

Home care safety

Everyone—
home care
workers,
organizations,
and patients—
has a role to
play.

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LEARNING OBJECTIVES

1. Discuss strategies home care nurses can use to protect themselves from workplace violence.
2. Describe strategies employers can use to protect home care nurses from workplace violence.

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HEALTHCARE organizations with the mission of caring for people in their homes provide a valuable service. Keeping these workers—nurses, therapists, hospice team members, aides, and others—who provide this care requires policies and procedures that focus on safety assessment, risk identification, and situation management.

What makes home care unique?

For purposes of clarity in this article, “home care” will be inclusive of any care models that comprise home visits, regardless of the program or type/kind of home visit. And “home” will mean wherever the patient calls home. For many, home is a sacred and personal space, and most people wouldn’t enter someone’s home without knowing him or her first. However, home care, including hospice at home and other community-based home visiting models, requires providers to enter the homes of people they don’t know personally. Essentially, they’re guests in this personal space.

When care is delivered in the home, no healthcare organization dictates visiting hours, sets visitor age requirements, establishes a dress code, or creates other standards. And because home care personnel may be the only providers seeing the patient, they must be comfortable working independently but also recognize that they’re part of a larger team of care providers, which includes the patient, other clinicians, and informal caregivers, such as family and friends.

This combination of factors can create safety issues for those who provide care. (See *Safety risks*.)

Workplace violence

Wherever providers practice, they must recognize the possibility of violence, so those who work in the home also should be aware of the patient’s community, know how to avoid violent situations, and be familiar with their organization’s policies and procedures related to violence avoidance and de-escalation.

Recent U.S. Bureau of Labor statistics show that home care workers experience more than double the national rate of workplace injuries for all industries. In addition, studies have shown that 5% to 61% of home care workers have experienced some form of workplace violence. In the United States, home care workers are most susceptible to verbal abuse and ag-

gression, threats, and sexual harassment. Over a 3-year period in the United Kingdom, 1,544 assaults (including sexual assault, hostage situations, headbutting, biting, strangulation, and weapons use) against lone healthcare workers occurred. In Australia, a survey of 300 physicians who make home visits was conducted using an electronic form that evaluated their experiences over a year. Findings showed that nearly one in two physicians encountered aggression; verbal aggression was most common.

Nurses, providers, and others can take measures to prevent or mitigate violent situations. Some strategies may be learned in new employee orientation, while others may be shared by colleagues or in violence-prevention training. However, safety and violence-avoidance training should not be a one-time event; it requires practice, ongoing education, and awareness.

Home care safety

Home care safety can be divided into three responsibilities: workers’ responsibility to protect their own safety, agency and organization responsibility to train workers and provide safety practices in the workplace, and patient and family responsibility to promote home care team member safety.

Worker responsibilities

Because most home care workers practice alone, they have a responsibility for their own safety and to avoid violence, when possible. You should receive orientation about your specific agency’s policies and procedures (including personal safety, blood-borne pathogens, and conducting home visits), and also must participate in ongoing safety training. If training isn’t provided by your organization, request it.

Previsit strategies. Know and follow your organization’s policies and procedures for home visits, including what to do if you have concerns about your safety or experience violence. Create a professional presence, which should be reflected in your clothing, and demonstrate a caring and concerned attitude toward your work.

Be respectful and watch for clues about household norms; this begins when you call to make plans for the initial visit. Ask for directions, where to park, where to enter the home, who will greet you, and if any pets are

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Safety risks

Clinicians who provide home care face many safety risks because they:

- work alone, even in high risk areas
- may be exposed to a variety of potentially serious or even life-threatening hazards including overexertion, stress, guns and other weapons, illegal drugs, and verbal abuse and other forms of violence
- may be exposed to blood-borne pathogens, communicable disease, needlesticks, latex sensitivity, temperature extremes, and unhygienic conditions (including lack of water, unclean or hostile animals, and animal waste)
- must often commute long distances from worksite to worksite
- are in the personal setting of a person's home, travel in and out of unfamiliar neighborhoods, and interact with older people who may become aggressive because of dementia
- care for many people age 65 years and older, a population with the highest rate of gun ownership in the United States
- may lack safety training or security escorts when making evening/night visits
- may not have immediate help if a violent incident occurs and must manage it initially on their own
- may make incorrect assumptions based on their desire to be culturally humble and respectful of the person/family they are visiting. For example, a home care provider who sees marks on an elderly patient's arms may assume that he or she is being physically abused by family members. However, if the provider had asked questions first, he or she might have learned that the patient had been visited by an integrative health practitioner and the marks are part of the healing modality.

Resources: Brouillette et al. 2017, Hanson et al. 2015, Mendes 2018, National Institute for Occupational Safety and Health 2010, PHI, Pinholt 2014

in the home. In addition, establish care priorities for each home visit, try to schedule the visits during daylight hours, and let your agency know when you plan to return from each visit. Keep all healthcare equipment, supplies, and personal belongings locked in the trunk of your vehicle and remove only what's needed at each visit.

Visit strategies. During the home visit, explain everything you're doing and ask before

touching anyone. In a tense situation or one that's getting more tense, know that asking too many questions can be overwhelming and patients and families can get irritated. In this instance, ask questions that are specific only to the reason the person was admitted to the service and save other questions that concern the patient's general condition for another visit. If a patient or family member's behavior begins to escalate, remain calm and caring to diffuse anger; don't match threats or give orders. Throughout the visit, use basic safety precautions, including being alert to your surroundings and watching for signals of potential violence. These include shouting, verbal abuse, threatening gestures, weapons, or signs of drug or alcohol misuse. Kindly but firmly establish and maintain professional boundaries and recognize your own limits and abilities. The National Council of State Boards of Nursing has additional information on establishing professional boundaries at [ncsbn.org/ProfessionalBoundaries_Complete.pdf](https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf). (See *Be prepared.*)

Just as you would in other healthcare settings, stay up-to-date with patient care standards, policies, and processes related to infectious diseases, blood-borne pathogens, and sharps injuries. Refer to your organization, professional association, and the Occupational Health and Safety Administration (OSHA) for the most recent recommendations and guidelines.

Employer responsibilities

OSHA recommends that employers regularly (at least once a year) assess and control risks of workplace violence to ensure worker protection. Policy revisions may be needed when a change occurs in the nature of the workplace (for example, if an employee's vehicle is stolen from the agency parking lot or an employee was verbally abused during a home visit), type of work provided, or work conditions (such as increased or decreased staffing levels, increased patient acuity, or increased number of patients on service). Management should allocate sufficient resources—including mandatory compensated training for managers, supervisors, and direct care employees and providing an escort for staff working in high crime areas. Employers also should uphold program expectations (for example, maintain compensated safety training and staff

Be prepared

assistance in high crime areas even when budgets are tight and resources hard to find).

Policies and procedures. Employee safety policies and procedures should encompass personal safety measures when making home visits, zero-tolerance for all incidents of violence, and specific steps staff should take if they're concerned about their safety or experience violence during a home visit. (See *Ensuring employee safety*.)

Mendes recommends that healthcare organizations implement measures that support staff preparation for violent situations. In addition to training, organizations should provide access to appropriate tools (such as a household safety checklist) to manage difficult situations and offer appropriate debriefing support (for example, with a trauma counselor) after a violent event. And organizations should have procedures for investigating reports of dangerous environments or encounters.

Organizations might consider inviting an officer from the local police department to train staff annually, provide updated crime statistics for the geographic area served by the organization, and offer examples of precautions staff can take. Some municipalities have a dedicated community officer who can do this. Agencies also could make local police aware of the presence of home care employees so they can increase patrols in the area.

Pets can pose safety and health risks, including allergies, infections, and bite injuries. Organizations should assess whether pets have created a risk in the past, clarify how the risk was addressed, and consider a policy for asking that pets be secured before home visits. More research is needed on this topic.

Emergency preparedness. Does your organization have a plan for home care workers in the event of a natural disaster, large-scale violence, riot, pandemic, or other emergency? In 2017, the Centers for Medicare and Medicaid Services (CMS) established national emergency requirements for all participating organizations, including hospitals, home health agencies, and hospices. Organizations must have a functional emergency preparedness program that describes their comprehensive approach to meeting the health, safety, and security needs of the facility, its staff, and its patient population and community before, during, and after an emergency or disaster. The book *Five Days at Memorial: Life and*

The National Institute for Occupational Safety and Health has created a checklist for home care workers' safety. Examples of questions from the checklist include:

- Does your initial and annual training include information on:
 - preventing musculoskeletal disorders
 - reviewing the blood-borne pathogens plan
 - knowing what to do if you believe you're in danger or encounter unsanitary conditions
 - obtaining ergonomic equipment
 - reducing stress
 - recognizing violent or aggressive behavior
 - calming an angry patient?
- Do you know how to report your safety concerns?
- Do you have appropriate personal protective equipment, including gloves?
- Do you have a cell phone?
- Are weapons removed from the area of service (for example, bedroom or living room)?
- Is your car serviced regularly?

To access the full checklist, download *NIOSH Hazard Review: Occupational Hazards in Home Healthcare* at [cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH PUB2010125](https://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH PUB2010125).

Be aware of your surroundings

When you arrive in the patient's neighborhood, ask yourself:

- Do I see any safety hazards?
- What are the road and sidewalk conditions?
- Can I park in a well-lit place with no spaces where someone could hide?
- Are homes well kept?
- Are people loitering on the streets or in yards?
- Do I smell anything unusual (such as odors from the manufacture of illegal drugs) or hear potentially dangerous sounds (such as gunshots or shouting)?

The Centers for Disease Control and Prevention (CDC) developed a free mobile app (CDC Homecare Safety) that includes tips for safely handling threatening behavior when providing home care. It can be downloaded at no charge from the Apple App Store or Google Play.

Death in a Storm-Ravaged Hospital by Dr. Sheri Fink details lessons learned about disaster and emergency preparedness as well as implications for leadership.

Please be aware that the CDC has released interim guidance for home care related to the coronavirus (COVID-19). This guidance can be found at www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html.

Patient and family responsibilities

Patients and their families also have a role in creating safe environments for home care personnel. Patients and families should be provid-

Ensuring employee safety

Organizations can use a checklist from the National Institute for Occupational Safety and Health report *NIOSH Hazard Review: Occupational Hazards in Home Healthcare* to ensure their employees are safe when providing home care. Here are sample questions from the checklist.

- Are workers taught how to identify verbal abuse and what to do about it?
- Does an active safety program exist with a safety manager and a safety committee that includes employees from across the company?
- Does annual training review new safety issues identified from the previous year?
- Are workers part of the selection process for needle devices with safety features?
- Has an infection control and prevention plan been developed?
- Does an animal-control policy exist requiring animals to be restrained during home visits?

To access the full checklist, download *NIOSH Hazard Review: Occupational Hazards in Home Healthcare* at [cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH-PUB2010125](https://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH-PUB2010125).

ed with a document from the organization that explains their rights and responsibilities, which may include:

- adhering to the worker safety information and organization's policies
- informing home care workers of potential hazards (for example, a guard dog) during the call to schedule the initial visit
- restraining pets during visits
- removing tripping hazards in the home or be willing to remove the hazard during the visit
- providing an escort (patient, family member, or friend) to walk home care personnel to their car in high crime neighborhoods
- limiting a potentially violent family member's access during the visit
- refraining from shouting or swearing at home care personnel
- refraining from inappropriately touching home care personnel.

Safety is a team effort

Adhering to best practices can help minimize risks and keep home care personnel safe. Organizations with a thoughtful and organized safety orientation and onboarding process can provide a structure that supports employees in their journey to becoming effective home visiting team members. Safety as a quality improvement project could benefit all team members who make home visits and the managers and organizations seeking to provide the framework and processes to promote safety. More research is needed to better determine the scope of home care worker risk and

safety and to identify improvement recommendations. We challenge you to help in this important effort. **AN**

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References

- Brouillette NM, Quinn MM, Kriebel D. Risk of sharps injuries to home care nurses and aides: A systematic review and meta-analysis. *J Occup Environ Med.* 2017;59(11):1072-7.
- Curtin L. Workplace violence: Don't risk it, de-escalate it. *Am Nurse J.* 2019;14(5):72.
- Extent of nurse assaults revealed. *Nurs Manage.* 2018; 25(1):7.
- Fink S. *Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital.* New York: Crown; 2013.
- Hanson GC, Perrin NA, Moss H, Laharnar N, Glass N. Workplace violence against homecare workers and its relationship with workers health outcomes: A cross-sectional study. *BMC Public Health.* 2015;15:11. [bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-014-1340-7](https://www.biomedcentral.com/track/pdf/10.1186/s12889-014-1340-7)
- Ifediora CO. Evaluation of aggression in Australian after-hours doctor home-visit services. *J Eval Clin Pract.* 2018;24(2):388-95.
- International Association for Healthcare Security and Safety Foundation. 2016 best practices for preventing violence in home health. iahsf.org/best-practices/2016-best-practices-for-preventing-violence-in-home-health
- Marrelli T. *Handbook of Home Health Standards: Quality, Documentation, and Reimbursement.* 6th ed. 2018; Venice, FL: Marrelli and Associates, Inc.
- Mendes A. Dealing with violence as a community nurse. *Br J Community Nurs.* 2018;23(3):150-1.
- National Council of State Boards of Nursing. *A Nurse's Guide to Professional Boundaries.* 2018. [ncsbn.org/ProfessionalBoundaries_Complete.pdf](https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf)
- National Institute for Occupational Safety and Health. NIOSH hazard review: Occupational hazards in home healthcare. January 2010. [cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH-PUB2010125](https://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH-PUB2010125)
- Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. 2016. [osha.gov/Publications/osha3148.pdf](https://www.osha.gov/Publications/OSHA3148.pdf)
- Occupational Safety and Health Administration. Quick reference guide to the bloodborne pathogens standard. [osha.gov/SLTC/bloodbornepathogens/bloodborne_quick_ref.html](https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quick_ref.html)
- PHI. Understanding the direct care workforce. [phina.org/policy-research/key-facts-faq/](https://www.phina.org/policy-research/key-facts-faq/)
- Pinholt EM, Mitchell JD, Butler JH, Kumar H. "Is there a gun in the home?" Assessing the risks of gun ownership in older adults. *J Am Geriatr Soc.* 2014;62(6):1142-6.

Provider accreditation

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Please mark the correct answer online.

1. Which statement about home care workers and rate of workplace injuries is correct?

- a. Home care workers experience half the national rate of workplace injuries for all industries.
- b. Home care workers' rate of workplace injuries is comparable to national rates for all industries.
- c. Home care workers experience more than double the national rate of workplace injuries for all industries.
- d. Home care workers experience more than triple the national rate of workplace injuries for all industries.

2. During a home visit to a 77-year-old woman with a pressure injury on her left heel, you sense tension as you prepare to deliver care. After explaining what you will be doing and asking permission to touch her, you plan to

- a. ask multiple questions to keep her engaged.
- b. limit questions to those related to her pressure injury.
- c. ask her only about her general health status.
- d. ask her about her network of friends and family.

3. You're assigned to a woman who requires home infusions of a biologic agent. When you arrive, you discover the patient has a large dog. All of the following statements about this situation are correct *except*:

- a. Before your first visit, the organization should assess whether there have been any problems with the pet.

- b. It would be a good idea to ask the woman to secure the pet away from where you will be caring for her.
- c. Pets can pose risks such as allergies, infections, and bite injuries.
- d. Pets in home care situations is an issue that has been well researched.

4. Which U.S. agency, in 2017, established national emergency requirements for all participating organizations (including hospitals, home health agencies, and hospices)?

- a. Homeland Security
- b. Centers for Disease Control and Prevention
- c. Food and Drug Administration
- d. Centers for Medicare and Medicaid Services

5. Which of the following statements about safety risks for home care employees is *not* correct?

- a. Home care employees may be at higher risk because they care for many people age 65 years and older, a population with the highest rate of gun ownership in the United States.
- b. Home care employees may be at higher risk because they care for many people between the ages of 40 and 60 years, a population with the highest rate of violence against caregivers in the United States.
- c. Home care employees are exposed to blood-borne pathogens, needles, and unhygienic conditions.
- d. Home care employees work off hours and may not have immediate help if a violent incident occurs.

6. Which question should you ask yourself when you arrive for your first home care visit with a new patient?

- a. Do I know how to report my safety concerns?
- b. Have I had my car serviced regularly?
- c. Do I know my organization's emergency plan?
- d. Can I park in a well-lit place with no spaces where someone could hide?

7. Which statement about home care organizations and employee safety is correct?

- a. A formal animal control policy is not necessary because the risk of harm is low.
- b. Organizations should teach employees how to identify verbal abuse and what to do about it.
- c. Annual training should address only the same issues each year to ensure consistency of information.
- d. Organizations should limit the safety management committee to managers.

8. Patient and family responsibilities for creating a safe environment for home care workers include all of the following *except*:

- a. providing personal protective equipment such as gloves.
- b. informing home care workers of potential hazards.
- c. not shouting at home care workers.
- d. removing tripping hazards in the home.