OREGON DEPARTMENT OF
Human Services

Safety in the Home

OAR 411-050-0715 through 411-050-0725



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AFH HOME ENVIRONMENT

OAR 411-050-0715

An AFH is <u>not</u> an institutional setting, and should not feel like one. It should look and feel like a home.

Creating a homelike atmosphere means providing:

- Safe, secure and comfortable physical, emotional and social environments
- Barrier-free home to allow residents to function at their highest levels of independence

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ELECTRICAL

Keep electrical cords in good condition, and out of the flow of traffic. Place them against walls to prevent people from tripping over them.

Do not place cords under rugs or carpeting.

Extension cords cannot be used in place of permanent wiring.

If you must use an extension cord, use a power strip with a built-in circuit breaker.

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ELECTRICAL

Assist residents in safe use of electrical appliances and other items.

- Some electric blankets should not be tucked in or covered while in use
- Residents may have decreased ability to feel the heat and could be unaware a heating pad is too hot
- Heating pads should be turned off or removed before going to bed (to sleep) - check manufacturer's instructions

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HEATING

OAR specifies minimum high and low temperatures:

Time of Day	High Temperature	Low Temperature
Daytime – waking hours	85* F	68* F
Nighttime – sleeping hours	Not less than 60 F	

Maintain a comfortable temperature for residents. This may be a challenge since a temperature that is comfortable for you some residents may not be for others or for you. Adjust the temperature so it seems comfortable for most residents.

Encourage others to wear appropriate clothing for keeping warm (or cool), e.g.; sweaters, warm socks and slacks if temperatures are cool.

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HEATING

Wall/space heaters must be kept away from flammable items such as bedding or curtains.

Provide individual temperature controls or heating units in residents' rooms, if possible. Make sure they are installed properly and meet all building and safety codes.

Wood stoves must be properly installed and meet all local fire and safety codes.

- A barrier 36 inches from the stove is required if any residents are confused or have ambulation problems.

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LIGHTING

Proper lighting is essential for residents to be able to see well and reduce accidents.

The AFH must have adequate, non-glare, even lighting throughout the home.

In order to reduce glare, use frosted bulbs, indirect lighting, and shades or globes on light fixtures and window coverings that can be adjusted to reduce the sun's glare.

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LIGHTING

Avoid shiny plastic furniture or slipcovers, glass-top tables or highly polished flooring.

Provide lamps that can be adjusted to focus upon a resident's task. Take into consideration individual resident's vision support needs.

Use the correct wattage and type of light bulb indicated on the lamp or fixture. If you are not sure about the correct wattage, use a bulb no more than 60 watts.

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RUGS

Rugs and other floor coverings must not create a tripping or fall risk:

- Secure all rugs and other floor coverings. They should lie flat and not be slippery.
- Walkers and canes can catch on the edge of rugs, increasing the chance of a fall.

Avoid using scatter rugs and runners.

- If you do use scatter rugs or runners, they should have a slip resistant backing or be made slip resistant with double-sided carpet tape or rubber matting. Check regularly to see if backing needs to be replaced.

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RUGS

Rugs are **NOT** to be used as a barrier or to restrain or prevent a resident from leaving an area.

Rugs should **NOT** be used to create visual illusions that can confuse or alarm a resident.

Using a rug to restrain, “trick”, or otherwise manipulate a resident is **ABUSE** and will result in a report being made to Adult Protective Services.

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TAP WATER

Older people are susceptible to hot water burns and they may not react quickly enough to prevent burns.

Water Temperature (F)	Amount of Time to Sustain Burn
156 degrees	1 second
149 degrees	2 seconds
140 degrees	5 seconds
133 degrees	15 seconds
127 degrees	60 seconds
124 degrees	3 minutes

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KITCHEN

The kitchen must be in <u>good working condition</u> and <u>free from unnecessary clutter</u>:

- Water faucets must work well and adjust easily
- Cupboard space must be adequate for food, dishes, utensils and other items to be stored out of the way, rather than stacked on countertops or the floor
- Items must be stored to reduce the risk of objects falling or dropping when being taken off the shelf - for example, put lighter weight items (e.g. cereal boxes) on the higher shelves

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KITCHEN

If possible, have a stove with controls at the front so you and others won't have to stretch across burners to reach controls.

Adequate ventilation in the kitchen and especially around the stove is necessary to remove humidity and cooking odors.

Locked storage areas should be available.

- Residents experiencing confusion may rummage in drawers or cupboards, and it may be necessary to lock up knives or other sharp objects in order to ensure resident safety.

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KITCHEN

Store cleaning supplies and chemicals in a place not accessible to residents, and away from food storage and preparation areas.

Keep these supplies in their original containers, and always follow manufactures directions.

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KITCHEN

Use of safety devices may be an effective solution for:

- Securing drawers or cabinets
- Covering stove knobs
- Locking the oven
- Creating soft corners with bumpers
- Strapping furniture to walls
- Winding-up cords for window coverings

Child safety devices are not acceptable for locking medications.

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RESIDENT ROOMS

OAR 411-050-0715 (9)

Resident rooms are private spaces and should be treated as such.

Caregivers should practice respect, and gain permission before entering a resident's room each and every time.

If a resident chooses to close their bedroom door, you will need to knock and wait for permission before entering, unless there is reason to believe there is a safety or medical issue.

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RESIDENT ROOMS

Resident rooms are to have a bed, private dresser and individual closet space for each resident. Room and closet space cannot be shared with "storage" for anyone else.

There cannot be more than two people sharing a room. Licensees, caregivers and family members cannot share or sleep in a resident's room. The only exception to this is when the resident requires someone to monitor them for medical reasons. This should be documented in their care plan.

A resident has the **right** to a secure storage space to keep personal belongings.

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RESIDENT ROOMS

Residents have the **right** to lock their door. Each bedroom door in the AFH must have a lock, and the resident must have a key to their bedroom. Master keys must be accessible to the licensee and caregivers to use in the event of an emergency.

Furnishings and drapes must be in good condition, and drapes must provide privacy for the resident.

If an intercom or call bell is being used by the resident for night time care and emergencies, the intercom must be within the resident's abilities to operate and able to be turned off by the resident or at the resident's request.

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ADDITIONAL CONSIDERATIONS

Some residents may have needs for their comfort and safety in the AFH related to their vision and hearing abilities.

As a caregiver, **you** are responsible for supporting the resident's needs and documenting changes in care and support needs in the weekly narratives.

You also need to inform the licensee or administrator so the care plan can be updated as needed.

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BLIND, LOW VISION, VISION LOSS

When cleaning, replace items exactly where they were found.

Use "soft white" light bulbs, or "full spectrum" fluorescent lights, to reduce glare. Avoid ones that emit a buzzing sound.

Use color contrast to aid vision. E.g., paint walls and doorways different colors; use dark switch plates on light colored walls.

Color-coded faucet handles in the bathroom and kitchen (red for hot, blue for cold) can help a resident tell which is which.

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BLIND, LOW VISION, VISION LOSS

Use of color-coded schemes can help residents identify their belongings and person items. If this is needed:

- Allow residents to pick their color preference. For example, if a resident chooses yellow, color-coded items could include yellow bedspread or pillow, dresser with yellow handles, closet with yellow door, and yellow towels.
- Use a different color for each resident.

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BLIND, LOW VISION, VISION LOSS

Lighting that changes in intensity or makes patterns of light and dark on the floor should be avoided.

Carpeting with large patterns or obvious shading may cause problems. A person with vision support needs may mistake light/dark variations for obstacles or steps and could lose balance or fall.

Avoid clutter and do not change the location of objects without letting the person know.

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BLIND, LOW VISION, VISION LOSS

A telephone with jumbo-size push buttons is best for the resident to see the numbers.

Provide a clock with large, black numbers and hands, and a calendar with large, black numbers. Place them in a location that is easy for residents to see.

Reading material in large print should be provided:

- This includes all notices and required posted materials easy to read
  - Print them on light yellow or white paper;
  - Use large, black letters with a minimum 14 point font

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BLIND, LOW VISION, VISION LOSS

Large-print books and magazines and audio books are great resources.

- Large-print items are available for purchase or from local libraries.
- Audio and braille books are available through local libraries, phone apps, and the State Library of Oregon. Look for playing cards and board games in large print.
- The Oregon Commission for the Blind is a good resource to help you and/or a resident.

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DEAF OR HARD OF HEARING

Install smoke alarms that emit sound and signal with flashing strobe light or vibrate the resident's bed.



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AMBULATORY NEEDS

Tripping hazards need to be identified for all residents, not just those that have ambulatory needs. These hazards should be remedied as soon as they are identified.

Be especially mindful when the resident is walking from one type of flooring to another both inside and outside the home.

Residents who use wheelchairs may need assistance on plush or soft carpeting or other types of flooring.

Needed items must be within reach:

- Place the telephone on a counter or table, rather then mounting it high on a wall
- Place a mirror in the person's room at a level that be can be used from a wheelchair

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MEMORY CARE NEEDS

Caring for residents who have memory care needs can be different than caring for residents without these needs. Here are some recommendations on how you can help support residents needs.

- Decorate a bulletin board for each season or holiday as reminder for residents. Make sure special dates are easy to identify and the writing is large and clear.
- Identify rooms by putting names or pictures on doors. Color-coding may help.
- Label or color-code closets and dressers in their room if they share their room with others to help residents locate clothes and personal items.

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MEMORY CARE NEEDS

- Maintain a calm atmosphere in the home.
  - Playing soft, soothing music may be helpful
  - Be aware, however, that prolonged use of music can create agitation
- Install security alarms on all outside doors.
  - The alarms will alert you to a person going out (as well as coming in) and thereby help you provide safety for residents who wander
- Fish tanks can provide a soothing experience and have been found to help reduce wandering behavior
  - An alternative is a fish tank DVD or live stream from an aquarium

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MEMORY CARE NEEDS

- During normal awake times, the lighting in the AFH should be bright:
  - The level of brightness should be similar to that of a bright, sunny day
  - Appropriate use of bright lights during awake times helps to provide better nighttime sleep
- There should also be a secured patio or outdoor area available so the resident can safely spend time outside.

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SOCIAL NEEDS

An AFH must have a place for a resident to socialize with others.

Socializing is important to a residents mental and emotional health.

Furniture should be arranged in a way to aid in communication.

Examples include:

- Placing chairs at right angles rather than side by side
- Making room for assistive devices such as wheelchairs and walkers
- Creating a social area away from noise makers such as TVs and radios in order to aid in clear communication

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PRIVACY RIGHTS

Residents, like any other individual, have a **RIGHT TO PRIVACY**.

You must respect this.

What you can do to support a resident's privacy:

- Be especially sensitive to the privacy needs of residents who share a room – make sure you are not discussing sensitive or confidential information in front of another resident
- Sometimes furniture can be arranged to meet privacy needs – having a place away from busy or common areas in the home allows residents to visit with guests privately
- All resident bedrooms must have a lock that they have a key to, and be able to be released by a single action

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Emergency Preparedness

OAR 411-050-0725



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EMERGENCY PREPAREDNESS

Basic First Aid and CPR training classes are required by OAR.

- Certification is required for licensees, co-licensees and administrators prior to being licensed or hired
- Caregivers are required to have certification within 30 days of being hired
- All AFH staff/roles are required to maintain current certifications

Only classes taught by certified instructors will be accepted.

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FIRST AID

First aid supplies and first aid manual must be available in the AFH:

- Keep the kit and manual in a place that is easily accessible for staff and labeled "First Aid"
- Routinely check the first aid kit to make sure everything is intact and in good condition, and that medications are not expired

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FIRST AID

The American Red Cross recommends that a first aid kit should contain (at minimum):

- Sterile gauze squares
- Roller gauze
- Sterile adhesive bandages
- Triangle bandages
- Adhesive tape
- Scissors
- Tweezers
- Thermometer
- Safety pins
- Soap
- Hydrogen peroxide
- Rubbing alcohol
- Splinting materials
- First aid book

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EMERGENCY PREPAREDNESS PLAN

Emergency Preparedness Plan
a written procedure that identifies a facility's response to an emergency or disaster for minimizing loss of life, mitigating trauma, and to the extent possible, maintaining services for residents, and preventing or reducing property loss.

YOU are responsible for knowing this plan, where it is kept in the AFH, and following the plan in the event of an emergency.

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MEDICAL EMERGENCY PLAN

Call for help immediately:

- Call the appropriate emergency number - if calling 911, state what kind of assistance is needed
- Give your address and the nearest major street or intersection and any other information the emergency operator is requesting

Briefly describe the problem.

Stay calm and speak clearly:

- Remain on the phone and answer all questions

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MEDICAL EMERGENCY PLAN

Follow the emergency operator's directions:

- The emergency operator will tell you what to do until the first responders arrive

Provide basic first aid and/or CPR until emergency help arrives, if instructed to by the emergency operator.

- If a resident has a Portable Orders for Life-Sustaining Treatment (POLST) that states *do not perform CPR*, then DO NOT PERFORM CPR and provide a copy of the POLST to emergency personnel

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POWER OUTAGE

When the power goes out for a short period of time it can be a nuisance, but it usually doesn't threaten anyone's health or safety.

An AFH needs to be prepared before a power outage in the event the outage lasts longer than a few minutes:

- Know the location of the fuse or circuit breaker box and how to replace a fuse or turn on a breaker that has been tripped
- In case of a circuit overload or blown fuse, be sure to turn off electrical items before restoring power

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POWER OUTAGE

A prepared emergency kit should be kept in an easily accessible location. It should be labeled **"Emergency"** and contain the following items:

- Battery operated flashlight(s)
  - ***In addition to the plug-in rechargeable flashlights required on each floor***
- Battery-operated radio
- Extra batteries to fit the flashlights and radio
- Candles and wide-base holders
- Matches
- Hand-operated can opener
- Bottle opener
- Wind-up clock

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POWER OUTAGE

Provisions and supplies to shelter in place without electricity and running water should last for **at least 3 days per resident.**

Other items to have on hand include:

- Paper plates, plastic utensils, thermos-type bottle
- Blankets
- A fondue/chafing dish, cans of Sterno or other canned heat, camp stove and appropriate fuel
- Sanitary containers for water (especially if the AFH relies on electricity to pump water)
- If the AFH has a fireplace or wood stove, keep heavy-duty pots and pans, firewood and kindling

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POWER OUTAGE

Maintain a small supply of non-perishables on hand ready-to-eat foods such as:

- Dry Cereals, breads
- Dried and canned meats
- Cheese and peanut butter
- Meal-in-a-can items such as stews, soups, beans and spaghetti are easily heated on a camp stove

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POWER OUTAGE

If any residents are on oxygen concentrators, have portable oxygen tanks available for each person or a gas-powered generator for the household.

- If the AFH license is approved to provide ventilator-assisted care, the home should have a gas powered generator in case of a power outage.

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POWER OUTAGE

Report the outage to the electric company.

Leave on an outside light, such as the porch light, as well as one light inside the AFH:

- Service crews can tell by your outside light if the power has been restored
- You will know when your inside light comes on again

Turn off all electrical equipment or appliances (such as furnace controls, heaters, water heater, heat pump or air conditioner, stove, toaster oven) that were being used when the outage occurred.

- Equipment that is left on could be damaged by a power surge, or start a fire unattended, when electricity is restored

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POWER OUTAGE



Do not use camp stoves or charcoal briquettes as a cooking or heating source indoors.

They give off dangerous carbon monoxide that can be fatal to everyone in the home.

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POWER OUTAGE

Keep freezer and refrigerator doors <u>closed</u>:

- Food in the freezer will usually stay frozen for about two days in a full freezer or about one day if the freezer is less than half full
- Use dry ice if the power is out for several days, or try to borrow freezer space from friends or neighbors

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POWER OUTAGE

Food in the refrigerator is much more likely to spoil:

- If you must open the refrigerator door, know what you want to get and where it located before you open the door
- Take out several things at one time to minimize how long the door is open
- If the power outage occurs in very cold weather you may store some refrigerator foods outdoors in covered containers

Be mindful of medications that require refrigeration and prioritize their storage during a power outage.

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POWER OUTAGE

In order to keep residents warm and comfortable, encourage residents to conserve body heat by:

- wearing loose layers of clothing, wrapping up in a blanket and wearing a hat
- moving around and doing gentle exercises to generate body heat
- avoid staying in one position too long
- using extra bed covers and hot water bottles (if you are able to heat water)

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POWER OUTAGE

Pick one room on the warm side of the house for everyone to stay in, preferably one with a fireplace or wood stove, or other safe heating source:

- Close the doors to the rest of the house and use blankets to insulate windows
- Use blankets over openings to other rooms if there is no door to close

Be creative with lighting:

- Candles will reflect more light when used in front of a mirror or foil; a flashlight will provide more light if aimed toward the ceiling
- Don't forget battery-powered camp lights and lanterns - they are useful and safer than candles

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POWER OUTAGE

Keep fire-fighting materials on hand such as salt, baking soda or a heavy blanket made of wool, cotton or treated with fire retardant.

Fire extinguishers must be on every level of the AFH, and mounted so that caregivers know where to find them.

All caregivers must know where they are and how to use them.

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POWER OUTAGE

Stay away from downed power lines.

Be patient with residents:

- A power outage can be difficult to understand, especially for an individual who experiences confusion; they may become frightened or agitated
- Remain calm and reassuring
- Take time to listen and let them know there is a plan in place

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Emergency Evacuations

OAR 411-050-0725



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EMERGENCY EVACUATIONS

Every Adult Foster Home in Oregon must meet the minimum fire safety requirements of:

- Oregon Administrative Rules
- All applicable state and local building, mechanical and housing codes for fire and life safety
  - Keep in mind county and city codes vary
  - If you have questions – talk with your licensor.

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EMERGENCY EVACUATIONS

All caregivers must demonstrate the ability to evacuate ALL residents, family members and occupants:

- To the initial point of safety within three minutes
- To the final point of safety within five minutes
- Refer to OAR 411-050-0725 for details.

Within 24 hours of employment in the AFH, all new caregivers must be shown how to respond to a smoke alarm and how to evacuate all occupants in an emergency.

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EMERGENCY EVACUATIONS

Fire drills must be completed every 90 days.

One fire drill per year must be completed during sleeping hours.

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EMERGENCY EVACUATIONS

There MUST be a written Emergency Evacuation Plan:

- Written by the licensee or administrator
- Must be reviewed regularly and updated as support and care needs change
- All staff members must be trained on the emergency procedures to follow in the AFH

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EMERGENCY EVACUATIONS

Take into consideration that conditions in an actual emergency may be different than in a routine drill situation:

- Smoke or fire may be blocking principal exit routes
- People may be asleep when the alarm is raised
- Electric power may fail
- Cell phones may not function

Appropriate first responses vary according to the situation. For example:

- If grease in a frying pan catches on fire while you are cooking, you should act immediately to extinguish the fire — Do not shout "fire," which may panic residents.
- If the fire is not small enough to extinguish immediately, calling 9-1-1 may be necessary

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R.A.C.E.

There are four basic steps in a fire emergency – RACE:

- **R**escue
- **A**larm
- **C**onfine
- **E**xtinguish

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R.A.C.E.

Step 1

Rescue residents and others

- Remove everyone from the immediate area of the fire
- Assess the fire if possible
- Call out for help if necessary

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R.A.C.E.

Step 2

Alarm initiation – call for assistance

- Smoke alarms sound a local alarm; however, calling aloud provides for the immediate aid of any endangered person and confirms the alarm
- Call 9-1-1
- Total evacuation of the home must be started at this time and everyone must be evacuated to the final designated point of safety away from the structure
- A staff person should stay with the residents at the designated safe point for their safety and to support residents
- Upon arrival of the fire department, the senior fire authority will coordinate decisions for resident safety

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R.A.C.E.

Step 3

Confine the fire

- Once the area is evacuated close doors to confine smoke, heat and toxic gases, and limit the spread of the fire
  - Close all doors, if possible

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R.A.C.E.

Step 4

Extinguish the fire

Assess the fire

- Is it small enough for you to extinguish?
- Do you know its source and how to extinguish that type of fire?
- Try to extinguish the fire only if you are confident in your ability to do so
- Contact your local fire department to learn how to extinguish small fires safely

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ACTIVITY

Draw a map of the AFH you work in. Mark the initial and final points of safety. Turn this in as a homework item before the next class.

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ACTIVITY

Watch this video on Fire and Life Safety:

https://www.youtube.com/watch?v=fEvASo9Cp8I&feature=youtu.be

Assignment for EQC:

After watching the video on your own, submit a list of 5 things you learned in the video.

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