

PRINCIPLES OF CAREGIVING

FUNDAMENTALS

SECTION TWELVE - FIRE, SAFETY, AND EMERGENCY PROCEDURES

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OBJECTIVES:

1. Describe and explain the importance of an emergency plan.
2. Describe and explain the principles of environmental, fire, and medical emergency procedures.
3. Identify and explain safety techniques for direct care workers.
4. Explain the use of a fire extinguisher.

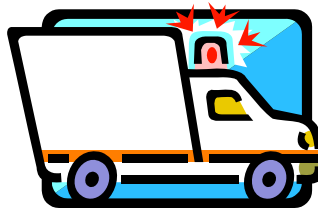
SKILL:

1. How to Use a Fire Extinguisher

KEY TERMS:

Electrical safety	Fire safety
Emergency	P.A.S.S.
Emergency plan	R.A.C.E.
Fall prevention	911
Fall risk	

A. EMERGENCY PLANNING



Emergency

Good safety precautions can help prevent falls, fires, and other emergencies. Keep appliances in good repair, practice personal safety, and prepare a plan for emergencies. Direct care workers (DCWs) need to know how to respond to emergencies and how to help prevent them. For several reasons, elderly persons and people with disabilities are more at risk for injuries at home:

- Living longer may bring more frailty or cognitive impairment.
- Illness or medications can cause dizziness or unsteadiness.
- Slower response times, including while driving, can increase accident risk.
- Decreased mobility makes response times slower.
- Safety hazards often exist in homes.
- When elderly or frail individuals are in an accident there is a greater likelihood of being seriously hurt.

1. What to do in an Emergency – General Guidelines

- **STAY CALM.** You help the individual just by your calm demeanor in giving reassurance.
- Yell for someone to assist you if possible.
- **DO NOT LEAVE** the individual unless it is to call 911 and then return immediately.
- Keep the individual's airway open.

If the individual is not responding and not breathing:

- Yell for help. Have someone call 911 or you leave the individual briefly and call 911.
- Don't leave the individual alone except to call for help.
- Begin a CPR assessment and procedure.
- Do not stop CPR until help has arrived.
- Take medicine or medicine bottles with you to the emergency room.

If the individual is not responding but is breathing:

- Call 911 for emergency assistance.
- Keep the individual's airway open by placing the person on his/her side if possible.
- If you can't get emergency assistance, take the consumer to the nearest emergency center.
- Take medicine or medicine bottles with you to the emergency room.

Cell phone use: If you call 911 from a cell phone, be prepared to describe your exact location. The fire department cannot always locate your cell phone. Use a fixed land line if possible.

Call your supervisor after the paramedics have been called and the consumer is no longer in danger.

2. Emergency Plan

Every individual especially if living alone should have an **Emergency Plan** posted in an obvious place such as the refrigerator. The plan should be kept up to date with current medications (recommend attaching it to the back of the plan) in case the individual is unable to give the paramedics the information in an emergency. Below is an example of an Emergency Plan.

EMERGENCY PLAN

Name: _____

Address: _____

Phone: _____

Responsible Party/Emergency Contact(s)

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

911: Fire/Police/Paramedics

Hospital Preference: _____

Physician: _____ Phone: _____

Allergies: _____

Living Will: Yes No

CPR: Yes No (If No, my orange form is located (where): _____)

My Current Medication List Is Located (where): _____

Comments:

Signature: _____ Date: _____

B. MEDICAL EMERGENCIES

If there is a medical emergency or an injury, the DCW needs to decide how to react. If you have First Aid training and CPR training, you may be able to provide assistance. Call 911 for emergencies, and handle minor scratches or insect bites on a case-by-case basis. The chart on the next page lists many situations. It also tells you how to react.

For many jobs, the direct care worker is required to be trained in first aid and cardiopulmonary resuscitation (CPR). Even if it is not required, it is good practice to have this training.

Section Twelve: Fire, Safety, and Emergency Procedures

First Aid Chart		
Injury or Emergency	Symptoms	Recommended First Aid Technique
Anaphylaxis – severe allergic reaction to food, medicine	Swelling of throat, lips, tongue, wheezing, respiratory and cardiac arrest, hives	Call 911 Initiate CPR assessment and procedure
Breathing stoppage	Look listen and feel for 10 sec and no breathing noted... Bluish gray skin	Call 911. Clear the airway if it is blocked. Give two rescue breaths and continue with CPR assessment and procedure
Heart attack- cardiac arrest	No pulse or obvious signs of circulation—bluish gray skin	Call 911 Begin CPR procedure
Possible heart attack	Heavy pressure mid sternum Pain radiating down left arm, jaw Extreme heart burn	Call 911 Have person rest, take nitroglycerin tablets as directed if prescribed***
Stroke	Weakness or drooping on one side of the body or face, slurred speech	Call 911 Critical to have individual seen in ER within 2 hours of onset of symptoms
Shock	Nausea, low pulse, cool clammy skin, restlessness	Call 911 Position of comfort, elevate extremities 10 inches, cover with blanket
Bleeding		Use a pressure bandage or direct pressure on wound. Use sterile dressing or clean cloth. Elevate the extremity
Choking	Unable to talk or cough Forcefully ***Do not do anything to the individual that is able to cough forcefully	Heimlich Maneuver For infant, turn child upside down on forearm with head pointed down, give 4 back blows between shoulder blades and then four two-fingered thrusts along nipple line, keeping the head pointed down
Insect bites, stings		Treatment depends on reaction- Mild→ apply ice, soap and water; antihistamine to help with itching; If severe reaction→Epi Pen; Call 911 For scorpion, black widow, brown recluse spider bites call physician
Poisoning		Call local Poison Control
Burns		Stop the burn by removing the heat source and immerse in or apply cold water ... Do Not Apply grease or oil
Seizures		Protect from injury... DO NOT RESTRAIN or put anything in mouth-- make sure breathing is restored after the seizure
Fractures	Painful movement, joint deformity	Keep affected area from moving... apply support under and around affected limb with hands and/or clothing. Call 911
Heat Exhaustion	Warm, clammy skin, nausea, weakness	If the person is unresponsive, Call 911 If individual is conscious give fluids and salt
Heat Stroke	Hot, dry skin, elevated body temp, rapid pulse, disorientation	Call 911 First and foremost, cool the victim. Possibly spray with a water hose or apply cool towels
Diabetic Emergency	Hypoglycemia—low blood sugar Slurred speech, uncoordinated movements, change in behavior or responsiveness	If person is responsive give sugar, honey, orange juice, soda. If person is unresponsive squirt sugar (can use tube of cake decorating frosting) inside the mouth. When person comes to, follow with protein snack

C. FALLS

How serious is the problem?

- More than one-third of adults ages 65 years and older fall each year (Hornbrook 1994; Hausdorff 2001).
- In 2003 more than 1.8 million seniors age 65 and older were treated in emergency departments for fall-related injuries and more than 421,000 were hospitalized (CDC 2005).
- Among older adults, falls are the leading cause of injury deaths (Murphy 2000) and the most common cause of nonfatal injuries and hospital admissions for trauma (Alexander 1992).

1. What to Do if an Individual Falls

- If you are able, when the individual starts to fall, attempt to lower the individual gently to the floor. Take care not to injure yourself in the process.
 - Have the individual lie still while you look for any injuries.
 - If the individual is not complaining of any pain, you may assist the individual in getting up.

***** Note: Some agencies want you to call the Paramedics after every fall; ask your supervisor about agency protocols before going out on assignments.**
- If the individual has already fallen when you find him/her or is complaining of pain after falling:
 - Do not move the consumer. Make the person comfortable without moving any affected body parts.
 - Call 911. The Paramedics will evaluate the individual when they arrive.
 - Call your supervisor for any further instructions

If the individual is not responsive, call 911 immediately



2. Fall Prevention

Who is at risk?

All men and women are at risk for falling. White men have the highest death rates related to falls (CDC 2004). Women are more at risk for hip fractures (Stevens 2000). For both men and women, age is a risk factor for hip fractures: People age 85 and older are 10 times more likely to break a hip than people at age 60 to 65. (Scott 1990)

Through careful scientific studies, researchers have identified a number of modifiable risk factors:

- Lower body weakness (Graafmans 1996)
- Problems with walking and balance (Graafmans 1996; AGS 2001)
- Taking four or more medications or any psychoactive medications (Tinetti 1989; Ray 1990; Lord 1993; Cumming 1998).

Strong studies have shown that some other important fall risk factors are Parkinson's Disease, history of stroke, arthritis (Dolinis 1997), cognitive impairment (Tromp 2001), and visual impairments (Dolinis 1997; Ivers 1998; Lord 2001). To reduce these risks, seniors should see a health care provider regularly for chronic conditions and have an eye doctor check their vision at least once a year.

Seniors can modify these risk factors by:

- Increasing lower body strength and improving balance through regular physical activity (Judge 1993; Lord 1993; Campbell 1999). Tai Chi is one type of exercise program that has been shown to be very effective (Wolf 1996; Li 2005).
- Asking their doctor or pharmacist to review all their medicines (both prescription and over-the-counter) to reduce side effects and interactions. It may be possible to reduce the number of medications used, **particularly tranquilizers, sleeping pills, and anti-anxiety drugs (Ray 1990). This includes Benadryl.**

What other things may help reduce fall risk?

Because seniors spend most of their time at home, one-half to two-thirds of all falls occur in or around the home (Nevitt 1989; Wilkins 1999). Most fall injuries are caused by falls on the same level (not from falling down stairs) and from a standing height (for example, by tripping while walking) (Ellis 2001). Therefore, it makes sense to reduce home hazards and make living areas safer.

- Researchers have found that simply modifying the home does not reduce falls. However, environmental risk factors may contribute to about half of all home falls (Nevitt 1989).
- Common environmental fall hazards include tripping hazards, lack of stair railings or grab bars, slippery surfaces, unstable furniture, and poor lighting (Northridge 1995; Connell 1996; Gill 1999).

To make living areas safer, seniors and people with disabilities should:

- Remove tripping hazards such as throw rugs and clutter in walkways.
- Use non-slip mats in the bathtub and on shower floors.
- Have grab bars put in next to the toilet and in the tub or shower.
- Have handrails put in on both sides of stairways.
- Improve lighting throughout the home.
- **Have telephone within reach of the bed for emergencies.**

Information adapted from the CDC Website: Falls Among Older Adults – an Overview, <http://www.cdc.gov/ncipc/factsheets/adultfalls.htm>.

D. FIRE SAFETY

1. Responding to a Fire

The Three Key Elements of a Fire

- **Oxygen.** It is always present in the air.
- **Heat.** It is present in sources such as heaters, stoves, appliances, electrical connections, fireplaces and lighted cigarettes.
- **Fuel.** Anything combustible such as cloth, paper, wood, upholstery, and gasoline – it will burn when exposed to heat.

A fire needs all three elements to continue to burn. To extinguish a fire you need to take at least one of the elements away. You can put out a very small flame with a heavy blanket. If there is a fire in a cooking pot or a garbage can, put a lid on it. Use a fire extinguisher. Without fresh oxygen, the fire will go out.

Use R.A.C.E:

- **R**escue or remove consumers in your care, if you can do without injuring yourself.
- **A**larm: call 911 and / or yell to someone else to call 911.
- **C**ontain the fire by closing the door behind you as you leave.
- **E**xtinguish the fire if you can safely do so with a fire extinguisher, e.g. in a waste basket. Do not try to extinguish fires that are spreading.



**If you are in immediate danger from flames or smoke:
Get out and stay out. – Call 911.**



Procedure: How to Use a Fire Extinguisher



Fire extinguishers are categorized by the type of fire they put out (Class A, B, or C fires). If only one extinguisher is available, make sure that it is an ABC fire extinguisher type so that it will put out all three classes of fires.

IF YOU FIGHT A FIRE, REMEMBER THE WORD PASS...

PULL... AIM... SQUEEZE... SWEEP...

- **Pull** -- Place the extinguisher on the floor. Hold it by the tank (pressure on the handle could pinch the pin). Pull the pin straight out.
- **Aim**-- Start 10 feet back from the fire. Aim at the base of the fire.
- **Squeeze**-- Squeeze the lever on the fire extinguisher.
- **Sweep**-- Sweep from side to side, pointing at the base of the fire.

WHEN NOT TO FIGHT A FIRE...

- If the fire is spreading too quickly!
- If the fire could block your only exit!
- If the type or size of the extinguisher is wrong!
- If the fire is too large!
- If you don't know how to use your fire extinguisher!

IF ANY OF THE ABOVE CONDITIONS EXIST, LEAVE IMMEDIATELY!

- Leave the building as soon as possible.
- Do not gather any personal possessions.
- Stay low because the air above the flames can be extremely hot. Crawl and stay under the smoke if you are able. If not, try to cover your nose and mouth to avoid breathing toxic fumes.
- Once out, do not go back inside. Call 911 from a cell phone or a neighbor's home.

2. Fire Prevention

Preventing a fire is better than fighting fires. Fire alarms and safe handling of fire and other heat sources are important. The U.S. Consumer Product Safety Commission has targeted these principal consumer products associated with fires:

- | | |
|--------------------------|-----------------------|
| 1. Home heating devices | 4. Cigarette lighters |
| 2. Upholstered furniture | 5. Matches |
| 3. Bedding | 6. Wearing apparel |

The most important fire safety measure is to make sure the consumer has at least one working fire alarm on every floor preferably near the bedrooms and/or kitchen. **Test the battery monthly.**



How to be Prepared for a Fire

- Identify the nearest emergency exit and be familiar with the escape route.
- Have an emergency plan and practice leaving the building. Practice in darkness or using blindfolds.
- Install smoke alarms on each floor and next to sleeping areas. Check batteries monthly and replace them every six months.
- Have a fire extinguisher and know how to use it. Keep it near the kitchen.
- If someone uses a wheelchair, consider mounting a small personal-use fire extinguisher on the wheelchair and/or keep a flame-resistant blanket nearby.
- Live or sleep near an exit; try to sleep on the ground floor.
- Keep a phone near the bed or wheelchair.

Cooking

- a. Never leave the stove unattended while cooking. If you need to step away, turn it off or carry a large spoon with you to remind you that food is on the stove.
- b. Wear tight-fitting clothing when cooking over an open flame, and keep towels and potholders away from the flame.
- c. If food or grease catches fire, smother the flames by sliding a lid over the pan and turning off the heat. **Do not try to use water to extinguish a grease fire.**
- d. Make sure the stove is kept clean and free of grease buildup. When deep-frying, never fill the pan more than one-third full of oil or fat.
- e. Turn pot handles away from the front of the stove so they cannot be knocked off or pulled down.
- f. Never put foil or other metals in the microwave.

Smoking

- a. **Never allow consumers to smoke in bed and make sure that they are alert when they smoke.**
- b. Do not smoke near oxygen or an open flame.
- c. Do not smoke while under the influence of alcohol or if you are taking prescription drugs that can cause drowsiness or confusion.
- d. Never leave smoking materials unattended, and collect them in large, deep ashtrays. Soak the ashes in the ashtray before discarding them.
- e. Check around furniture, especially upholstered furniture, for any discarded or smoldering smoking materials.

Heating

- a. Keep space heaters at least 3 feet from anything that can burn, including people. Turn them off when you leave the room or go to sleep.
- b. Make sure kerosene heaters are never run on gasoline or any substitute fuel. Check for adequate ventilation to avoid the danger of carbon monoxide poisoning.
- c. The heating systems and chimneys should be checked and cleaned annually by a professional.
- d. Open fireplaces can be hazardous; they should be covered with tempered glass doors and guarded by a raised hearth 9 to 18 inches high.
- e. Never store fuel for heating equipment in the home. Keep it outside or in a detached storage shed.

Electrical Safety

- a. Never use an appliance with exposed wires. Replace all cords that have exposed or broken wires.
- b. If an appliance begins to smell suspicious or you see smoke, unplug it immediately.
- c. Never overload extension cords or outlets by plugging in several items. Keep extension cords out of traffic areas.
- d. Electric blankets or heating pads should conform to the appropriate standards and have overheating protection. Do not wash electric blankets repeatedly as this can damage their electrical circuitry.
- e. Use only tested and UL-listed electrical appliances.
- f. Consider using new heat generating pads or blankets in place of electric ones.
- g. Do not allow the consumer to fall asleep with the heating pad on.

Using Oxygen

- a. Oxygen should not be flowing near open flames or a heat source.
- b. Don't smoke near oxygen. A consumer using oxygen should not smoke with tubing in place and oxygen on.
- c. Oxygen should be at least three feet from a space heater.
- d. Put up signs stating that oxygen is in use and asking visitors not to smoke.
- e. Secure oxygen tanks so that they cannot be knocked over or be bumped into. Strap the tank to a closet wall or into the backseat of a car in the upright position.
- f. Don't knock over, bump or roll an oxygen tank. If the valve is damaged, the tank can act like a torpedo.

E. SAFETY TIPS FOR THE DCW

1. Before leaving your home, know how to change a tire and take emergency supplies with you. Always use reliable transportation that is well-fueled.
2. Always inform your office regarding the address you are visiting and the anticipated length of time you will be there.
3. Alert the consumer (when possible) that you are coming and have him or her watch for you.
4. Have accurate directions to the street, building, or apartment. Obtain a map to identify the location to which you are traveling.
5. Drive with the windows closed and all car doors locked. Keep your purse or wallet in the trunk.
6. As you approach your destination, carefully observe your surroundings. Note location and activity of the people; types and locations of cars; conditions of buildings (abandoned or heavily congested buildings).
7. If you see a gathering of people, do not walk through them. Walk on the other side of the street.
8. Before getting out of the car, once again thoroughly check the surroundings. If you feel uneasy, do not get out of the car and notify your office
9. Park your car in a well lit, heavily traveled area of the street. Lock your car and lock your personal items in the trunk.
10. Do not enter the home if the situation seems questionable (e.g. drunk family members, family quarrel, combativeness, unleashed pets, etc). **If your instinct tells you to leave, you may want to say, "I am leaving now. I forgot I have another appointment." You should call 911 if in danger or a medical emergency presents. Never try to take care of this situation on your own!**
11. Note your exits when you enter a consumer's residence. Try to always have a safe way out.
12. You should remain cautious when approaching pets within the home/community setting. They may be territorial and protective of their owners. It may be necessary to ask a family member to confine them briefly while you are completing your assessment and/or visit.

1. **Be Alert**
2. **Be Observant**
3. **Trust Your Own Instincts**
4. **Know How And When To Call 911**

F. RESOURCES

- Information on fire safety and prevention: www.firesafety.gov/index.shtm
- Banner Poison Control Center for Arizona 1-800-222-1222
- First Aid Guide, Mayo Clinic,
<http://www.mayoclinic.com/health/FirstAidIndex/FirstAidIndex>
- First Aid Kit, Kids' Health for Parents,
http://kidshealth.org/parent/firstaid_safe/home/firstaid_kit.html

G. ACTIVITY: WHAT WOULD YOU DO?



Break into groups—Review the situation and decide the course of action. For each situation, choose either answer A or B.

- A** Call 911 and then call your supervisor as soon as possible
- B** Call Supervisor

1. ___ Onset of fever of 101 degrees or higher
2. ___ New or sudden onset of incontinence
3. ___ Rash lasting several days or getting worse
4. ___ Bleeding that cannot be controlled
5. ___ Severe sore throat/difficulty swallowing
6. ___ Infection at injury site
7. ___ Unusual difficulty in arousing
8. ___ Scratching/holding one or both ears
9. ___ Diarrhea or vomiting lasting more than four hours
10. ___ Has a seizure lasting 5 minutes or continuous seizures, paralysis, confusion
11. ___ Onset of limping, inability to walk, or difficulty in movement
12. ___ Intense itching with no other symptoms
13. ___ Has trouble breathing or is breathing in a strange way
14. ___ Is or becomes unconscious not related to seizure
15. ___ Has no pulse
16. ___ Has symptoms of pain or discomfort
17. ___ Has chest pain or pressure
18. ___ Severe injuries as a result of accidents such as broken bones
19. ___ Has injuries to the head, neck, or back
20. ___ Has gone into shock