

Findings

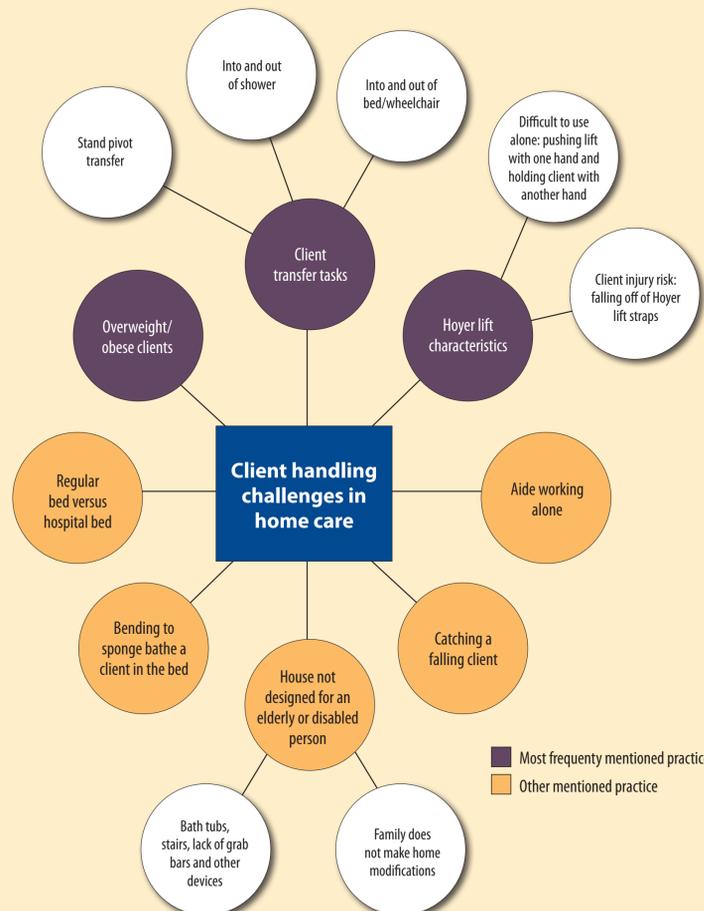
"I have a private client I take care of who's ALS [amyotrophic lateral sclerosis], right now he's a quadriplegic. When I first started with him, he was able to stand, and I would stand him in the shower, he would insist upon it...I have to lift him up to standing position. I kept saying, "I need a shower chair; I can't do this." Well, the day came, I almost dropped him three times in that shower. And that's when he said, oh, maybe I need a shower chair. And he got one. And so, I put him in the shower chair, and give him a shower. And that's it. So it's much easier."

HOME CARE AIDE FOCUS GROUP PARTICIPANT

With respect to patient handling, homes have important differences from institutional settings such as hospitals and nursing homes.

- Home care aides work in isolation with no one to assist in patient handling situations.
- Home care aides often feel compelled to lift or assist patients in a manner that increases their risk of injury.
- Most homes have no safe patient handling devices.
- Many existing patient handling devices have limitations for home use.
- Aides often are not provided with appropriate tools to carry out patient transfers safely.

The use of patient handling equipment is a prime opportunity to address the direct link between health and safety for home care aides and their clients.



Safe Home Care PROJECT



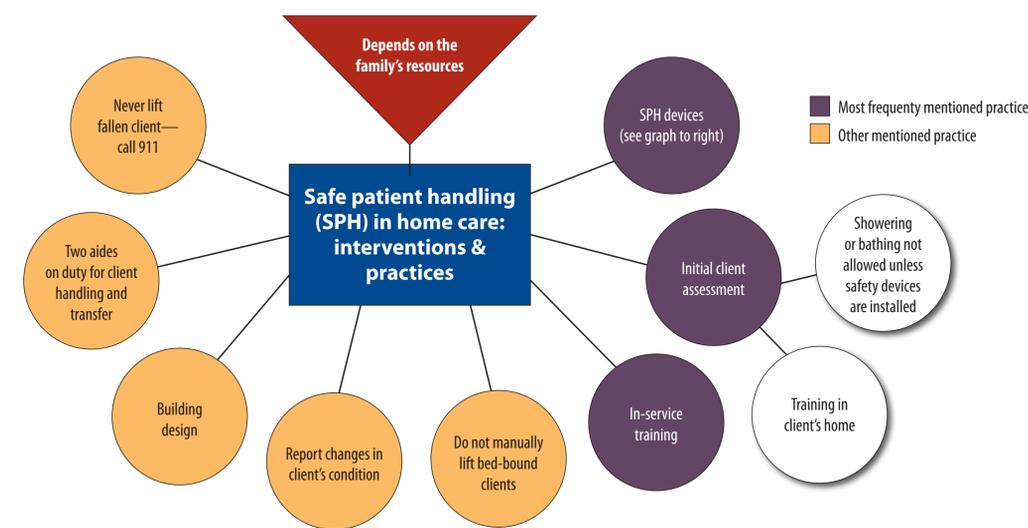
A Qualitative Assessment of Occupational Safety and Health Hazards Among Home Care Aides: Findings on Client Handling and Transfer

Background. Home care is one of the fastest growing industries and home care aides are one of the fastest growing occupations in the United States.^{1,2,3} Still, little consideration has been given to the home as a workplace or to occupational safety and health hazards of home care aides. The Safe Home Care Project at the University of Massachusetts Lowell is designed to address this gap by systematically identifying occupational safety and health hazards among home care aides, quantifying occupational safety and health risks aides face, and identifying preventive interventions. The Safe Home Project is partnering with the Massachusetts Department of Public Health's Occupational Surveillance Program, home care agencies, labor unions, and government agencies. This study was supported with funding from the National Institute for Occupational Safety and Health (NIOSH) Grant 5R01OH008229-06.

Objectives. This presentation reports on phase one of the Safe Home Care Project: a qualitative assessment of the occupational safety and health issues related to patient handling and transfer by home care aides. We qualitatively characterized occupational safety and health hazards, promising practices, preventive interventions, and how safe patient handling practices protect both home care workers and clients.

Methods. We conducted 12 focus groups of home care aides as well as 18 face-to-face, in-depth interviews of aides agency managers, trade association directors, union representatives, and home care clients. Focus group and interview transcripts were coded using QSR NVivo 9.2 software to obtain a comprehensive analysis of occupational safety and health themes as well as specific safety and health hazards, interventions, and promising practices. Three graphs in this presentation are based on most coded nodes of transcribed focus groups and interviews.

¹ Markkanen P, Quinn M, Galligan C, Chalupka S, Davis L, and Laramie A. (2007). There's No Place Like Home: A Qualitative Study of the Working Conditions of Home Healthcare Providers. *Journal of Occupational and Environmental Medicine*. 49(3): 327-337.
² Quinn M, Markkanen P, Galligan C, Kriebel D, Chalupka S, Kim H, Gore R, Sama S, Laramie A, Davis L. (2009). Sharps Injuries and Other Blood and Body Fluid Exposures among Home Healthcare Nurses and Aides. *American Journal of Public Health* 99(8): S710-S717.
³ National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2010). *NIOSH Hazard Review: Occupational Hazards in Home Healthcare*. Available at: <http://www.cdc.gov/niosh/docs/2010-123/>



Conclusions & Recommendations

"...I have handicapped brothers, [in] wheelchairs. Handicapped entrances, the standard is ...supposed to be a certain pitch. And when they put in, and government buildings are notorious for doing this, too, they're not always the standard they're supposed to be. If that pitch is wrong, it's very difficult to either push or if they're manipulating the wheelchair themselves, the ramp and sometimes the turns are wrong or the handholds are the wrong area. I don't know, it just seems like it's all over the place what they call a handicapped entrance, and that makes it difficult for the person transporting them and the person trying to, that seems to be an area where there could be improvements."

— HOME CARE AIDE FOCUS GROUP PARTICIPANT

Home environment design & safety evaluation. Home environment design is important for patient and worker safety; care for the disabled and elderly is not systematically included in building design. Before admitting a new client, home care agencies should conduct safety evaluations in the client's home that also include worker safety assessment.

Safe patient handling devices. Installation and use of safe patient handling devices in the home care setting is essential. Mechanized equipment for patient handling and transfer tasks needs to be refined and adopted for home use. Financial assistance for low income families is needed for routine implementation of ergonomic tools and equipment regardless of patient's socioeconomic status.

Training. Annual in-service training for home care aides will reinforce safe client handling and transfer practices.

Conclusions. Despite safety and health hazards, particularly those related to patient handling, the majority of home care aides like their jobs because of the meaningful relationships with patients and families as well as the autonomy home care allows. Patient handling interventions in home care should reduce hazardous exposures among workers while preserving or enhancing the meaningful aspects of their job.

