

MODULE 05

Emergency & Safety Procedures

Responding to Emergencies, Incident Reporting & Fall Prevention

WHAT YOU'LL LEARN

Learning Objectives

- 01 Describe the correct sequence of actions in a medical emergency
- 02 Identify at least five triggers that require immediate supervisor notification
- 03 Complete an incident report with all required elements
- 04 Explain the home environmental safety assessment process
- 05 Describe actions to take during a weather emergency or power outage at a patient's home

THE REALITY

"In a home care emergency, you are the first responder. Your actions save lives."

There is no crash cart. No code team down the hall. It's you, the patient, and your training.

MEDICAL EMERGENCY RESPONSE

The 5-Step Sequence

Memorize this sequence. Every second matters.

- 01 **Ensure safety** — Is the environment safe for you to approach? (Fire, gas leak, aggressive person)
- 02 **Call 911** for any life-threatening emergency: difficulty breathing, chest pain, unresponsiveness, seizure, severe bleeding, suspected stroke
- 03 **Stay with the patient** until EMS arrives — do not leave them alone
- 04 **Call your supervisor immediately** — do not wait until EMS leaves
- 05 **Document everything** in the incident report before end of shift

NEVER WAIT AND SEE

Call 911 Immediately For

These symptoms are potentially **life-threatening**. Do not wait to see if they improve.

- **Chest pain or pressure** — any complaint of chest discomfort
- **Difficulty breathing** or sudden shortness of breath
- **Sudden confusion** or change in mental status
- **Falls with head injury** or inability to get up
- **Uncontrolled bleeding**
- **Suspected stroke** — remember FAST: Face drooping, Arm weakness, Speech difficulty, Time to call 911
- **Seizures** in a non-seizure-disorder patient

STROKE RECOGNITION

Remember FAST

Every minute counts during a stroke. Brain tissue dies rapidly without blood flow.

F

FACE DROOPING

Ask the person to smile. Does one side of the face droop or feel numb?

A

ARM WEAKNESS

Ask the person to raise both arms. Does one arm drift downward?

S

SPEECH DIFFICULTY

Ask the person to repeat a simple sentence. Is speech slurred or strange?

T

TIME TO CALL 911

If any of these signs are present, call 911 immediately. Note the time symptoms began.

When to Call Your Supervisor

These situations are not 911 emergencies but require **immediate** supervisor notification.

- **Repeated care refusal** — patient refuses all care for the second consecutive day
- **Medication error** — patient took wrong dose or wrong medication
- **New skin breakdown** or pressure injury observed
- **Increased confusion** — patient appears significantly more confused than usual
- **Signs of possible abuse or neglect**
- **Significant vital sign changes** (if you are authorized to take them)
- **Equipment failure** — oxygen concentrator, hospital bed, etc.
- **You feel unsafe** in the patient's home

DECISION GUIDE

911 vs. Supervisor — Know the Difference

CALL 911 FIRST

- Chest pain or difficulty breathing
- Unresponsive or unconscious
- Severe bleeding
- Fall with inability to stand
- Suspected stroke or seizure

CALL SUPERVISOR FIRST

- Care refusal (2+ days)
- New skin breakdown
- Medication error discovered
- Equipment malfunction
- Feeling unsafe in the home

When in doubt, call 911 first. You will never be disciplined for calling 911 in good faith.

DOCUMENTATION

Incident Reports

An incident report must be completed for **ANY unexpected event** that affects patient safety — **including near-misses**.

- 01 **Date, time, and exact location** of the incident
- 02 **What happened** — factual, objective description. No opinions.
- 03 **Patient condition** before and after the incident
- 04 **Witnesses** — who else was present
- 05 **Your response** — what you did immediately
- 06 **Notification** — whether supervisor and/or family were notified, and when

Incident reports are internal documents and are NOT placed in the patient's medical record.

GETTING IT RIGHT

Incident Report — Standards

WRITE THIS

- "Patient fell from standing position at 10:15 AM in the bathroom"
- "Patient states 'my hip hurts' and is unable to bear weight"
- "Called 911 at 10:17 AM, supervisor notified at 10:20 AM"
- "Patient conscious and alert throughout"

NEVER WRITE THIS

- "Patient probably tripped on the rug"
- "I think he may have broken his hip"
- "He should have been using his walker"
- "The family should have had someone watching him"

Rule: Document facts. Document what you observed and what you did. Leave opinions, interpretations, and blame out.

PREVENTION

Fall Prevention — Every Visit

Falls are the **leading cause of injury** in home care patients. Prevention is part of every single visit.

- **Clear pathways** — ensure routes to bathroom and commonly used areas are free of clutter
- **Adequate lighting** — check that all hallways and rooms have working lights
- **Assistive devices** — confirm walker, cane, or wheelchair is within reach
- **Remind patients** to call for assistance before getting up
- **Check footwear** — no slippery socks, no loose slippers
- **Report hazards** — loose rugs, wet floors, broken steps to your supervisor

Your environmental scan at every visit is the most powerful fall prevention tool there is.

WHEN A FALL HAPPENS

Post-Fall Protocol

Even with the best prevention, falls happen. Here is what you do.

- 01 **DO NOT attempt to lift the patient** — moving someone with a possible fracture can cause serious additional injury
- 02 Make the patient comfortable — pillow under head, blanket if cold
- 03 If they report pain or cannot bear weight — **call 911**
- 04 Call your supervisor immediately
- 05 Stay with the patient and reassure them until help arrives
- 06 Complete an incident report before end of shift

OHIO WEATHER

Weather & Power Emergencies

Ohio weather emergencies include **tornadoes, ice storms, and prolonged power outages**. If a weather emergency develops during your shift:

TORNADO WARNING

- **Do not leave** the patient alone during an active threat
- Move patient to an **interior room** on the lowest floor
- Stay **away from windows**
- Call your supervisor to report the situation

POWER OUTAGE

- Check on **oxygen-dependent** patients first
- Document **battery backup status**
- Ensure patient warmth in winter / cooling in summer
- Call supervisor for guidance and document

ENVIRONMENTAL SAFETY

Home Safety Checklist

Conduct a quick visual safety scan at the start of every visit. Report any new hazards to your supervisor.

CHECK EVERY VISIT

- Walkways clear of tripping hazards
- Adequate lighting in all areas
- Grab bars and handrails secure
- Assistive devices within reach
- Smoke detectors present

REPORT IMMEDIATELY

- Loose rugs or damaged flooring
- Broken steps or handrails
- Expired or absent fire extinguisher
- Pest infestation or unsanitary conditions
- Exposed wiring or utility hazards

Protecting Yourself

You cannot help your patient if you are injured. Your safety matters too.

- **If you feel unsafe** — leave the home and call your supervisor immediately
- **Use proper body mechanics** for transfers — never lift alone beyond your capacity
- **Aggressive behavior** — do not engage, create distance, call the office
- **Pets** — request animals be secured if they interfere with care
- **Infection control** — use PPE as directed. Hand hygiene every visit.
- **Document everything** — safety concerns protect you and the patient

EMERGENCY CONTACTS

Numbers You Need

Keep these numbers saved in your phone at all times.

LIFE-THREATENING EMERGENCY

911

Always call first for any life-threatening situation

NOBLECARE 24/7 ON-CALL

(740) 262-9845

hello@noblecareohio.com

Ohio Department of Health: 1-800-342-0553 | Mandatory Reporting: ORC § 5101.61

WHAT WOULD YOU DO?

Scenario

SITUATION

Kevin is a companion aide. During a visit, his patient Mr. H stands up from the couch too quickly, becomes dizzy, and falls to the floor. Mr. H is conscious but says his hip hurts and **cannot get up**.

A) Help Mr. H up off the floor — he shouldn't stay on the cold ground

B) Ask a neighbor to help lift Mr. H back to the couch

C) Keep Mr. H comfortable on the floor, call 911, then call supervisor

D) Wait 15 minutes to see if Mr. H can stand on his own

CORRECT ANSWER: C

Do Not Move — Call 911 — Call Supervisor

WHY THE OTHERS ARE WRONG

- **A — Lifting him** could worsen a possible hip fracture and cause serious additional injury
- **B — A neighbor** is not trained. Two untrained people lifting = double the risk
- **D — Waiting** delays critical evaluation. Hip pain + inability to bear weight = call 911

CORRECT SEQUENCE

- 01 Make Mr. H comfortable (pillow, blanket)
- 02 Call **911** — report fall and hip pain
- 03 Call supervisor: **(740) 262-9845**
- 04 Stay with Mr. H and reassure him
- 05 Complete incident report before end of shift

WHAT WOULD YOU DO?

Scenario

SITUATION

During your afternoon shift, a **tornado warning** is issued for your area. Your patient is an elderly woman who uses oxygen and has limited mobility. The power goes out.

- A) Leave immediately to get yourself to safety
- B) Continue the visit normally — tornado warnings rarely result in actual tornadoes
- C) Move patient to an interior room on the lowest floor, check oxygen backup, and call supervisor**
- D) Drive the patient to a public shelter

CORRECT ANSWER: C

Shelter in Place, Check Equipment, Call Supervisor

WHY THE OTHERS ARE WRONG

- **A – Leaving** abandons a vulnerable, oxygen-dependent patient during an active threat
- **B – Ignoring** the warning puts both of you at lethal risk. Warnings are issued for a reason.
- **D – Driving** a limited-mobility patient during an active tornado warning increases danger

CORRECT ACTIONS

- 01 Move patient to interior room, lowest floor, no windows
- 02 Check oxygen — verify battery backup status
- 03 Call supervisor: **(740) 262-9845**
- 04 Stay with patient until all-clear is given
- 05 Document everything after the event

REVIEW

Knowledge Check

1. Patient has difficulty breathing and chest pain. Your first action?

Call 911, then call your supervisor. Never transport a patient yourself.

2. A patient falls and cannot stand. What do you NOT do?

Never attempt to lift them. Call 911 for anyone who cannot bear weight after a fall.

3. When must an incident report be completed?

For any unexpected event affecting patient safety, including near-misses.

4. Tornado warning during your shift. What is your first priority?

Move patient to interior room on lowest floor away from windows. Never leave them alone.

5. What belongs in an incident report?

Objective facts: what happened, when, patient condition, your response, and who was notified.

Emergency & Safety

KEY TAKEAWAYS

- 5-step emergency sequence: Safety, 911, Stay, Supervisor, Document
- Never "wait and see" with chest pain, breathing, or falls
- FAST — Face, Arm, Speech, Time for stroke recognition
- Incident reports: objective facts, every event, including near-misses
- Fall prevention scan at every visit
- Never leave a patient alone during a weather emergency

Next → [Module 6: Documentation Standards](#)