CARING NURSES, INC.

(800) HOMECARE (466-3227)

HOME SAFETY

1) Keep telephone and emergency numbers in reach, especially when alone. Keep necessary items close by to avoid reaching and stooping.

2) If you use a wheelchair, be sure to lock the brakes before getting up and sitting down. If you tend to forget, use a lap belt. If your balance is not steady, have someone with you when transferring.

3) Keep walker / cane within reach. Do not attempt to walk without it and do not walk alone if your balance is not steady.

4) Use the devices and instructions for moving as given by your therapist(s) or nurse.

5) Remove throw rugs – they can trip you.

6) Secure electrical cords behind furniture.

7) Fire Safety: Do not run electrical cords under carpeting. Do not overload outlets. Smoke detectors should be located on each level of the home, in each living area, and outside of bedrooms. Test smoke detectors monthly. Keep bedroom doors closed at night in case of fire. Make and practice an emergency exit plan. If you are bed or chair bound, notify your emergency service. Obtain a multipurpose (ABC) type fire extinguisher for each living area, furnace area, garage, and storage area.

8) Use adequate lighting. Use nightlights for pathways to and from bathroom.

9) Have flashlight and battery operated radio in the home in case of power failure.

10) If you live alone, consider arranging for someone to call or stop by daily to make sure you are okay. This person should have your emergency number.

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MEDICATION SAFETY

1) Never share or borrow medicine.

2) Take medicine as close to scheduled times as possible according to your medications schedule sheet. If you miss a dose, consult your doctor.

3) Do not skip, double up, or stop taking your medicine. If you feel a medicine is causing side effects, call your doctor. Do not stop taking the medicine suddenly on your own.

4) Do not save old medicines for future use as they can weaken or change. If the dose of your current medicine is changed, ask your doctor or pharmacist to re-label it for you.

5) Turn on the lights and read the bottle before taking your medicine. If you have trouble with small print, ask your pharmacist to re-label the bottle.

6) Non-prescription medicines (drug store remedies) can affect the way your usual medicines work. Ask your doctor before using any non-prescription medicine, including cold/flu, cough, and pain relievers.

7) Keep your medicines in a safe, dry place, out of the reach of children. Be especially careful when children visit or you visit a home with children – be aware of medicine kept in your purse, pocket, or pillbox.

8) If you cannot open a childproof container, notify your pharmacist of this problem.

9) If you have trouble remembering to take your medicine, ask your nurse for help. A calendar box may be helpful.

10) Keep a list of your medicines with you at all times. If you are allergic to any medicines, you should have a medical alert tag or card.

11) Take your medication schedule sheet with you to medical appointments. Your doctor can assist you in keeping it up to date.

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Patient Emergency Preparedness Planning

Emergency Contact Information		
Contact	Phone	Address
Police		
Fire		
EMS		
Local Red Cross		
Local Emergency Management Office		
Physician		
Pharmacy		
Neighbor		
Relatives		

Make a list

- Medications
- Medical Information
- Allergies and sensitivities
- Copies of health insurance cards

Have on hand

- A seven-day supply of essential medications
- Consult your physician and/or health plan to determine if you are able to obtain additional medication.
- Cell phone
- Standard Telephone
- That does not need to be plugged into an electric outlet
- Flashlights and extra batteries
- Assorted sizes of re-sealable plastic bags for storing food, waste, etc.
- Small battery-operated radio and extra batteries
- Assemble a first-aid kit (See Appendix A-1)

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Evacuation Plans:

- Know where the shelter is located that can meet your special needs.
- Plan for alternate locations
- Plan for transportation to a shelter or other location.
- "Have a "grab bag" prepared (See Appendix B)
- Arrange for assistance if you are unable to evacuate by yourself.

Shelter-in-Place

- Maintain a supply of non-perishable foods for seven days.
- Maintain a supply of bottled water; one gallon per person.
- Be prepared to close, lock and board/seal windows and doors if necessary.
- Have an emergency supply kit prepared (See Appendix B)

Pets

- Have a care plan for your pet.
- Locate a shelter for your pet (hotel, local animal shelter, etc.) Emergency shelters will not accept animals.
- Extra food and/or medications, leashes, carriers, bowls, ID tags, etc.

Special Needs Considerations

Speech or communication Issues

- If you use a laptop computer or communication, consider getting a power converter that plugs into the cigarette lighter.

Hearing Issues

- Have a pre-printed copy of key phrase messages handy, such as "I use American Sign Language (ASL), "I do not write or read English well, "if you make announcements, I will need to have them written simply or signed"
- Consider getting a weather radio, with a visual/text display that warns of weather emergencies.

Vision Issues

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- Mark your disaster supplies with fluorescent tape, large print, or braille.
- Have high-powered flashlights with wide beans and extra batteries
- Place security lights in each room to light paths of travel.

Assistive Devise Users

- Label the equipment with simple instruction cards on how to operate it (for example how to "free wheel" or "disengage the gears" of your power wheelchair) Attach the cards to your equipment.
- If you use a cane, keep extras in strategic, consistent and secured locations to help you maneuver around obstacles and hazards.
- Keep a spare cane in your emergency kit.
- Know what your options are if you are not able to evacuate with your assistive devise.

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Infection prevention and control practices, including considerations for family member exposure, when evaluating and caring for clients with known or suspected COVID-19

The CDC advises the client stay home except to get medical care, separate yourself from other people and animals in the home as much as possible (in a separate room with the door closed) with separate bathroom if possible, call ahead before visiting your doctor, and wear a facemask in the presence of others when out of the client room.

For everyone in the home, CDC advises covering coughs and sneezes followed by hand washing or using an alcohol-based hand rub, not sharing personal items (dishes, eating utensils, bedding) with individuals with known or suspected COVID-19, cleaning all "high-touch" surfaces daily, and monitoring for symptoms. Agency staff may share additional information with families. Please see

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-preventspread.html
https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html

- Visitors should not be allowed in the home until the person has completely recovered, shows no signs or symptoms of COVID-19 and has been released from isolation.

- Visitors should perform hand hygiene according to the CDC guidelines. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. If hands are not visibly soiled, an alcohol-based hand rub can be used. For visibly soiled hands, always use soap and water.

- Client should wear a mask when agency staff are in the same room. Individuals who cannot wear mask should practice rigorous respiratory hygiene; that is, coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue followed by hand hygiene.

    - Note: mask should not be worn or placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Additionally, they should not be placed on children under age 2.

    - Materials used to cover the mouth and nose should be discarded or cleaned appropriately after use (e.g. wash handkerchiefs, using regular soap or detergent and water).

- Family caregivers should wear a mask that covers their mouth and nose when they are in the same room as the client. Masks should not be touched or handled during use. If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask. Remove the mask using the appropriate technique, which is to untie it or hold the elastic straps, rather than touching the front of the mask, to discard it immediately after use and then to perform hand hygiene.

- Staff should encourage clients to follow CDC guidelines as part of their daily routine when going out in public (wear a mask, keep social distancing, limit exposure risk).

• Wear gloves when you touch or have contact with the sick person's blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a lined trash can and wash your hands right away.

• Clean and disinfect surfaces that are frequently touched in the room where the client is being cared for, such as bedside tables, bedframes, and other bedroom furniture.

Eat in separate rooms or areas:

• Stay separated: The person who is sick should eat (or be fed) in their room, if possible.

• Wash dishes and utensils using gloves and hot water: Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.

• Perform hand hygiene after taking off gloves or handling used items. Avoid sharing personal items

• Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics (like a cell phone) with the person who is sick.

Bedroom and bathroom

• If you are using a separate bedroom and bathroom: Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person. o If they feel up to it, the person who is sick can clean their own space. Give the person who is sick personal cleaning supplies such as tissues, paper towels, cleaners, and EPA-registered disinfectants.

• *If sharing a bathroom*: The person who is sick should clean and then disinfect after each use. If this is not possible, wear a mask and wait as long as possible after the sick person has used the bathroom before coming in to clean and use the bathroom.

Wash and dry laundry

• Do not shake dirty laundry.
• Wear disposable gloves while handling dirty laundry.
• Dirty laundry from a person who is sick can be washed with other people's items.
• Wash items according to the label instructions. Use the warmest water setting you can.
• Remove gloves, and wash hands right away.
• Dry laundry, on hot if possible, completely.
• Wash hands after putting clothes in the dryer.
• Clean and disinfect clothes hampers. Wash hands afterwards.

Use lined trash can

• Use gloves when handling trash
• Place used disposable gloves and other contaminated items in a lined trash can.

• Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
• Place all used disposable gloves, masks, and other contaminated items in a lined trash can.
• If possible, dedicate a lined trash can for the person who is sick.
• Avoid other types of exposure to contaminated items from the client's immediate environment (e.g. do not share toothbrushes, cigarettes, cutlery, crockery, towels, washcloths or bed linen)

Further information for caring for someone Sick at Home can be found in below link:
https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html

Monitor for worsening symptoms regularly: Advise the COVID-19 clients and their caregivers about the signs and symptoms of complications or how to recognize a deterioration in their health status that require medical attention. Monitor these regularly, ideally once a day. For example, if a client's symptoms become much worse (such as light headedness, difficulty breathing, chest pain, dehydration, etc.) from the initial clinical assessment, he or she should be directed to seek urgent care. Caregivers of children with COVID-19 should also monitor their clients for any signs and symptoms of clinical deterioration requiring an urgent re-evaluation. These include difficulty breathing/fast or shallow breathing, blue lips or face, chest pain or pressure, new confusion as well as an inability to wake up, interact when awake, drink or keep liquids down. For infants these include grunting and an inability to breastfeed. If any of these conditions exist, the agency staff should call 911. Clients should be educated to watch for these symptoms and to call 911 if they occur.

Screening Clients for COVID-19 When making a home visit, agency staff should identify clients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask clients about the following: • International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html 2.

• In the last 14 days, has had contact with someone with or under investigation for COVID19, or are ill with respiratory illness.

• Residing in a community where community-based spread of COVID-19 is occurring.

• Screen for signs and symptoms of a respiratory infection with COVID-19, such as:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Persistent pain or pressure in the chest
- New confusion or inability to wake up
- Bluish lips or face

Note: Older people with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 by the client's physician. For ill clients, implement source control measures (i.e., placing a facemask over the client's nose and mouth if that has not already been done, if client can tolerate). Inform the agency's administrator and/or clinical lead, as applicable, and local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19. Agencies should ensure the availability of resources for their care agency staff according to the types of services, supplies and equipment required by the individualized plan of care and CDC Guidelines, including COVID-19 confirmed or suspected cases.