

7

Emergency Care and Disaster Preparation

1. Demonstrate how to recognize and respond to medical emergencies

Medical emergencies may be the result of accidents or sudden illnesses. This chapter discusses how to respond appropriately to medical emergencies. Heart attacks, strokes, diabetic emergencies, choking, automobile accidents, and gunshot wounds are all medical emergencies. Falls, burns, and cuts can also be emergencies. In an emergency situation, it is important for responders to remain calm, act quickly, and communicate clearly. The following steps illustrate the correct response to emergencies:

Assess the situation. The responder should try to determine what has happened. She must make sure she is not in danger and she should notice the time.

Assess the victim. The responder should ask the injured or ill person what has happened. If the person is unable to respond, he may be unconscious. Being **conscious** means being mentally alert and having awareness of surroundings, sensations, and thoughts. Tapping the person and asking if he is all right helps to determine if a person is conscious. The responder should speak loudly and use the person's name if she knows it. If there is no response, she should assume the person is unconscious and that an emergency situation exists. She should call for help right away or send someone else to call.

Reporting Emergencies

A home health aide working in a home should remember this: if in doubt about calling for help, she should call. Emergency medical services can be reached by dialing 911. If the HHA is alone, she should make the call herself. If she is not alone, she can shout for help and have someone else make the call. After calling 911, the HHA should notify her supervisor about what is happening and that 911 or emergency services has been called. The supervisor can notify the family members or friends who need to know this information.

The HHA should be prepared to give the following information when calling emergency services:

- The address of the emergency, including exact directions or landmarks if necessary
- The person's condition, including any known medical background
- The HHA's name and position
- Details of any first aid being given

The dispatcher may need other information or may want to give other instructions. The HHA should not hang up the phone until the dispatcher hangs up or tells her to hang up. If in a home, the HHA should unlock the front door so emergency personnel can get in when they arrive.

If a person is conscious and able to speak, then he is breathing and has a pulse. The responder should talk with the person about what happened. She should get the person's permission to touch him. Anyone who is unable to give consent for treatment, such as a child with no

parent nearby or an unconscious or seriously injured person, may be treated with implied consent. This means that if the person were able or the parent were present, he would have given consent in order to protect his own or his child's life and well-being. The HHA should check the person for the following:

- Severe bleeding
- Changes in consciousness
- Irregular breathing
- Unusual color or feel to the skin
- Swollen places on the body
- Medical alert tags
- Pain

If any of these conditions exists, professional medical help may be needed. When a home health aide is responding to an emergency, she should always get help and follow the agency's policies about whom to call. If the injured or ill person is conscious, he may be frightened. The responder should listen to the person and tell him what is being done to help him. A calm and confident response will help reassure him.

If the person is breathing, has a normal pulse, is responsive, and is not bleeding severely, calling emergency services may not be necessary. If a client has fallen, been burned, or cut himself but the damage seems to be minor, the HHA should call her supervisor. She should let the person answering the phone know that she is with a client and that an accident has occurred. If her supervisor is not available, another member of the care team may be able to help.

After the emergency is over, the HHA will need to document the emergency and complete an incident report. It is important to include as many details as possible and report only facts. For example, if an HHA thinks that a client had a heart attack, she should document only the signs and symptoms she observed and the actions she took. Knowing the kind of informa-

tion to document will help the HHA remember the important facts during the emergency. For instance, it is especially important to remember the time at which a client became unconscious.

If the client is taken to the hospital, the HHA may be asked to meet the client there or go to her next visit. If instructed, she should leave water and food for any pets, and she should lock the door firmly behind her when exiting.

2. Demonstrate knowledge of first aid procedures

Emergency situations can happen to anyone at any time. **First aid** is emergency care given immediately to an injured person by the first people to respond to an emergency. **Cardiopulmonary resuscitation (CPR)** refers to medical procedures used when a person's heart or lungs have stopped working. CPR is used until medical help arrives.

Quick action is necessary. CPR must be started immediately to help prevent or lessen brain damage. Brain damage can occur within four to six minutes after the heart stops beating and breathing stops. The person can die within 10 minutes.

Employers often arrange for home health aides to be trained in CPR. If not, the American Heart Association (AHA, heart.org) and American Red Cross (ARC, redcross.org) have more information about training. CPR is an important skill to learn.

Choking

When something is blocking the tube through which air enters the lungs, the person has an **obstructed airway**. When people are choking, they usually put their hands to their throats (Fig. 7-1). Home health aides may encounter clients who are choking or seem to be choking. As long as the client can speak, breathe, or cough, the HHA should only encourage her to

cough as forcefully as possible to get the object out. The HHA should stay with the client at all times, until she stops choking or can no longer speak, breathe, or cough. If a client can no longer speak, breathe, or cough, the HHA should call 911 immediately and return to the person. If someone else is present, that person should call 911 so the HHA can remain with the client.



Fig. 7-1. People who are choking usually put their hands to their throats.

Abdominal thrusts are a method of attempting to remove an object from the airway of someone who is choking. These thrusts work to remove the blockage upward, out of the throat. The HHA should make sure the client needs help before starting to give abdominal thrusts. The client must show signs of a severely obstructed airway. These signs include poor air exchange, an increase in trouble breathing, silent coughing, blue-tinged (cyanotic [syē-a-NOT-ik]) skin, or inability to speak, breathe, or cough. The HHA should ask, “Are you choking? I know what to do. Can I help you?” If the client nods her head yes, she has a severe airway obstruction and needs immediate help. The HHA should begin giving abdominal thrusts. This procedure should never be performed on a person who is not choking. Abdominal thrusts risk injury to the ribs or internal organs.

Performing abdominal thrusts for the conscious person

1. Stand behind the person and bring your arms under her arms. Wrap your arms around the person’s waist.
2. Make a fist with one hand. Place the flat, thumb side of the fist against the person’s abdomen, above the navel but below the breastbone (Fig. 7-2).

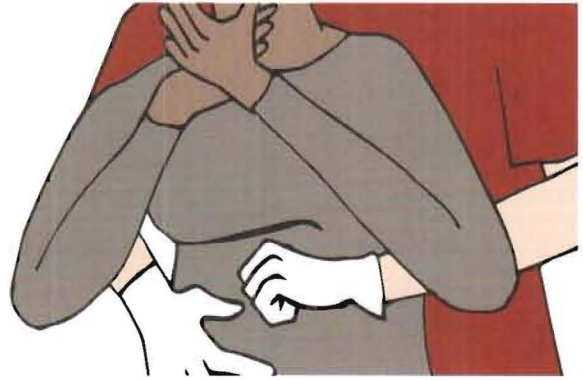


Fig. 7-2. The flat, thumb side of the fist against the person’s abdomen is the correct placement for abdominal thrusts.

3. Grasp the fist with your other hand. Pull both hands toward you and up, quickly and forcefully.
4. Repeat until the object is pushed out or the person loses consciousness.
5. Report and document the incident properly.

If the client becomes unconscious while choking, she should be helped to the floor gently. She should be lying on her back on a hard surface with her face up. The HHA should begin CPR for an unconscious person if trained and allowed to do so. The HHA should make sure help is on the way. The client may have a completely blocked airway and needs professional medical help immediately. The HHA should stay with the victim until help arrives.

Abdominal thrusts should not be performed on an infant. An infant who is choking will need to

receive back blows and chest thrusts after the responder makes sure the airway is obstructed.

Clearing an obstructed airway in a conscious infant

1. Lay the infant face down on your forearm; if you are sitting, rest the arm holding the infant's torso on your lap or thigh. Support her jaw and head with your hand. Keep her head lower than the rest of her body.
2. Using the heel of your free hand, deliver up to five back blows. **Back blows** are performed by striking the infant between the shoulder blades (Fig. 7-3).



Fig. 7-3. Keeping the infant's head below the rest of her body, deliver back blows.

3. If the obstruction is not expelled with back blows, turn the infant onto her back while supporting the head. Deliver up to five **chest thrusts** by placing two or three fingers in the center of the breastbone (Fig. 7-4).



Fig. 7-4. Turn the infant on her back to give chest thrusts if the obstruction is not expelled with back blows.

4. Repeat, alternating five back blows and five chest thrusts, until the object is pushed out or the infant loses consciousness.
5. Call 911 immediately if the infant loses consciousness. Follow any instructions you are given. Report and document the incident properly.

Shock

Shock occurs when organs and tissues in the body do not receive an adequate blood supply. Bleeding, heart attack, severe infection, and falling blood pressure can lead to shock. Shock can become worse when the person is frightened or in severe pain.

Shock is a dangerous, life-threatening situation. Signs of shock include pale or bluish skin, staring, increased pulse and respiration rates, low blood pressure, and extreme thirst. An HHA should always call for help if she suspects a client is experiencing shock.

Responding to shock

1. Call for help immediately. Victims of shock should always receive medical care as soon as possible.
2. If you need to control bleeding, put on gloves first. This procedure is described later in the chapter.
3. Have the person lie down on her back. If the person is bleeding from the mouth or vomiting, place her on her side. Elevate the legs about 8 to 12 inches unless the person has a head, neck, back, spinal, or abdominal injury; breathing difficulties; or fractures (Fig. 7-5). Elevating the legs allows blood to flow back to the brain (and other vital areas). Never elevate a body part if the person has a broken bone or it causes pain.



Fig. 7-5. If a person is in shock, elevate the legs, unless the person has head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures.

4. Check pulse and respirations if possible. (See Chapter 14.) Begin CPR if breathing and pulse are absent and if you are trained and allowed to do so.
5. Keep the person as calm and comfortable as possible.
6. Maintain normal body temperature. If the weather is cold, place a blanket around the person. If the weather is hot, provide shade.
7. Do not give the person food or liquids.
8. Report and document the incident properly.

Myocardial Infarction or Heart Attack

Myocardial infarction (MI) (*mye-oh-KAR-dee-al in-FARK-shun*), or heart attack, occurs when the heart muscle itself does not receive enough oxygen because blood vessels are blocked. (Chapter 9 contains more information.) A myocardial infarction is an emergency that can result in serious heart damage or death. The following are signs and symptoms of MI:

- Sudden, severe pain, pressure, or squeezing in the chest, usually on the left side or in the center, behind the breastbone
- Pain or discomfort in other areas of the body, such as one or both arms, the back, neck, jaw, or stomach

- Indigestion or heartburn
- Nausea and vomiting
- Shortness of breath
- Dizziness
- Pale or cyanotic color of skin or mucous membranes, indicating lack of oxygen
- Perspiration
- Cold and clammy skin
- Weak and irregular pulse rate
- Low blood pressure
- Anxiety and a sense of doom
- Denial of a heart problem

The pain of a heart attack is commonly described as a crushing, pressing, squeezing, stabbing, piercing pain, or “like someone is sitting on my chest.” The pain may go down the inside of the left arm. A person may also feel it in the neck and/or jaw. The pain usually does not go away.

As with men, women may experience chest pain or discomfort. Women, though, can have heart attacks without chest pressure. Women are more likely than men to have shortness of breath, nausea, vomiting, light-headedness, fainting, dizziness, stomach pain, sweating, fatigue, and back, neck, or jaw pain. Some women’s symptoms seem more flu-like, and women are more likely to deny that they are having a heart attack. A home health aide must take immediate action if a client experiences any of these symptoms.

Responding to a myocardial infarction

1. Call for help immediately.
2. Place the person in a comfortable position. Encourage him to rest, and reassure him that you will not leave him alone.
3. Loosen clothing around the person’s neck (Fig. 7-6).



Fig. 7-6. Loosen clothing around the person's neck if you suspect he is having an MI.

4. Do not give the person food or liquids.
5. Monitor the person's breathing and pulse. If the person stops breathing and has no pulse, begin CPR if you are trained and allowed to do so.
6. Stay with the person until help arrives.
7. Report and document the incident properly.

Bleeding

Severe bleeding can cause death quickly and must be controlled.

Controlling bleeding

1. Call for help immediately.
2. Put on gloves. Always take time to do this. If the person is able, he can hold his bare hand over the wound until you can put on gloves.
3. Hold a thick sterile pad, clean cloth, or clean towel against the wound.
4. Press down hard directly on the bleeding wound until help arrives (Fig. 7-7). Do not decrease pressure. Put additional pads over the first pad if blood seeps through. Do not remove the first pads.
5. If you can, raise the wound above the level of the heart to slow the bleeding. Prop up the limb if the wound is on an arm, leg, hand, or foot, and if there are no head, neck, back,

spinal, or abdominal injuries; breathing difficulties; or fractures. Use towels or other absorbent material.



Fig. 7-7. Press down hard directly on the bleeding wound; do not decrease pressure.

6. When bleeding is under control, secure the dressing to keep it in place. Check the person for symptoms of shock (pale skin, staring, increased pulse and respiration rates, low blood pressure, and extreme thirst). Stay with the person until medical help arrives.
7. Remove and discard your gloves and wash your hands thoroughly when finished.
8. Report and document the incident properly.

Poisoning

Homes contain many harmful substances that should not be swallowed. Poisoning may be suspected when a client vomits; has heavy, difficult breathing; is very drowsy; is confused; or has burns or red areas around the mouth. Some of these signs and symptoms can mimic other conditions as well. If poisoning is suspected, the HHA should call for help immediately. She may be asked to put on gloves and look for a container that will help determine what the client has taken or eaten. She may be asked to call the local Poison Control Center (aapcc.org) and follow their instructions.

Burns

There are three types of burns: first degree (superficial), second degree (partial thickness),

and third degree (full thickness). Care of a burn depends on its depth, size, and location. Burns may require emergency help, and the home health aide should call for help in any of the following situations:

- An infant or child, or an elderly, ill, or weak person has been burned, unless the burn is very minor
- The burn occurs on the head, neck, hands, feet, face, or genitals, or burns cover more than one body part
- The person who has been burned is having trouble breathing
- The burn was caused by chemicals, electricity, or an explosion

Treating burns

To treat a minor burn:

1. Put on gloves.
2. Use cool, clean water to decrease the skin temperature and prevent further injury (Fig. 7-8). Do not use ice or ice water, as ice may cause further skin damage. Dampen a clean cloth with cool water and place it over the burn.

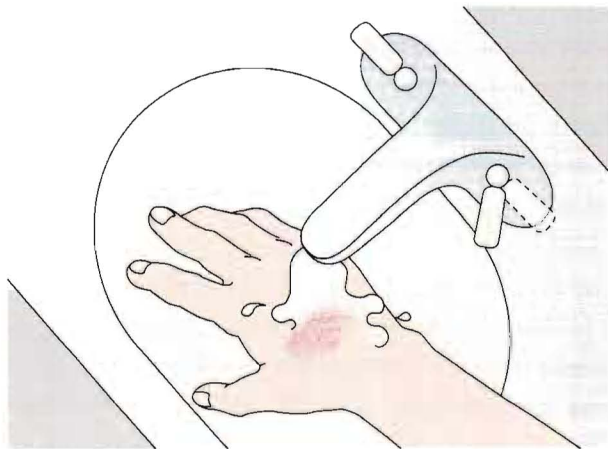


Fig. 7-8. Use cool, clean water, not ice, on burned skin.

3. Once the pain has eased, you may cover the area with a dry, clean dressing or nonadhesive sterile bandage.

4. Remove and discard your gloves. Wash your hands.
5. Never use any kind of ointment, salve, or grease on a burn.
6. Report and document the incident properly.

For more serious burns:

1. Remove the person from the source of the burn. If clothing has caught fire, have the person stop, drop, and roll, or smother the fire with a blanket or towel to put out flames. Protect yourself from the source of the burn.
2. Call for help immediately. Put on gloves.
3. Check for breathing, pulse, and severe bleeding. If the person is not breathing and has no pulse, begin CPR if trained and allowed to do so.
4. Do not use any type of ointment, water, salve, or grease on the burn.
5. Do not try to pull away any clothing from burned areas. Cover the burn with sterile gauze or a clean sheet. Apply the gauze or sheet lightly. Do not rub the burned area.
6. Do not give the person food or liquids.
7. Monitor vital signs and wait for emergency medical help.
8. Remove and discard gloves. Wash your hands.
9. Report and document the incident properly.

Chemical burns require special care. The HHA should call for help immediately. The chemical must be washed away thoroughly. A shower or a hose may be needed when the burns cover a large area. The HHA can check the product label for any special first aid instructions while waiting for help to arrive.

Seizures

Seizures are involuntary, often violent, contractions of muscles. They can involve a small area or the entire body. Seizures are caused by abnormalities in the brain. They can occur in young children who have a high fever. Older children and adults who have a serious illness, fever, head injury, or a seizure disorder such as **epilepsy** may also have seizures.

The main goal during a seizure is to make sure the client is safe. During a seizure, a person may shake severely and thrust his arms and legs uncontrollably. He may clench his jaw, drool, and be unable to swallow. Most seizures last only a short time.

Responding to seizures

1. Note the time. Put on gloves. Remove eyeglasses if the person is wearing them.
2. If the person is walking or standing, lower him to the floor. Cradle and protect his head. If a pillow is nearby, place it under his head. Loosen clothing to help with breathing. Try to turn him to one side to help lower the risk of choking. This may not be possible during a violent seizure.
3. Have someone call for emergency medical help if needed. Do not leave the person during the seizure unless you must do so to get medical help.
4. Move furniture away to prevent injury.
5. Do not try to stop the seizure or restrain the person.
6. Do not force anything between the person's teeth. Do not place your hands in his mouth for any reason. You could be bitten.
7. Do not give the person food or fluids.
8. When the seizure is over, note the time. Gently turn the person to his left side

unless he has a head, neck, back, spinal, or abdominal injury; breathing difficulties; or fractures. Turning the person reduces the risk of choking on or aspirating vomit or saliva. If the person begins to choke, get help immediately. Check for adequate breathing and pulse. If the person is not breathing and has no pulse, begin CPR if you are trained and allowed to do so. Do not begin CPR during a seizure.

9. Remove and discard your gloves and wash your hands.
10. Report and document the incident properly, including how long the seizure lasted.

If the person is in a wheelchair when a seizure starts, move him to a clear, safe area, while keeping him in the sitting position. If the person is sitting on a couch or chair, keep him in the sitting position and remove nearby furniture that could cause injury. If the person is in bed, make sure the side rails (if present) are covered and remove any other items that could cause injury.

Fainting

Fainting, called **syncope** (*SING-ke-pee*), occurs as a result of decreased blood flow to the brain, causing a temporary loss of consciousness. Fainting may be the result of an abnormal heart rhythm, decreased blood supply to the brain, hunger, hypoglycemia (low blood glucose), dehydration, fear, pain, fatigue, standing for a long time, poor ventilation, certain medicines, pregnancy, or overheating. Fainting may sometimes be caused by orthostatic hypotension, or postural hypotension. **Orthostatic hypotension** is a sudden drop in blood pressure that occurs when a person stands or sits up. Signs and symptoms of fainting include dizziness, lightheadedness, nausea, perspiration, pale skin, weak pulse, shallow respirations, and blackness in the visual field.

Responding to fainting

1. Have the person lie down or sit down before fainting occurs.
2. If the person is in a sitting position, have him bend forward (Fig. 7-9). He can place his head between his knees if he is able. If the person is lying flat on his back, and there are no head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures, elevate his legs about 12 inches.



Fig. 7-9. Have the person bend forward if he is sitting.

3. Loosen any tight clothing.
4. Have the person stay in position for at least five minutes after symptoms disappear.
5. Help the person get up slowly. Continue to observe him for symptoms of fainting. Stay with him until he feels better.
6. If a person does faint, lower him to the floor or other flat surface. Position him on his back. If he has no head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures, elevate his legs about 12 inches. If unsure about injuries, leave him flat on his back. Check to make sure he is breathing. (If the person is not breathing and has no pulse, begin CPR if you are trained and allowed to do so.) He should recover quickly, but keep him lying down for several minutes. Notify

your supervisor immediately. Fainting may be a sign of a more serious medical condition.

7. Report and document the incident properly.

Nosebleed

A nosebleed can occur suddenly when the air is dry, when injury has occurred, or when a person has taken certain medications. The medical term for a nosebleed is **epistaxis** (*ep-i-STAK-sis*).

Responding to a nosebleed

1. Elevate the head of the bed or tell the client to remain in a sitting position, leaning forward slightly. Offer tissues or a clean cloth to catch the blood. Do not touch blood or bloody clothes, tissues, or cloths without gloves.
2. Put on gloves. Apply firm pressure on both sides of the nose, on the soft part, up near the bridge. Squeeze the sides with your thumb and forefinger (Fig. 7-10). Have the client do this until you are able to put on gloves.



Fig. 7-10. With gloves on, squeeze near the bridge of the nose on both sides, using your thumb and forefinger.

3. Apply pressure until the bleeding stops.
4. Use a cool cloth or ice wrapped in a cloth on the bridge of the nose to help slow the flow of blood. Never apply ice directly to skin.
5. Remove and discard your gloves. Wash your hands.
6. Report and document the incident properly.

Falls

Falls can be minor or severe. All falls should be reported to the supervisor, even if the client says she feels fine. An incident report should be completed after a client falls. In the case of a severe fall, the HHA should call emergency medical services immediately.

Helping a client who has fallen

1. Assess the client's condition. Determine if client is unconscious, not breathing, has no pulse, or is bleeding severely. Get emergency medical help if any of these conditions exist.
2. Look for broken bones. Pain, body parts lying in an unnatural position, or bones protruding through the skin are indications. Look at both sides of the body to check for differences.
3. If client seems unhurt, encourage her to stay down until you can check her thoroughly.
4. Ask client to move each body part separately to be sure there are no strains, sprains, or fractures. A person with a serious sprain or fracture may complain of pain, have difficulty moving, or may not be able to move the affected area at all. Swelling and bruising may be present.
5. a) If you suspect a sprain or fracture:
 - Call your supervisor and report the fall immediately.
 - Keep the injured area in one position.
 - Do not move the client.
 - Cover the client with a blanket to prevent chills.
- b) If you find no evidence of injury:
 - Make the client as comfortable as possible.
 - Call your supervisor and report the fall immediately.
 - Do not move the client until you have spoken with your supervisor.
6. Report and document the incident properly.

3. Identify emergency evacuation procedures

During a fire or other disaster, home health aides may need to get themselves, clients, and clients' family members out of the home immediately. Leaving in an emergency is called **evacuation** (*ee-vac-yoo-AY-shun*). Because the HHA may not have time to think or plan in an emergency, she should know how to evacuate each client's home, following these guidelines:

- Locate all the doors and windows that could serve as exits in an emergency.
- In an apartment building, know where fire stairs are located. Elevators may be unsafe in an emergency.
- Know the location of disaster supplies if they are available in the home. These include fire extinguishers, ladders for escape from upper floors, first aid kits or supplies, and utility shutoff points.
- Discuss a plan for evacuation with clients and their family members, emphasizing that everyone should keep calm in an emergency.
- Know who will be responsible for helping children and people who are disabled in emergencies.
- Agree on a place outside the home for everyone to meet after evacuation.

Chapter 6 contains fire safety information.

4. Demonstrate knowledge of disaster procedures

Disasters can include fire, flood, earthquake, hurricane, tornado, or other severe weather. Human-created dangers, such as acts of terrorism, bomb threats, and active shooter situations can pose threats to the safety of healthcare workers and their patients and their families.

The disasters a person may experience depend, in part, on where he lives. Home health aides should know the appropriate action to take when

disasters occur. Each agency has a local and area-specific disaster plan, and HHAs will be trained on these plans. They should pay close attention to instructions. During natural disasters, agencies may rely on local or state emergency management groups and the American Red Cross to assume overall responsibility for people who are ill or disabled.

Guidelines: Disasters

The following guidelines apply to many disaster situations:

- G** Remain calm.
- G** Use the internet to stay informed, or keep the television or radio tuned to a local station to get the latest information.
- G** If a disaster is forecast (for example, a tornado or hurricane), be ready. Wear appropriate clothing and shoes. Have family members dressed and ready in case evacuation is necessary.
- G** Stay in contact with your supervisor or others if possible. Let someone know where you are, what the conditions are, and where you will go if you must evacuate.
- G** Locate disaster supplies. Ideally, a disaster supply kit should meet your needs for at least three days. The kit can be stored in sturdy, easy-to-carry containers such as backpacks, duffel bags, or covered trash containers. The kit should be assembled before disaster strikes and should include the following:
 - A three-day supply of water (one gallon per person, per day) and food that will not spoil
 - One change of clothing and footwear per person, and one blanket or sleeping bag per person
 - A first aid kit that includes the family's prescription medications

- Emergency tools, including a battery-powered radio, flashlight, and plenty of extra batteries
- An extra set of car keys and a credit card, cash, or debit card
- Sanitation supplies
- Chargers for phones, tablets, and laptops
- Special items for infant, elderly, or disabled family members
- An extra pair of eyeglasses
- Important family documents in a water-proof container

In addition, you will be required to follow specific guidelines for the geographic area in which you work. For example, an HHA working where hurricanes are prevalent, such as in Florida, needs to know the guidelines for hurricane preparedness, as well as for storms and fires. The following guidelines are separated by the type of disaster:

Tornadoes

- G** Seek shelter inside, ideally in a steel-framed or concrete building.
- G** Stay away from windows.
- G** Stand in the hallway or in a basement, or take cover under heavy furniture.
- G** Do not stay in a mobile home or trailer.
- G** Lie as flat as possible.

Lightning

If outdoors, follow these guidelines:

- G** Avoid the largest objects, such as trees, and avoid open spaces.
- G** Stay out of the water.
- G** Seek shelter in buildings.
- G** Stay away from metal fences, doors, or other objects.
- G** Avoid holding metal objects, such as golf clubs, in your hands.

- G** Stay in automobiles.
- G** It is safe to perform CPR on lightning victims if you are trained to do so; they carry no electricity.

If indoors, follow these guidelines:

- G** Stay inside and away from open doors and windows.
- G** Avoid the use of electrical equipment such as hair dryers and televisions.

Floods

- G** Fill the bathtub with fresh water.
- G** Evacuate if advised to do so.
- G** Check the fuel level in automobiles. Make sure there is enough fuel to last through an evacuation if one becomes necessary.
- G** Have a portable battery-operated radio, flashlight, and cooking equipment available.
- G** Do not drink water or eat food that has been contaminated with flood water.
- G** Do not handle electrical equipment.
- G** Do not turn off gas yourself. Ask the gas company to turn off the gas.

Blackouts

- G** Get the flashlight or ask your client where the emergency supplies are kept. Take prompt action to maintain calm and provide light.
- G** Use a backup pack for electrical medical equipment, such as an IV pump. Backup packs do not last more than 24 hours, so contact emergency services when instructed.

Hurricanes

- G** Know the hurricane's category and track its expected path.
- G** Know which clients must go to shelters, skilled nursing facilities, hospitals, or other facilities, and which need special assistance. Be aware of people with special needs. High-

risk people include the elderly and those unable to evacuate on their own. High-risk areas include mobile homes or trailers.

- G** Call your employer for instructions.
- G** Contact your clients if instructed to do so.
- G** Fill the bathtub with fresh water.
- G** Board up windows.
- G** Evacuate if advised to do so.
- G** Check the fuel level in automobiles.
- G** Have a portable battery-operated radio, flashlight, and cooking equipment available.

Earthquakes

If indoors, follow these guidelines:

- G** Drop to the ground.
- G** If possible, get under a sturdy piece of furniture, such as a heavy table, and hold on until the shaking stops.
- G** If no table or desk is available, stay crouched down in the inside corner of a building or house, and cover your face and head with your arms.
- G** Stay away from windows, outside walls, and anything that might fall over or fall down.
- G** Do not exit a building or house during the shaking.
- G** Do not use elevators.

If outdoors, follow these guidelines:

- G** Move away from buildings, electric poles and wires, and streetlights. Falling or flying debris is a far greater danger than ground movement.
- G** If driving, stop as quickly as is safely possible and stay in the vehicle. Avoid stopping under overpasses or near buildings or wires if possible.
- G** If trapped under debris after an earthquake, do not light a match or ignite a lighter, and

avoid kicking up dust. Breathe through a handkerchief or clothing and make tapping noises or use a whistle, if available, to get rescuers' attention. Do not shout. Shouting could cause you to inhale dangerous amounts of dust.

Active Shooter

- G** Follow the agency's emergency notification procedures.
- G** If the area cannot be safely evacuated, stay where you are.
- G** Turn off the lights, secure the door, and stay hidden from outside view.
- G** Turn off all phone ringers.
- G** If safe to do so, call 911 and notify the operator of your exact location.
- G** Provide information on the number and description of shooter(s), the number of victims and nature of their injuries, and their locations, if known.
- G** Move heavy furniture to barricade the door and cover any openings or windows in the door.
- G** When police arrive on the scene, do not move toward any police vehicle until directed to do so by the officers. Move with hands on top of your head and follow all directions given by police.
- G** Remain in the area until released by police.

Chapter Review

1. List two steps to follow when encountering an emergency situation.
2. What kind of information should a home health aide be prepared to give when calling emergency services?
3. Why would remaining calm and confident help in an emergency situation?
4. Why should an HHA not perform CPR if she is not trained to do so?
5. How are abdominal thrusts used to help someone who is choking?
6. If the person becomes unconscious while choking, what should the HHA do?
7. In what position should a person be placed if he is in shock?
8. What symptoms are women more likely to experience than men if they are having a myocardial infarction (heart attack)?
9. What can be done to slow bleeding from a wound?
10. When should an HHA suspect poisoning?
11. Why should ice not be applied to burns?
12. Why should an HHA not force anything into the mouth of a person who is having a seizure?
13. If a person feels like he is going to faint, in what position should he be placed?
14. Why should an HHA put on gloves if a client has a nosebleed?
15. If a client falls but it is only a minor fall, does the HHA need to report it to her supervisor?
16. If a client falls, is it okay for the HHA to move the client?
17. Why is it important to know how best to evacuate a home before an emergency occurs?
18. Describe five guidelines that apply in many disaster situations.