks.
- Disposable gloves** should be worn whenever there may be exposure to blood and body fluids.







REMOVING DISPOSABLE GLOVES

Follow these steps to ensure that hands do not contact blood or body fluids left on used gloves:

<p>1. With both hands gloved, grasp the outside of one glove at the top of the wrist.</p>	
<p>2. With the ungloved hand, peel off the second glove by inserting your fingers on the inside of the glove at the top of your wrist.</p>	
<p>3. Peel off this glove from wrist to fingertips while turning it inside out, as you pull the glove off your hand and away from you. Hold the glove you just removed in your gloved hand.</p>	
<p>4. Turn the glove inside out while tilting it away from you, leaving the first glove inside the second.</p>	
<ul style="list-style-type: none"> ▪ Dispose of the entire bundle promptly in a waterproof garbage bag. DO NOT REUSE! ▪ Wash your hands thoroughly with soap and water as soon as possible after removing gloves, before touching non-contaminated objects and surfaces. 	

PROPER HANDWASHING TECHNIQUE

- Hands should be positioned lower than arms to prevent back flow contamination.
- Wet hands with warm running water, apply soap and lather well.
- Proper washing requires a minimum of 30 seconds. Rub hands together in a circular motion applying light friction at least 5-6 times for each hand position below.

<p>1. Palm to palm of opposing hand.</p>	
<p>2. Palms over back with fingers interlaced.</p>	
<p>3. Palm to palm.</p>	
<p>4. Back of fingers to palm, hands interlaced.</p>	
<p>5. Rotating thumb in palm of hand.</p>	
<p>6. Rotating fingertips into palm of opposing hand.</p>	

WHIMIS AND CHEMICAL HAZARDS

CHEMICAL HAZARDS are products containing chemical substance(s) that can cause adverse effects. Workplace Hazardous Materials Information Systems (WHMIS) provides workers with information on hazardous materials (products) located within the workplace. The system is comprised of training and education, product labels, and material safety data sheets (MSDS).

Most consumer products do not have MSDS supplied. However the additional information on MSDS is important. If you are asked to use a chemical consumer product, ensure that your supervisor is informed and ask that a MSDS be obtained.

WHAT ARE CHEMICAL HAZARDS AND WHAT DO THEY LOOK LIKE?

FORMS OF CHEMICAL HAZARDS	EXAMPLES
Solids	Powdered Detergents Solid or Bar Cleaners
Liquids	Bleach, All Purpose Cleaners
Gases	Ammonia fumes, Fumes from Oven Cleaners

What can happen if I am exposed?

If exposed you may experience the following acute signs or symptoms including:

Respiratory Irritation

- Coughing
- Dry Throat
- Burning
- Shortness of breath

Skin Irritation

- Dryness
- Redness
- Itchiness
- Burning sensation
- Blisters

Central Nervous System Irritation

- Headache
- Nausea
- Dizziness
- Blurred vision

HOW AM I EXPOSED?

- **Inhaling** gas vapors or inhaling small airborne aerosols.
- **Absorbing** the chemical through skin or mucous membranes (eyes, nose, throat).
- **Ingesting** the chemical.

WHAT DO I DO IN THE CASE OF A SPILL?

Follow the agency's procedures for spill cleanup.

These may be different depending on the type of chemical spilled. Some general considerations are:





- Secure the area if necessary.
- Wear appropriate PPE (gloves, goggles if necessary).
- Follow label instructions or consult MSDS for instruction.
- Notify your supervisor.

WHAT DO I DO IN THE CASE OF AN EMERGENCY?

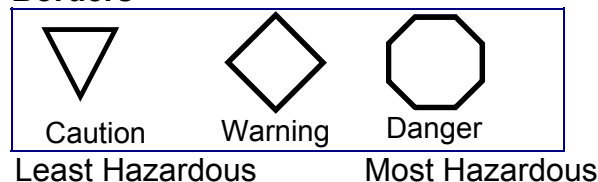
- Follow the First Aid steps listed on the product label or MSDS.
- Seek medical attention.
- Report the incident to your supervisor and fill out the appropriate documentation.

HAZARD PRODUCT	ALTERNATIVE PRODUCT	INSTRUCTIONS
All purpose cleaners	<ul style="list-style-type: none"> ▪ Vinegar-water with salt ▪ Borax-water ▪ Baking soda 	<ul style="list-style-type: none"> ▪ Vinegar water: Mix ½ cup of white vinegar with 4 litres of water. Apply with spray bottle, sponge or cloth. ▪ Borax water: ▪ Baking soda: Sprinkle on wet sponge
Glass and window cleaner	<ul style="list-style-type: none"> ▪ Vinegar-water ▪ Lemon juice-water 	<ul style="list-style-type: none"> ▪ Vinegar water: Mix ½ cup of white vinegar with 4 litres of water. Apply with spray bottle, sponge or cloth. ▪ Lemon juice water: Mix 1 tablespoon of lemon juice with 1 litre of water. Use with spray bottle, sponge or cloth.
Furniture cleaners and polish	<ul style="list-style-type: none"> ▪ Lemon juice-oil 	<ul style="list-style-type: none"> ▪ Lemon juice oil: Mix 1 part lemon juice with 2 parts olive or mineral oil. Use with spray bottle, sponge or cloth.
Bleach	<ul style="list-style-type: none"> ▪ Baking soda ▪ Borax-water 	<ul style="list-style-type: none"> ▪ Baking soda: Sprinkle on wet sponge or cloth. ▪ Borax water: Mix borax with water. Use with spray bottle, sponge or cloth.
Oven cleaner	<ul style="list-style-type: none"> ▪ Thick paste of water and baking soda 	<ul style="list-style-type: none"> ▪ Apply with cloth.
General bathroom cleaner	<ul style="list-style-type: none"> ▪ Soap water with baking soda 	<ul style="list-style-type: none"> ▪ Apply with spray bottle, sponge or cloth.
Toilet bowl cleaner	<ul style="list-style-type: none"> ▪ Soap water ▪ Baking soda ▪ ¼ cup borax for stains 	<ul style="list-style-type: none"> ▪ Simply replace regular hazardous cleaners with the chosen alternative product.

Consumer Symbols

 <p>Corrosive</p>	<p>This product can cause burns to your skin and to mucous membranes, which may result in permanent damage.</p>	 <p>Flammable</p>	<p>This product or its vapour can cause fire quickly if heated.</p>
 <p>Explosive</p>	<p>This product may explode if heated or punctured. May cause objects to be released at high speeds.</p>	 <p>Poison</p>	<p>This product may result in serious illness or death if ingested, absorbed or inhaled.</p>

Borders



MORE INFORMATION

Workers can access more information by obtaining MSDSs through:

- Supervisors
- Union Health and Safety Departments
- Suppliers/ manufacturers
- Internet (www.ohsah.bc.ca)
- Additional information can be obtained through:
 - Poison control center
 - Workers' Compensation Board of British Columbia (WCB)
 - Contacts on MSDSs

VIOLENCE

The work setting of a CHW is unique in the delivery of care because of the ever-changing environment in clients' homes. The requirement of working alone also increases the potential for any act of violence. Violence does not only include physical assault, but also verbal abuse, unwanted sexual advance, or threat of any of these. Many incidents of violence are underreported because CHWs feel that the abuse is "part of the job", "not worth the effort" of reporting, and usually result in "no serious injuries".

Always be aware of potentially violent situations relating to client behaviour or environment.

TRAVEL AND ENVIRONMENTAL RISK	PREVENTION
Traveling alone	<ul style="list-style-type: none"> ▪ Plan the safest route to the client's home. ▪ Always keep your car in good repair. ▪ Have a cell phone when traveling long distances.
Working in secluded or high crime areas	<ul style="list-style-type: none"> ▪ Call a taxi if you do not have a vehicle. ▪ Do not park in underground parking lots, deserted alleyways or beside large vehicles that can obstruct your view of the car. ▪ Do not park more than five minutes away from the client's home unless it is safe to do so. ▪ Have a client's family member escort you to your car. ▪ <i>Check-in</i> with the office when your service visit is completed at the end of the day. ▪ If you think you are being followed, drive towards the nearest police station.
Lighting	<ul style="list-style-type: none"> ▪ Report broken lights around the home. ▪ Be cautious during early or late visits when visibility is low. ▪ Keep a flashlight in your car.
Furniture and Clutter	<ul style="list-style-type: none"> ▪ Be aware of keeping exits accessible at all times.
Weapons	<ul style="list-style-type: none"> ▪ Firearms should be kept unloaded and in a locked cabinet with ammunition stored in a separate place.

In the event of violent situation:

- Leave immediately
- Seek medical attention if required
- Contact your supervisor
- Complete your agency's Incident/Injury report form
- Participate in follow-up investigations
- Follow the control measures that are recommended

Client-Related Risks

RISK	PREVENTION
History or violence	<ul style="list-style-type: none"> Be informed. Read the communication book and care plan when visiting a new client.
Family Members	<ul style="list-style-type: none"> Be aware of who should be in the home. Leave if you are told to.
Difficulty Communicating, sensitivity to disruptive events	<ul style="list-style-type: none"> Client may be frustrated due to language or cultural barrier. Knowledge of triggers or diffusion techniques should be noted in the communication book. Delivery of Personal Care or toileting a client may trigger aggression.
Change in Client condition or medication	<ul style="list-style-type: none"> Client should be reassessed. HCW should keep informed of side effects to medication.

In an argument with a client or family member:

- Stay calm and standing facing the aggressive person with arms at the side and palms up. If possible, leave a distance of six feet to prevent the possibility of being hit.
- Do not argue with the aggressor. Be polite, calm and positive.
- Use culturally appropriate eye contact and reassure client that their specific concern will be addressed as soon as it is feasible and safe to do so.
- Advise clients of your employer's complaint procedure.
- Watch the client's body language and signs if he or she is ready to do something physical.
- If possible, phone the agency to alert them of a problem.
- Leave the house if the client loses control. If that is not possible, call 911 for assistance.
- Leave immediately in the event of family violence and call the police from outside the home.

If the client is **delusional** and believes that he or she is being threatened, the CHW should attempt to increase their feelings of safety. CHW should not argue or try to convince the client that his/her thinking is irrational.

CHWs should aim to anticipate the needs of **demented** clients, and avoid requests or situations that may startle them.

BC Employers are required to:

- Perform a Risk Assessment**
Any risk identified by the CHW supervisor should be dealt with before the CHW enters the home. CHWs should perform a mental assessment each time they enter a client's home for changes in the home or client for clutter, syringes, any obstacle impeding a quick exit.
- Develop Violence Policies and Procedures**
CHWs should be familiar with emergency procedures, hazard and injury reporting procedures, and the opportunity for debriefing following an incident. The policy and procedures should be posted.
- Worker Training**
CHWs should receive routine training on risks identification and diffusing techniques.
- Respond to reported Incidents**
CHWs should always report any unusual incidents to the supervisor.

WCB Reg 4.27-4.31

GENERAL HAZARDS

It is important to realize that there are many types of hazards that can potentially cause serious health outcomes. Each time the CHW visits a home he/she should go through a mental checklist to assess if any of the following hazards are present.

ACCESS: Can you safely arrive at and enter your worksite?

- Are there slipping/tripping hazards? (e.g. area rugs, clutter)
- Are there broken stairs?
- Do poor roads make access hazardous?
- Does bad weather present a hazard? (e.g. ice)
- Is lighting poor?
- Are animals present? (either pets or pests)

FIRE HAZARDS: Is there a risk of fire?

- Are there working smoke detectors?
- Are fire extinguishers present?
- Are there electrical hazards? (e.g. broken appliances, frayed wiring, overloaded electrical cords)

AIR QUALITY: Is the air affecting your health?

- Is there second hand smoke in the home?
- Is there mold present? (visible or a moldy smell)
- Are there any potential allergens? (e.g. dust mites, animal dander)
- Is the household temperature uncomfortably cold or hot?

OXYGEN EQUIPMENT: Could you be at risk from this equipment?

- Is the equipment being used properly?
- Is the equipment maintained?

EXCESSIVE NOISE: Is the level of noise in the home a hazard to your hearing?

- Remember: over an extended period of time, even a loud television may cause permanent damage!

WEAPONS: Are there weapons in the home?

- If weapons are present, are they properly identified, secured and stored?

POLICIES AND PROCEDURES

BE FAMILIAR WITH YOUR EMPLOYER'S POLICIES, PROCEDURES AND PROTOCOLS

- Be aware of policies and procedures for emergency preparedness and action.
- Be aware of policies and procedures for reducing risks for MSI, biohazards, chemical hazards, violence etc.
- Know how to contact your employer (persons/positions) both during regular and off-hours.
- Know what necessary client information is collected and shared with CHWs before a scheduled service visit.
- Be familiar with control measures and practices to reduce the risk of injury.
- Be familiar with how to report hazards or injury.

WORKING WITH YOUR HEALTH AND SAFETY COMMITTEE

- CHWs should ensure that:
 - ☑ Their health and safety representative is kept informed of hazards identified and that these hazards are addressed.
 - ☑ Any injuries investigated and injury report forms filed are reviewed by the committee.
 - ☑ The care plan prevention recommendations are implemented and updated as necessary.

REPORTING INJURIES

- Injuries should be reported using an Injury/Incident Report Form whenever:
 - There are signs and symptoms of injury
 - There is aggravation of an earlier injury
 - The pain or discomfort is:
 - Persistent
 - Getting worse
 - Affecting your ability to work
 - New and unrelated to a specific incident