

# Promoting a Safe & Healthy Environment Tutorial

Promoting a safe and healthy environment in the home care setting is of the utmost importance. The home will be evaluated for safety and sanitation when the plan of care is initiated, but the abilities of an elderly and/or ill person can change abruptly, so safety and sanitation should be evaluated with every contact.

Think about the patient's plan of care, and as you observe the patient in his/her environment, consider whether changes are needed. Look closely at how the patient maneuvers through the rooms and performs activities of daily living.

A comprehensive assessment of each room should be done on a regular basis.

A comprehensive assessment of the patient's safety awareness and abilities should be done on a regular basis. Teaching, training, and alteration in the patient's level of assistance should be changed as necessary.

The charge nurse should be notified immediately if there are any safety or sanitation concerns or changes in the patient's abilities.

Alterations may need to be made to the patient's plan of care and/or environment due to:

- Confusion
- Mobility impairment
- Lack of dexterity
- Weakness
- Communication or sensory deficits
- Lack of safety awareness

Areas of concern in the home environment include:

- Fall risks
- Other Injury risks
- Fire hazards
- Toxic substances and medications
- Ability to call for help
- Potential for intruders
- Sanitation

## Risk Factors for Falls

### Medications

Visual deficits (cataracts; decreased acuity, depth perception, and contrast sensitivity)

Dizziness

Acute illness

Incontinence

### Mobility problems:

Impaired balance or gait

Decreased lower extremity strength

Partial weight bearing

Environmental causes (loose rugs, cords, wet or shiny floors, too much/little lighting, clutter, foot stools, lack of hand rails or grab bars, high bed, low toilet seat, IV pole, O2 tubing, catheter)

Slowed reaction time

Impaired safety awareness

## Restraint Use and Falls

Numerous studies by the Department of Health and Human Services have demonstrated that the routine use of restraints does not reduce the risk of falls or fall injuries. In fact, the use of restraints can actually contribute to fall-related injuries and deaths.

### The hazards of bed rails are also now widely known:

When used as restraints they have all the dangers of any restraint.

The potential for serious injury is higher when a patient attempts to climb over or around bed rails.

There is a risk of entrapment if the patient slips between the mattress and bed rail.

## Fall Prevention Interventions

### Patient

Educate patient in safety awareness

Provide verbal reminders to patient to call when needing assistance

Instruct patient to sit on side of bed for one minute before standing

Keep most frequently used personal items within reach

Make sure glasses are clean and fit patient, and that prescription is adequate

### Clothing

Evaluate clothing for size and length, and shorten all clothing patient might trip on

Make sure patient's shoes are well fitting with non-slip soles

Gripper socks

### Toileting

Toilet patient per schedule and request  
Raised toilet seat  
Grab bars by tubs, showers, and toilets  
Rubber mats in tubs and showers

### Environment

Maintain rooms and pathways free of clutter  
Non-skid strips on floor  
Provide adequate lighting, provide night light if needed  
Light switches accessible from bed and at room entries  
Chairs, nightstands, tables secure and tip-resistant  
Remove cords and wires on the floor  
Remove throw rugs / Secure carpet edges  
Treads on stairs  
Handrails in halls and on stairs  
Avoid floor wax that is slippery  
Clean up spills immediately  
No glare on tables, floor, counters

### Furniture

Provide chair with arms to assist with rising  
Wedge in chair  
Chair alarm  
Remove wheelchair leg rests when not needed  
Remove or lock empty wheelchairs  
Bed in lowest position at night with side rails down  
Padded floor next to bed  
Bed wheels in locked position  
Use half side rails to assist with transfer  
Bed alarm

### Ambulation, Locomotion, and Transfers

Know the patient's plan of care regarding:  
Number of persons needed to assist  
Weight-bearing status  
Balance problems  
Assistive devices needed such as cane, gait belt, walker  
Distance able to walk

### Interventions for Fire Prevention

Fire extinguishers present, especially in kitchen

- Smoke alarm in each room
- Fire escape plan for each room
- Unblocked exits
- Chain ladder for each upstairs room
- Appliances and wiring in good condition
- No over-use of extension cords
- Appliances used safely
- Avoid use of fireplaces, space heaters, and candles
- Safe use of oxygen
- Keep stove area free of grease, towels, or other flammable materials
- Use outlet strip with circuit breaker instead of extension cord for multiple appliances
- Promote safe smoking practices

### Interventions for Increasing Patient's Ability to Summon Help

- Multiple phones
- Cordless speaker phone
- Speed-dial numbers
- Large digital display on phone
- Ring and voice enhancer on phone
- Medical or home alert system
- Intercom or baby monitor
- Emergency numbers by phone
- Bell
- Call Light
- Regular visits from family members, friends, or Meals on Wheels
- Regular phone calls to patient
- Make sure doors and windows can be easily opened by patient

### Interventions for Other Injuries

- Water heater set to 120 degrees or below to prevent scalding
- Burners on stove / Microwave de-activated if patient is unable to use safely
- Heavy furniture and objects secured to prevent tipping
- Sharp objects removed or secured if patient is unable to use safely
- Locking doors that lead to hazardous areas or storage
- Removing dangerous appliances such as blender
- Make sure faucets can be easily turned on and off
- Larger markings on faucets for Warm/Cold
- Adapt appliances so they are easier to use: handles on both sides, flat bottoms
- Store every day items where they are easy to see and reach
- Mark items with large print if needed

Have patient demonstrate correct use of thermostat use  
On/off positions of appliances marked clearly

### Interventions for Poisoning/Overdose Prevention

Secure and store toxic substances in the garage, utility room, or basement  
Secure toxic substances behind a locked door if needed  
Place “Mr. Yuk” stickers on all hazardous items  
Pillbox easy to read and use  
Automatic pill reminder/dispenser  
Assess patient / caregiver management of Oral Medications: Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals  
Review medication with patient / caregiver weekly/monthly and as needed to re-assess abilities  
Monitor patient / caregiver’s self-administration frequently, and monitor use through re-ordering medication

### Interventions to Prevent Break-ins

Have patient verbalize and demonstrate plan for dealing with unknown visitors  
Chain locks on main doors  
Peep-hole on main doors  
Cordless phone  
Emergency numbers in prominent places  
Locks on windows  
Deadbolts on doors that can be easily used

### Sanitation Checklist

Food in refrigerator unspoiled, stored properly  
Garbage disposed of properly and in a timely manner  
Dwelling free of bad odors  
Dwelling free of vermin  
Windows and screens in good repair  
Rooms are clean and uncluttered  
Walls and ceilings are in good repair and free of peeling paint  
No accumulation of dirty dishes or laundry  
Countertops clean  
Bed linens clean