Ebonny Home Health Agency

3530 E. Flamingo RD Suite 105

Las Vegas NV, 89121

Patient Safety Plan

At Ebonny Home Health Agency We strive to maintain Patient's Safety in Home Environment, which Is Our # 1 Priority. We have enclosed our guideline that Ebonny Home Health staff follows and a Safety Home Environment Checklist. These are the Safety Precautions we keep in mind while serving Our Client's. The Home Environment Checklist is placed in All of Our Start of Care Packets. Our Staff A Registered Nurse upon arriving at the patient's home will do a complete assessment and will evaluate to determine the Safety need of the Client. The Registered Nurse who evaluates the Client will discuss Safety Measures and what actions need to be taken to maintain Safety in Home Environment. The Safety Officer will maintain and evaluate the employees use of Patient Safety and Patient Safety Policy. The Documents will be reviewed quarterly to ensure Safety Measures are Maintained.

Keep Emergency numbers readily available

- Staff will Instruct Client to dial 911 in case of a Medical Emergency
- Staff will instruct Client to have Family Member or close friend number to call in case of Emergency
- Staff will instruct Client to keep Health care provider number

Prevent Falls

- If Gait is unsteady Staff will instruct Client on the importance of using your walker when ambulating at all times
- Staff will instruct Client to Ask your Provider if you could benefit from Physical Therapy to prevent falls
- When walking on Smooth Floor wear non-slip footwear ,such as slippers with rubber /no slip Bottoms or flat, thin soled shoes well fitted
- Staff will instruct Client to use a Night light at your bedside. Individuals fall often during the night getting up to the bathroom
- If Patient has difficulty walking or balance is compromised Staff will use a gait belt during transfers and as needed to perform ADL's . Staff will instruct the importance of using a gait belt to Client and Caregivers to prevent fall or Injury.

Medication Safety

- Staff will instruct Client Keep All Medications in their original containers, so you don't mix up medicines.
- Staff instruct Client to Take all Medications in a well lit room, so you can see the labels on the pill bottles
- Staff instruct Client to Bring all your pill bottles with you to your Healthcare Provider's appointments ,so he or she can look at all of them and make sure you are taking them correctly
- Ask the Pharmacist to put large-print labels on your medications, so you can read more easier.

Fire Hazards

- When you are cooking don't wear loose clothes or clothes with long sleeve.
- Replace appliances that have fraying or damaged electrical cords.
- Do not Smoke in bed or leave candles burning even for a short period of time in an empty room.
- Make sure your Smoke Detectors are working and make sure to replace batteries twice a year

Emergency Preparedness

- Plan Ahead to ensure adequate care in case of severe weather or natural disaster occurs
- Staff will contact patient in severe weather to ensure safety of client
- Staff will have Client Create Emergency Contact card listing all of emergency contact numbers and family information .
- Staff will Contact Client to ensure a "disaster kit" was created that includes water for three days ,Non-perishable food for three days, Flashlight with plenty of extra batteries ,Change of Clothes ,plus extra blankets First Aid supplies , Prescription Medication List, Copies of Insurance Cards ,Cash

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3530 E. Flamingo Rd. Ste 105 Las Vegas NV, 89121
Phone (702) 399-7154 * Fax (702) 399-7950 * email – ebonyhha@yahoo.com

INDIVIDUAL PATIENT EMERGENCY PREPAREDNESS PLAN

Identifying Information					
Patient Name:					
Phone Number:			Physician:		
Address:	City		State	Zip	
Relevant Healthcare Information					
Primary Diagnosis		Secondary Diagnosis			
Daily or more frequently agency services needed?			Yes	No	
If yes, describe services needed:					
Oxygen dependent?	Yes	No	DME Supplier		
IV Therapy	Yes	No	Type		Supplier
Patient/Caregiver Independent to provide care?					
Special needs:					
Oxygen Dependent	Yes	No	Dialysis	Yes	No
Tube feeding	Yes	No	Insulin Dep	Yes	No
Patient/Caregiver Independent with Self-Admin Meds				Yes	No
Functional Disability:	Walker/Cane		Wheelchair	Bedbound	
Impairments	Hearing	Visual	Cognitive	Other	
Emergency Plan					
Emergency Contact Name					
Phone Number(s):					
If Necessary, Patient will evacuate to:					
Relative	Friend	Neighbor	Shelter		
Nearest Hospital (Name/Phone)					
Shelter: Nearest Middle or High School					
Other (Describe)					
Does Patient have Emergency Supplies (3-5 days)					
Food	Yes	No	Water	Yes	No
Medications	Yes	No	Battery/Radio	Yes	No
Patient Given Copy of Clark County Emergency Preparedness Guide				Yes	No
Indicate Acuity Level					
High Priority (I)	Intermittent Priority (II)	Low Priority (III)			

(1) High Priority (Required skilled care by agency or emergency responders)
(2) Intermittent Priority (Skilled care needs delayed patient/family assist patient
(3) Low Priority Care Needs (Patient Self Care – Patient/Family meets care needs

Clinician/Date _____

Name and Signature/Date

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HOME ENVIRONMENT SAFETY EVALUATION

Check YES, NO or NA (not applicable) for each of the following items. For all "No" responses identify in the space provided, item number, action plan to correct the problem and document the date the patient/client was instructed.

No.		Yes	No	N/A
1	There is a working telephone and emergency numbers accessible	☐	☐	☐
2	Electric cords and outlets appear to be in good repair in the patient area	☐	☐	☐
3	There is a functional smoke alarm	☐	☐	☐
4	Fire extinguisher is available and accessible	☐	☐	☐
5	Access to outside exits is free of obstruction (no narrow or obstructed doorways)	☐	☐	☐
6	Alternate exits are accessible in case of fire	☐	☐	☐
7	Walking pathway are level, uncluttered and have non-skid surfaces	☐	☐	☐
8	Stairs are in good repair, well lit, uncluttered and have non-skid surfaces	☐	☐	☐
	If there are stairs:	☐	☐	☐
	Are there stairs inside the home which must be used to get to toileting, sleeping, eating areas, etc.	☐		☐
	Are there stairs inside the home which are used optionally to get to laundry facilities, etc.	☐		☐
	Are there stairs or steps to get inside or outside the home	☐		☐
9	Handrails are present if there are stairs	☐	☐	☐
10	Lighting is adequate for safe ambulation and ADL	☐	☐	☐
11	Poisonous and toxic substance are clearly labeled and placed where client can reach, if needed but not	☐	☐	☐
12	Adequate floor, roof or windows.	☐	☐	☐
13	Safe gas/electric appliances	☐	☐	☐
14	Adequate heating	☐	☐	☐
15	Adequate cooling	☐	☐	☐
16	Bathroom is safe for provision of care, adequate toileting facilities	☐	☐	☐
17	Environment is safe for oxygen use	☐	☐	☐
18	Running water present	☐	☐	☐
19	Water clean, not contaminated	☐	☐	☐
20	Adequate food storage/refrigeration	☐	☐	☐
21	Adequate cooking facilities	☐	☐	☐
22	No insects or rodents present	☐	☐	☐
23	Home free of clutter, sanitation hazards	☐	☐	☐
24	Trash picked up on regular schedule	☐	☐	☐
25	Overall environment is sanitary for provision of care	☐	☐	☐

For all problems found above, action plan and document date patient was instructed.

No.	Date Instructed	Action Plan	Date Resolved

Emergency Preparedness Plan discussed/provided to patient/client? ☐ Yes ☐ No: Explain

ADDITIONAL COMMENTS:

Employee Signature: Date:

Patient Name: PT ID#: