



A2.2 – Educative resources for teachers

ICT applied to caregiving

<< Lesson Materials >>

Module: 4

Sub-Module: 4.2



Introduction

This submodule addresses the processes and tasks of managing the daily work of caregivers, focusing on the area of **facility management**.

The **characteristics of the different spaces** of relevance to caregivers, the **architectural design** and the frequently used **furniture** are identified. The training content will pay special attention to **prevention and emergency protocols**, in order to promote management processes that guarantee the safety of spaces and facilities.

Finally, this submodule describes the recognition of the main elements and characteristics of **appropriate clothing for professional practice**, as well as the **relevant documentation** for the management, and conservation processes.

Introduction

Module	4. MANAGEMENT IN CAREGIVING
Sub-module	4.2. Facility management
Lesson nr.	#1
Duration (minutes)	120
Date	

Lesson Outcomes

1. To define the main architectural and organizational characteristics of the facilities and common spaces in the professional practice of caregivers.
2. To describe the elements of the distribution, signaling and maintenance of the daily spaces in the work of the caregivers.
3. To identify the furniture commonly used in the work of caregivers and the tasks for maintenance and conservation.

Lesson Contents

1. **Types of facilities and buildings** in the caregiver's work. Characteristics of the architectural design and organizational criteria.
2. **Distribution and maintenance of spaces and furniture.**
3. **Home adjustments and minimum requirements of space** for doing the care effectively. Organization of the room. Beds and accessories: types and conservation.

Types of facilities and buildings in the caregiver's work

Caregivers can work in different types of buildings, such as:



The spaces in which they carry out their tasks as caregivers depend on the type of building in which they work.

Types of facilities and buildings in the caregiver's work

Caregivers need:

- Work environments that are **adapted to the different types of activities** they perform, from direct care of the person, to other kinds of tasks, such as administrative work, or information sharing with other professionals.
- **Quiet and private** spaces, or **open and connected** spaces, depending on the type of tasks they have to carry out.
- **Flexible and adaptable places**, that allow them to be in control of their working environment, and to adapt to possible changes.
- **Ergonomic and accessible** workspaces.
- **Cosy, comfortable and aesthetically pleasing** environments.

Types of facilities and buildings in the caregiver's work

The caregiver's work environment can include:

- Medication areas.
- Equipment and supply storage areas.
- Information retrieval and documentation areas.
- Observation areas.
- Breakout rooms or spaces.
- Meeting spaces.



As far as possible, it is advisable to have separate areas to efficiently carry out each of these activities

Characteristics of the architectural design

Accessible design

Buildings or spaces that meet certain mandatory requirements, which vary according to the type of establishment and the country or geographical region.

Adaptable design

Universal design

Characteristics of the architectural design

Accessible design

Accessible features in dwellings include items such as:

Wide doors

Sufficient clear floor space for wheelchair mobility

Accessible route through the house or building

Lower countertop segments

Lever and loop type handles

Seats and grab bars at bathing fixtures

Knee spaces under washbasins, sinks, tables and counters

Audible and visual signals

Switches and controls in easily reached locations

Entrances free of steps and stairs

Characteristics of the architectural design

Accessible design

Adaptable design

“Adaptable features are either adjustable or capable of being easily and immediately added or removed to ‘adapt’ the unit to individual needs or preferences. An adaptable dwelling unit has all the accessible features that a fixed accessible unit has but allows some items to be omitted or concealed until needed so the dwelling units can look the same as others and be better matched to individual needs when occupied.”

Universal design

Characteristics of the architectural design

Accessible design

Adaptable design

Universal design

Refers to “items that are usable by most people regardless of their level of ability or disability (....).”

“Many accessible and adaptable features are universally usable. (...) Some features are made more universally usable by making them adjustable.”

Characteristics of the architectural design

Universal design

“...addresses the scope of accessibility and suggests making all elements and spaces accessible to and usable by all people to the greatest extent possible.”

“...requires an understanding and consideration of the broad range of human abilities throughout the lifespan. Creative application of that knowledge results in products, buildings and facilities that are usable by most people regardless of their age, agility, or physical or sensory abilities.”

“...approach goes beyond the minimum requirements and limitations of accessibility law.”

1 EQUITABLE USE

The design is useful and marketable to people with diverse abilities.



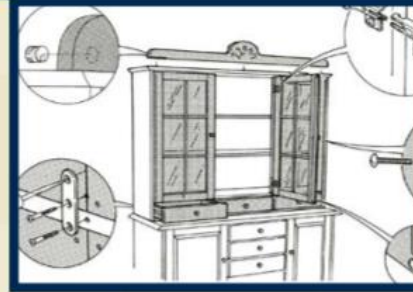
2 FLEXIBILITY IN USE

The design accommodates a wide range of individual preferences and abilities.



3 SIMPLE AND INTUITIVE USE

Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.



4 PERCEPTIBLE INFORMATION

The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.



5 TOLERANCE FOR ERROR

The design minimizes hazards and the adverse consequences of accidental or unintended actions.



6 LOW PHYSICAL EFFORT

The design can be used efficiently and comfortably and with a minimum of fatigue.



7 SIZE AND SPACE FOR APPROACH AND USE

Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.



Characteristics of the architectural design

Visitability

“Movement to change home construction practices so that virtually all new homes (...) offer a few specific features making the home easier for mobility-impaired people to live in and visit.”

“A house is visitable when it meets three basic requirements:

- one zero-step entrance.
- doors with 32 inches (approx. 80 cm) of clear passage space.
- one bathroom on the main floor you can get into in a wheelchair.”

Home adjustments and minimum requirements of space

Home adjustments can involve a variety of modifications, ranging from furniture rearrangement to large-scale structural improvements.

While some modifications are surprisingly inexpensive and easy, others (like building ramps for wheelchair access, or lowering sinks and counter tops), may be more costly.

In the following slides, some examples of home adjustments for different situations or problems are shown.

Information extracted from: **FamilyCare America, 2019**

<http://www.caregiverslibrary.org/Caregivers-Resources/GRP-Home-Care/HSGRP-Home-Modification/Adapting-the-Home-Article>

Home adjustments and minimum requirements of space

Examples of home adjustments - In bedroom:

- Problem: Not bright enough → Solution: Place lamps or switches close to the bed, where they are easy to reach.
- Problem: Can't reach items without standing on stool or chair → Solution: Place most often used items to within easy reach; provide hand-held “grabber” tool for hard-to-reach items.
- Problem: Difficulty in lifting the feet when walking and slight vision limitations → Solution: Remove carpets or secure them with anti-slip strips; remove small objects from the floor; place furniture against walls.

Home adjustments and minimum requirements of space

Examples of home adjustments - In bathroom:

- Problem: Difficulty getting in and out of bath/shower and/or on and off toilet →
Solution: Install grab bars in shower and next to toilet, and non-slip mat in bottom of tub/shower; use non-skid bath rugs on floor.
- Problem: Difficulty with reaching toiletries and adjusting temperature controls →
Solution: Provide shower seat or transfer bench; install hand-held shower device.
- Problem: Difficulty turning faucet handles → Solution: Install single lever handles in sink and tub/shower.

Information extracted from: **FamilyCare America, 2019**

<http://www.caregiverslibrary.org/Caregivers-Resources/GRP-Home-Care/HSGRP-Home-Modification/Making-The-Most-Of-Home-Modification-Article>

Home adjustments and minimum requirements of space

Examples of home adjustments - In kitchen:

- Problem: Not bright enough → Solution: Install under-cabinet fluorescent and ceiling lights.
- Problem: Tripping on loose or frayed rugs → Solution: place non-skid, no fringe mats, or remove them.
- Problem: Can't reach items without standing on stool or chair → Solution: Place most often used items to within easy reach; provide hand-held “grabber” tool for hard-to-reach items.

Information extracted from: **FamilyCare America, 2019**

<http://www.caregiverslibrary.org/Caregivers-Resources/GRP-Home-Care/HSGRP-Home-Modification/Making-The-Most-Of-Home-Modification-Article>

Home adjustments and minimum requirements of space

Examples of home adjustments - In corridors and stairways:

- Problem: Difficulty turning doorknobs and maintaining balance while opening front or back door → Solution: Install lever-type door openers and handrails at entrances to home.
- Problem: Difficulty maintaining balance on stairs and thresholds → Solution: Install ramps with handrails and eliminate or lower thresholds.
- Problem: Darkened rooms and hallways at night → Solution: Handrails and nightlights that illuminate the path from bed to bathroom or to kitchen. Eliminate any clutter, uneven or worn carpets, and/or objects that can be tripped over.

Information extracted from: **FamilyCare America, 2019**

<http://www.caregiverslibrary.org/Caregivers-Resources/GRP-Home-Care/HSGRP-Home-Modification/Making-The-Most-Of-Home-Modification-Article>

Home adjustments and minimum requirements of space

Examples of home barriers:



Images extracted from: **Geria-TIC Project intervention and counselling material**
<https://www.geriatric.udc.es/>

Home adjustments and minimum requirements of space

Examples of home adjustments:



Images extracted from: **Centers for Disease Control and Prevention, 2015**
https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf

Home adjustments and minimum requirements of space



What is a HomeFit Home?



'Visitability' Welcomes Everyone



Images and videos extracted from: **AARP, 2021**

<https://www.aarp.org/livable-communities/housing/info-2020/homefit-guide.html>

Home adjustments and minimum requirements of space

Home Modifications and Products for Safety and Ease of Use

©1999 The Center for Universal Design

By Margo Johnson with Richard Duncan, Andrea Gabriel and Michael Carter

[Hearing](#) | [Vision](#) | [Sense of Smell](#) | [Sense of Touch and Dexterity](#) | [Strength and Range of Motion](#) | [Mobility and Agility](#) | [Balance and Coordination](#) | [Cognition](#) | [Conclusion](#)

Document extracted from:

The Center for Universal Design, 1999

https://projects.ncsu.edu/ncsu/design/cud/pubs_p/docs/Home%20Modifications%20and%20Products.pdf



THE KITCHEN



THE BATHROOM

Images extracted from:

The Center for Universal Design, 2000

https://projects.ncsu.edu/ncsu/design/cud/pubs_p/docs/housing%20for%20lifespan.pdf

Home adjustments and minimum requirements of space

Preparing Your Home for Safe Mobility



Video extracted from:

<https://www.nextstepincare.org/Videos/>

Choose a Room To Explore

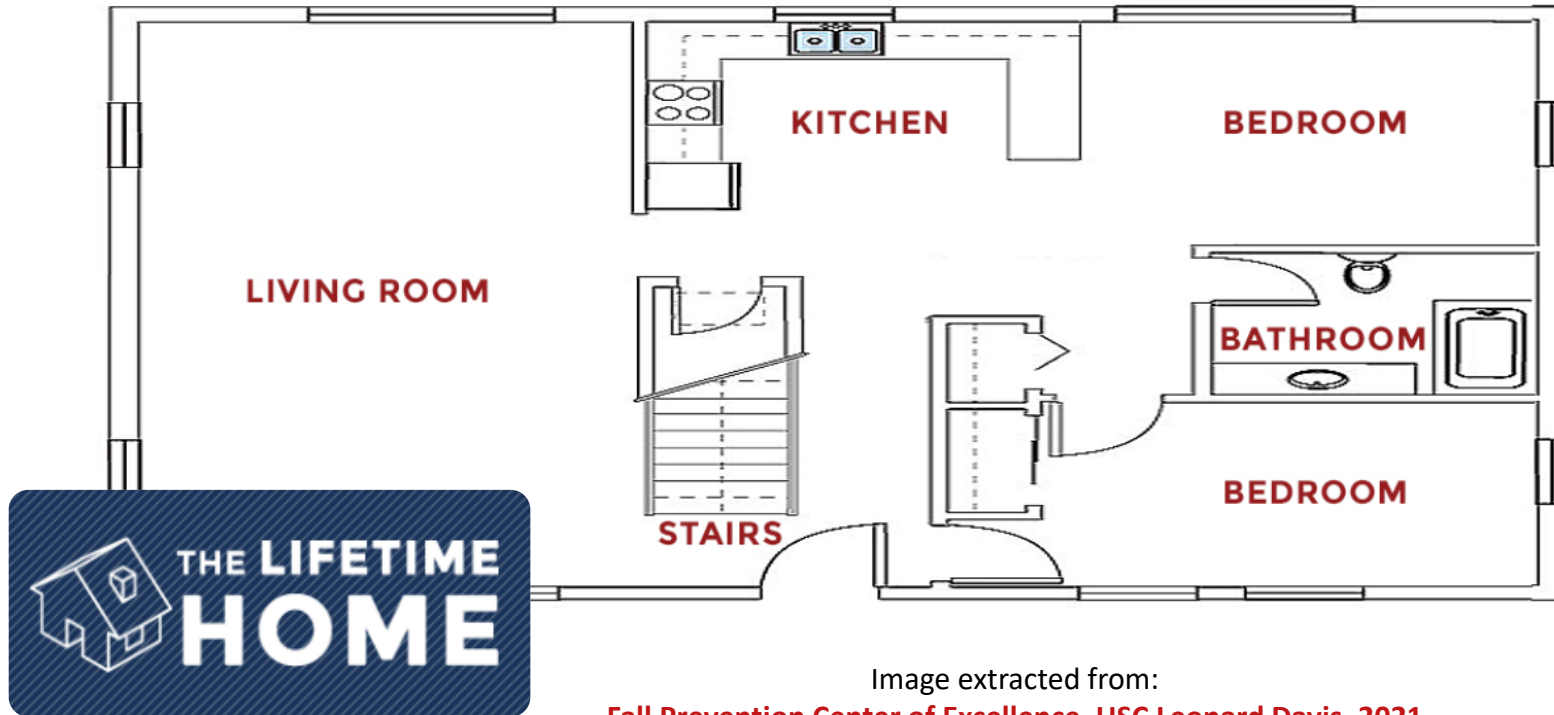


Image extracted from:

Fall Prevention Center of Excellence, USC Leonard Davis, 2021

<https://lifetimehome.org/rooms/>

Introduction

Module	4. MANAGEMENT IN CAREGIVING
Sub-module	4.2. Facility management
Lesson nr.	#2
Duration (minutes)	120
Date	

Lesson Outcomes and Contents

Lesson outcomes

1. To recognize the principles of safety risks in the design of spaces and the procedures for prevention.

Lesson contents

1. **Safe environments: main risks and prevention.** General safety regulations and emergency plans aimed at the main labour-related risks explained.
2. **Signage of facilities: types, main features, and accessibility of signage.** Influence of decorative elements on care work, as facilitators or barriers.

Safe environments: main risks and prevention

Main risks:



Safe environments: main risks and prevention

Prevention of **choking**:

- Chew slowly and properly, between 30 and 40 times.
- Eat slowly and rest between each mouthful.
- Drink water at all meals, but not while chewing.
- Eat small amounts. Cut food into small pieces or mash.
- Avoid certain foods: meats that are difficult to chew or have a lot of bones, fish with a lot of bones, etc.
- Avoid laughing or talking while chewing or swallowing.
- Do not rest with sweets or similar in the mouth.



Ensure that the cared-for person follows these guidelines

Safe environments: main risks and prevention

Prevention of cuts and injuries:

- In the kitchen:
 - Do not use very sharp knives.
 - Open canned food cans in the opposite direction to that of our hands.
 - Never use your fingers to open a can.
- In the bathroom:
 - Keep razor blades or other objects with which you can cut yourself in closed places.
- In any area of the house or building:
 - Use brush or broom and dustpan to remove broken glass.



Safe environments: main risks and prevention

Prevention of **electrocution**:

- In the kitchen or bathroom:
 - Be very careful with the use of electrical appliances, to prevent them from coming into contact with water.
- In any area of the house or building:
 - Check the safety of plugs and cables of electrical appliances. Replace any cable immediately, no matter how slightly scratched it may be.
 - Do not clean any electrical appliance with a damp cloth if it is not unplugged.



Safe environments: main risks and prevention

Prevention of falls:

- About the floors:
 - Avoid stepping on wet or waxed floors. If necessary, place a notice on floors that have just been mopped.
 - Pick up any spilled liquid immediately.
 - Keep the floor clear of small objects or furniture that may hinder movement.
 - Remove carpets if possible. If not, fix to the floor with non-slip strips.
 - Check that electrical cables do not interrupt the passage. Lay electrical cables where they cannot be tripped over, but never under carpets. Do not let the cable hang from any electrical appliance.



If necessary,
tape them to
the floor to keep
them from
moving around

Safe environments: main risks and prevention

Prevention of **falls**:

- About the lighting:
 - Lighting must be sufficient, both inside all the rooms of the house or building, as well as in corridors and stairs, but without causing glare (suitable light: fluorescent, opaque bulbs and translucent screens).
 - Light switches should be placed at the beginning of the rooms and, in the case of the bedroom, near the bed, always within easy reach.
 - If necessary, place illuminated stickers on the switches to make them easy to find.



Safe environments: main risks and prevention

Prevention of **falls**:

- About the lighting:
 - During the day, curtains and net curtains should be left open to take advantage of natural light.
 - During the night, there should always be some point of illumination (e.g. a pilot light in the bedroom and corridors, or a lamp left on).
 - Ensure that the cared-for person always has adequate visibility to reach the bathroom.



Safe environments: main risks and prevention

Prevention of **falls**:

- In any area of the house or building:
 - Fit handrails in corridors or stairways.
 - All areas should be free of furniture that hinders circulation.
 - Furniture should be suitably arranged so that it is easy to move around, with or without assistive devices (cane, crutches, walker, or wheelchair).
 - The most frequently used objects and products in each room should be placed in the most accessible drawers and shelves, within easy reach.
 - Drawers should be kept closed to avoid tripping.



If necessary, purchase "grabbing" tongs with an elongated handle so that the person can reach objects on very high shelves (to avoid tiptoeing or climbing on dangerous items), or in very low areas (to avoid bending over)

Safe environments: main risks and prevention

Prevention of **falls**:

- In any area of the house or building:
 - Use sturdy chairs with armrests and an adequate backrest.
 - Use tables that are stable and suitable for your height.
 - On low surfaces, such as certain benches or sofas, which do not have armrests or have armrests only available on one side, it is possible to temporarily place one or more objects (e.g. several cushions or a firm box) to serve as a higher surface to lean on, in order to facilitate both standing up and sitting down.
 - Always brake the wheels of the chair, table or bed when it is not moving (if it has them).



Safe environments: main risks and prevention

Prevention of falls:

- In the bedroom:
 - The most frequently used objects and items of clothing should be placed in the most accessible drawers and shelves, within easy reach.
 - The bedside table should be stable and should also be within easy reach.
 - The person's slippers should be left near the bed to prevent them from being barefoot when they get up, and their vision aids, if they use them, should be on the bedside table.



Safe environments: main risks and prevention

Prevention of falls:

- In the bedroom:
 - If the cared-for person is at risk of falling, it is advisable to place side rails in the bedroom, or a side rail and attach the bed to the wall.
 - It is also advisable to place an emergency bell and place it within easy reach.



Safe environments: main risks and prevention

Prevention of **falls**:

- In the bathroom:
 - Avoid very high temperatures when showering, and ensure good ventilation, to prevent dizziness and slipping due to dampness.
 - Avoid sliding curtains, as they can lead to slipping.
 - Place a non-slip mat on the floor of the shower, and for getting out, a mat fixed with anti-slip strips or anti-slip flooring to prevent slipping.
 - Place daily hygiene products in drawers and on shelves within easy reach, both inside and outside the shower.



Safe environments: main risks and prevention

Prevention of falls:

- In the bathroom:
 - Place the towel within easy reach.
 - Have the toilet or commode at a suitable height.
 - If the cared-for person is at risk of falling, provide a toilet riser and grab bars to make it easier to get up and sit down from the toilet.
 - If the cared-for person is at risk of falling, place grab bars and/or seats in the bath or shower.
 - It is also advisable to place an emergency bell and place it within easy reach.



Safe environments: main risks and prevention

Prevention of fire and burns:

- In the kitchen:
 - Use oven mitts to open the oven.
 - Be careful with liquids heated in the microwave, as they are usually hotter than the container.
 - When cooking, turn the handles of pots and pans inwards.
 - Do not leave fat or oil in the pan unattended.
 - Never pour water over boiling oil; place a lid on the pan.



Safe environments: main risks and prevention

Prevention of **fire and burns**:

- In the living room or bedrooms:
 - If there is a fireplace, keep the fire well covered.
 - Avoid having cookers near the bed, curtains or bedside tables. Always turn them off before going to bed!
 - Be especially careful with hot water bottles or electric blankets. It is important to remove or unplug them before going to bed.
 - Do not cover the bedside lamp with paper or other material.
 - Never smoke in bed.



Safe environments: main risks and prevention

Prevention of fire and burns:

- In the living room or bedrooms:
 - Do not move oil or petrol cookers while they are lit.
 - Avoid using charcoal braziers. If they are used, do not place them under tables or on carpets; place them more than one metre away from the person; ventilate the room where they are being used.
- When leaving the house:
 - Always turn off any electrical appliances, especially, cookers or radiators



Safe environments: main risks and prevention

Prevention of **hits**:

- In any area of the house or building:
 - Protect furniture corners with pieces of rubber or foam o prevent them from being sharp.



Safe environments: main risks and prevention

Prevention of intoxication:

- In the bedroom:
 - Do not leave sleeping pills or tablets next to the bed, on the bedside table. It is preferable to keep them in a drawer of the bedside table, or in another room.
- In the kitchen or bathroom:
 - Do not place medicines in the bathroom or kitchen, as humidity or frequent changes in temperature may alter their shelf life.



Safe environments: main risks and prevention

Prevention of intoxication:

- In any area of the house or building:
 - Keep disinfectants and cleaning products on high, preferably closed, shelves, out of reach of the hand.
 - Do not remove labels from food, cleaning products or medicines, and keep them in their original packaging. They could be confused with each other or be ingested if they are out of date.
 - Regularly check the expiry date and the condition of these products.
 - If butane cookers are used, ensure that there is sufficient ventilation.



Safe environments: main risks and prevention



Checklist elaborated by: **Centers for Disease Control and Prevention, 2015**
https://www.cdc.gov/stedi/pdf/check_for_safety_brochure-a.pdf



Home Modification Checklist

How to safety-proof a loved one's home.

There can come a time when a familiar home becomes an unfriendly place. Rugs can trip us; prescription medicine bottles can get mixed up; stairs become barriers. Most all of us want to be able to continue to live independently in our own homes. By helping your loved one make these types of improvements, he or she may continue to do so in safety and comfort,

Use this checklist to spot possible safety problems that may be present in your loved one's home. This checklist is organized by areas in the home. However, there are some potential hazards that need to be checked in more than just one area of your home.

Check YES or NO to answer each question. Then go back over the list and take action to correct those items that may need attention. Keep this list handy as a reminder of safe practices, and re-use it periodically.

Checklist elaborated by: **Family Care America**
<http://www.caregiverslibrary.org/Portals/0/ChecklistsandForms/HomeModificationChecklist.pdf>

Emergency plans aimed at the main labour-related risks explained

General guidelines for action in any emergency:


- In any emergency, **stay calm**.
- Then **call for help**: You can call 112* or other useful telephone numbers. It is important to always try to have a telephone, mobile or landline, at hand to call for help.
- If you have the opportunity, **do some training in First Aid**: It will improve your ability to act in the event of an emergency.

*: 112 is the European single emergency number that can be dialled free of charge from any landline or mobile phone in the EU. It will put you in direct contact with the emergency services: police, ambulance or fire brigade.

Emergency plans aimed at the main labour-related risks explained

General guidelines for action in any emergency:

- In any emergency, **stay calm**.
- Then **call for help**: You can call 112* or other useful telephone numbers. It is important to always try to have a telephone, mobile or landline, at hand to call for help.
- If you have the opportunity, **do some training in First Aid**: It will improve your ability to act in the event of an emergency.



Keep emergency phone numbers posted by the phone. Include the number for your local poison control centre. Print home address and phone number in large print by the phone; people often forget these numbers in an emergency. Use large, easy to read printing.

To call for help, if you cannot make a phone call, try one of the following actions: shouting, kicking or hitting the ground with your hands to make noise and attract attention

Emergency plans aimed at the main labour-related risks explained

General guidelines for action in any emergency:

- In an emergency, first assess the situation, following the **P-A-S-Technique**:
 - **Protect**: protect yourself, avoid further accidents or casualties, and protect the victim.
 - **Alert**: alert the Emergency Services using the 112 telephone number. Give details of location, number of injured, condition and contact number.
 - **Support** or Help: within your knowledge, apply first aid techniques and let yourself be guided by the professionals who will answer your call. They will offer you guidelines to follow until the arrival of the medical services.
- Your action in an emergency is vital. **Always remain calm!**

Emergency plans aimed at the main labour-related risks explained



It is always advisable to have a **first-aid kit** at home for emergencies:

- It should be checked periodically, and products that are in poor condition, that may be out of date or that do not have an expiry date should be removed.
- It should not contain medicines or commonly used hygiene products.
- It is preferable to keep it in a sturdy and well-closed, metal or plastic box. Cardboard, wooden or glass boxes should not be used, as they can be damaged by humidity or break easily.
- The ideal place is a dry, cool and light-protected place.
- The best place in the house to put it is in the master bedroom. It should not be stored in the kitchen or bathroom, to avoid being affected by humidity or temperature changes.

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of **choking**:

- If the person is conscious, instruct them to raise their arms, and encourage them to cough.
- In case the person is conscious but unable to cough on his own, try to hold her/him firmly and perform 5 blows on the back, between the shoulder blades (scapulae). If the foreign body is not expelled, continue with the following manoeuvre: hug the person from behind, wrap your arms around her/him, place your fist in the area of the pit of the stomach and, above it, the other hand, and perform 5 compressions.
- If the person is unconscious, begin cardiopulmonary resuscitation.

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of choking:

Videos on how to act in the event of choking



<https://youtu.be/PA9hpOvntCk>



<https://youtu.be/nfHGzD93XuU>

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of **cuts and injuries**:

- Wash your hands to avoid possible infections.
- Press the wound with gauze or a clean, lint-free cloth.
- Renew the gauze pads as they become bloodstained, until the last ones are completely clean.
- Once the wound is clean, apply an antiseptic.
- Finally, cover with gauze or a plaster.
- To stop bleeding, do not use cotton wool, cloths or towels that shed fluff, as they can leave residue in the wound and hinder healing.



<https://youtu.be/8pTaqY40-Rs>

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of **electrocution**:

- Switch off the mains power supply to the house.
- Never pull the person to unhook them from the appliance that is causing the electrocution or unplug the appliance directly, as we run a high risk of electrocuting ourselves as well.

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of falls:

- Keep calm, prevent the person from getting up suddenly.
- Ask for help if necessary.
- Check the person for open wounds (with blood), fractures (often accompanied by a lot of pain) or a feeling of dizziness before lifting the person off the ground.
 - If there is not a lot of pain or open wounds, the person can be helped to get up.
 - If there is a lot of pain or open wounds, we should avoid moving the person, and position her or his head on its side so that she or he can breathe properly.
- Finally, try to have the person undergo a medical examination as soon as possible. Although there may not appear to be any external bruises or wounds, internal injuries may be present.

What to Do When Someone Falls



<https://www.nextstepincare.org/Videos/>

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of falls:

- When helping to lift the person:
 - Never pull on the person's arms to do so.
 - The first step should be to try to get the person up very slowly.
 - Position the person face down, resting their knees and elbows on the floor.
 - Finally, with the help of a firm object (usually a chair or a sofa), lift the affected person off the floor, supporting their hands with the object as they slowly climb up. We will stand behind to support the person at all times and prevent them from falling again.

What to Do When Someone Falls



<https://www.nextstepincare.org/Videos/>

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of **fire and burns**:

- Never pour water over boiling oil; place a lid or cover with a blanket.
- Keep a fire extinguisher or fire blanket handy and learn how to use them.
- If the fire is small, try to extinguish it with available extinguishing media. Always stand between the exit and the fire.
- If the fire is large, evacuate the premises. Never take unnecessary risks. Do not use lifts, and do not go backwards to retrieve personal belongings.
- If smoke is present, keep low, protecting your nose and mouth with a handkerchief or a wet cloth.
- If you are trapped by fire: close the doors between you and the fire, and cover the door slots with rags, preferably wet.

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of **fire and burns**:

- If your clothes catch on fire, do not run, drop to the ground, roll over and call for help.
- Pour cold water (not ice or ice water) over the area of the body that has been burned for about 10 minutes.
- Depending on the severity of the burn, go to the health centre or call the emergency services (112).
- Do not burst any blisters.
- Do not apply to the burn toothpaste, alcohol, mud, oil, soap or other similar products.
- Nor should we apply any ointment without first consulting our doctor.

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of fire and burns:

Video on how to act in case of fire



https://youtu.be/dO1t_xfQhHk

Video on how to deal with a burn



https://youtu.be/z_5tuB1YMK0

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of **hits**:

- Keep the area at rest.
- Apply cold to the bruised area: a cold gel pack can be used or ice can be wrapped in a plastic bag, or a lint-free cloth or towel.
- Carry out a medical examination, even if the blow is minor, to rule out internal injuries.



<https://youtu.be/V1YiDNEqOHM>

Emergency plans aimed at the main labour-related risks explained

Guidelines for action in the event of **intoxication**:

- Call for help urgently: you can call Emergency 112 or the National Institute of Toxicology in your country.
- Take samples, if possible, of the ingested product (medicine, cleaning product, etc.).
- Never induce vomiting!

Emergency plans aimed at the main labour-related risks explained



Images extracted from: **SAFE STEPS**
<https://safesteps.com/main/first-aid/>

SAFETY CARDS

BURNS

SAFE STEPS

AREA

FILM OR PLASTIC BAG

SERVICES | **GIVE L.I.F.E.**

CHOKING

SAFE STEPS

CALL EMERGENCY SERVICES | **GIVE L.I.F.E.**

APPLY 5 & 5

REPEAT UNTIL CLEARED

CPR

SAFE STEPS

CALL EMERGENCY SERVICES | **GIVE L.I.F.E.**

CHECK RESPONSIVENESS

CPR POSITION

APPLY 2 & 2

IF AED IS AVAILABLE, USE EQUIPMENT AND FOLLOW INSTRUCTIONS

SAFESTEPS.COM | NATIONAL GEOGRAPHIC

Signage of facilities: types, main features, and accessibility of signage

Generally, in a facility there are 2 main types of signage:

- **Safety signals**, which warn of potential hazards, and indicate how to act to avoid them or in case they occur.
- **Information signs**, that differentiate each area of the building and its function.

Signage of facilities: types, main features, and accessibility of signage

5 main types of safety signals:

- **Prohibition:** prevents risky behaviour, or prohibits behaviour that may lead to danger.
- **Caution, warning or endangerment:** warns of a potential risk or danger.
- **Reminder or mandate:** suggests or requires a certain or safe behaviour.
- **Rescue or emergency:** sign with indications of emergency exits, first aid or life-saving devices.
- **Fire equipment.**

Signage of facilities: types, main features, and accessibility of signage

5 main types of safety signals and main features:











Shape	Meaning	Color	Examples
 Circle with diagonal bar	Prohibition	RED (contrast: white)	No smoking 
 Circle	Mandatory Action	BLUE (contrast: white)	Wear Eye protection 
 Equilateral Triangle	Warning	YELLOW (contrast: black)	Danger Flammable material 
 Square / Rectangle	Information about safe condition	GREEN (contrast: white)	Escape Route – Left 
 Square / Rectangle	Fire Safety	RED (contrast: white)	Fire Extinguisher 

Table extracted from: <https://www.quora.com/What-are-the-different-shapes-and-colors-used-for-safety-signs-How-can-I-understand-their-meanings>

Signage of facilities: types, main features, and accessibility of signage

Accessibility of signage:

- **Visibility:** all signs should be installed in a strategic location so that they can be seen from anywhere in the room or enclosure. They should never be hidden behind other objects, and should not be placed behind glass because of possible reflection.
- **Height:** as a minimum, safety or information signs should be at a height of approximately 1.6 metres in order to be properly displayed.

Signage of facilities: types, main features, and accessibility of signage

Accessibility of signage:

- **Priority:** safety or information signs are often not installed in buildings for aesthetic reasons, which can be detrimental to the safety and orientation of all persons using the building. It is a priority to install these signs, rather than other criteria.

Signage of facilities: types, main features, and accessibility of signage

Accessibility of signage:

- **Cognitive accessibility:** condition that materials (such as texts, posters, or pictograms) must meet so that they can be easily understood by all people.

Strategies to enhance cognitive accessibility: easy reading; “wayfinding” (adaptation of signals so that they can be easily understood by all those passing through a space, e.g. through pictograms or symbols accompanying the text).

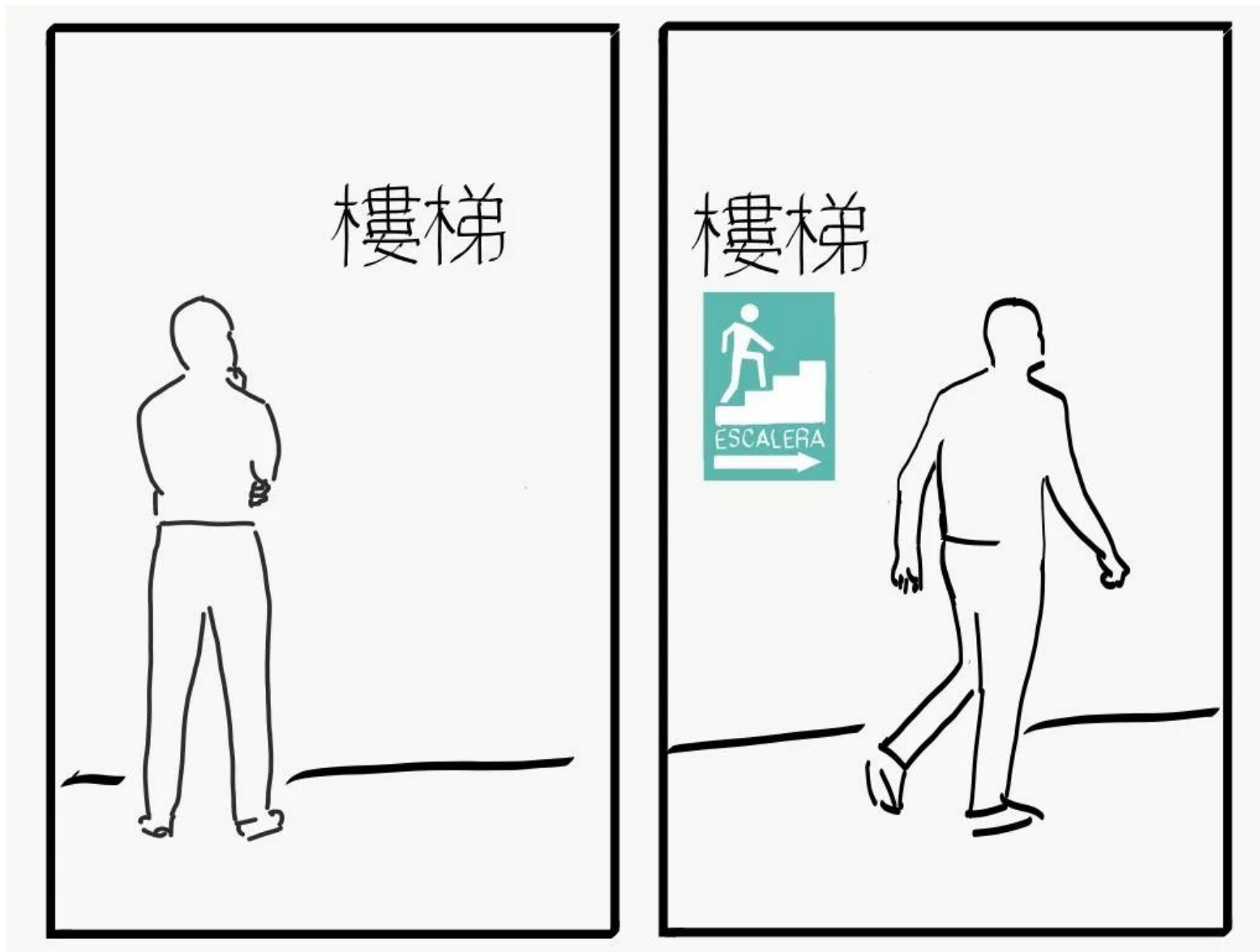


Image extracted from: <https://fundacionadecco.org/azimut/la-accesibilidad-cognitiva/>

Signage of facilities: types, main features, and accessibility of signage

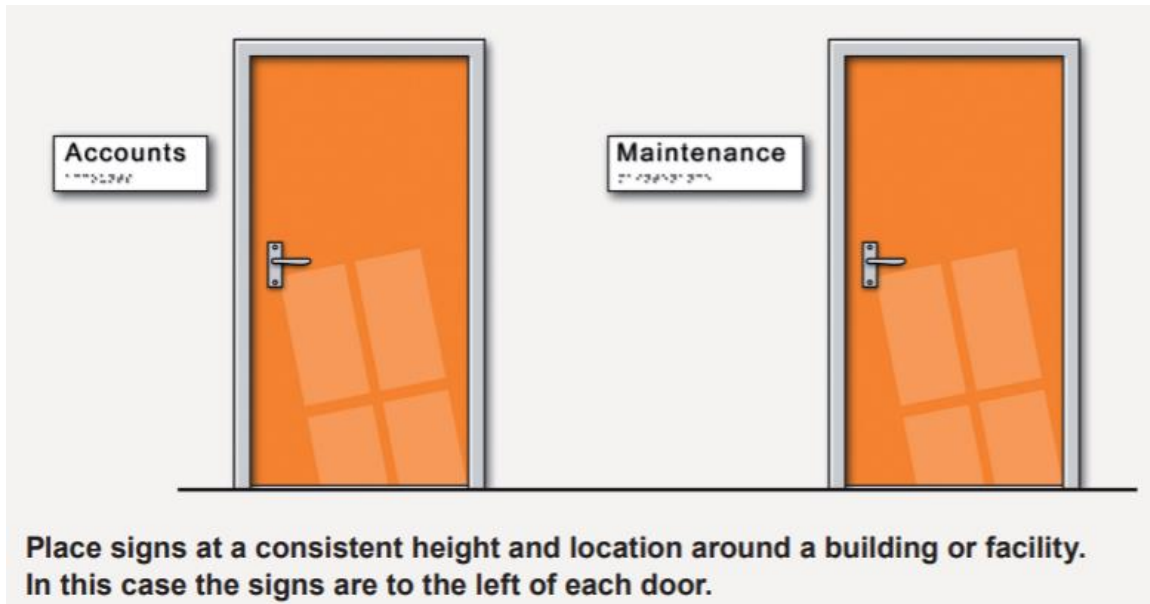
Accessibility of signage:

- **Sensorial accessibility:** condition that materials must have to enable people with different vision or hearing needs to use them.

Strategies to enhance sensorial accessibility: accompanying texts with braille; ensure adequate contrast between text/image colours, and background colour.

Signage of facilities: types, main features, and accessibility of signage

Accessibility of signage:



Signage of facilities: types, main features, and accessibility of signage

In conclusion:

All types of signs should be visible, clear, simple, and easy to read and understand!

It is important not to cover up or remove safety or information signs for aesthetic reasons.

Introduction

Module	4. MANAGEMENT IN CAREGIVING
Sub-module	4.2. Facility management
Lesson nr.	#3
Duration (minutes)	60
Date	

Lesson Outcomes and Contents

Lesson outcomes

1. To identify the appropriate clothing for the caregivers' work and the main characteristics of the individual and collective protection equipment.
2. To analyze the relevant documentation for the materials and facilities management processes.

Lesson contents

1. **Clothing appropriate to the activity.** Use of uniforms.
2. **Documentation** for the management of materials and facilities.

Clothing appropriate to the activity.

Use of uniforms

A caregiver's clothing may include:

- **Sanitary uniform:** because it is comfortable to wear and easy to wash. Correctly sized scrubs are always practical for caregiving work. The uniform can also help the caregiver to be easily recognisable to the cared-for person. There is a variety of options, scrubs range from solid colours to fun patterns. Some caregiving services require their teams to wear a company uniform, which may be of a particular colour and bear a company logo.

Clothing appropriate to the activity.

Use of uniforms

A caregiver's clothing may include:

- **Everyday clothing:** many caregivers prefer to dress in personal clothing because it's more comfortable and natural to them. In addition, many care-for people prefer that their caregiver wear everyday clothing to come help, especially if there is an outdoor planned activity, such as go to store, or to a social event.
- **Close-toed shoes:** they help protect a caregiver's feet from potential hazards or messes they may encounter throughout the day. They also help provide stability.

Clothing appropriate to the activity.

Use of uniforms

A caregiver's clothing may include:

- **Disposable gloves:** it is recommended to use this item when carrying out certain care tasks, to protect both you and the person being cared for.

Those that involve contact with any body fluids, or any product or area of the home that may pose a risk, such as used clothes or towels, or surfaces (such as bed rails or toilets) that are dirty with body fluids



Information and image extracted from:
New Mexico Direct Caregivers Coalition
https://www.osha.gov/sites/default/files/2019-12/Participant_Handbook.pdf

Clothing appropriate to the activity.

Use of uniforms

A caregiver's clothing may include:

- Disposable gloves:

- Always wash your hands before and after use of gloves.
- Gloves should be changed after every contact with each person, and when changing activities in the same person.
- Never wash or re-use gloves.
- Never use gloves that are ripped or dirty.
- Do not use gloves that are too large or too small.
- Pull gloves on carefully. If a glove tears or gets a hole, take it off and start again with a new glove.
- If the gloves might get very dirty, wear two pairs of gloves.
- Avoid wearing gloves for prolonged periods of time as this causes sweating and maceration of the skin.



Information and image extracted from:
New Mexico Direct Caregivers Coalition
https://www.osha.gov/sites/default/files/2019-12/Participant_Handbook.pdf

Clothing appropriate to the activity.

Use of uniforms

Guidelines for fitting sterile gloves:

- 1) Open the pack of gloves where indicated on the wrapping and always inside the sterile field, to preserve asepsis.
- 2) Put on first the glove in your dominant hand. To do so, lift the opening of the glove with your non-dominant hand.
- 3) Once you have put on the glove on your dominant hand, take the other glove by its crease and lift the entrance to enter your non-dominant hand.
- 4) Finally, correct the adjustment of the gloves to your hands to feel comfortable and to perform tasks without any problems. The glove cuffs will be raised when both gloves are correctly put on, and taking into account that we can only touch the outer side of the gloves.



Clothing appropriate to the activity.

Use of uniforms

Guidelines for removing and throwing away gloves:

- 1) Pinch one of the rubber gloves just below the cuff using your opposite thumb and index finger.
- 2) Lift glove away from wrist area.
- 3) Pull off the glove, turning inside out. Ball that glove tightly into the palm of your gloved hand.
- 4) With ungloved hand, slide your index and middle fingers underneath the cuff of the other (infected) glove.
- 5) Pull off that second glove inside out. The first glove you removed should now be inside the second glove.
- 6) Throw the gloves away and wash your hands.

Information and image extracted from: **New Mexico Direct Caregivers Coalition**
https://www.osha.gov/sites/default/files/2019-12/Participant_Handbook.pdf



<https://youtu.be/lumZOF-METc>



https://youtu.be/xTYioOo_6U

Clothing appropriate to the activity.

Use of uniforms

Main characteristics of a caregiver's clothing :

- Practical and comfortable.
- Easy to move around in.
- Easy to clean, and resistant to damage and staining.

Documentation for the management of materials and facilities

To function as well as possible and effectively as a caregiver, it is important to **create and maintain a complete file of information about the person you are caring for.**

“There is a variety of ways to create and maintain” this “file. Some people prefer paper, some electronic, some a combination of both. **You can keep this information in any form that works best for you,** although most people simply put it in a binder or folder. **It doesn’t have to be pretty,** it just has to work for you.

The important thing is that **it provides easy access and can be efficiently updated and shared when needed.”**

Documentation for the management of materials and facilities

Recommendations for the cared-for person file:

- “Select a place to store the file that is logical to you, where you can grab it quickly in an emergency or on your way out the door to an appointment.”
- “Keep it up to date.”

Documentation for the management of materials and facilities

What should go in the cared-for person file?

Care recipient's medical history

- Diagnosis
- Physician contact information
- Allergies
- Health history (e.g. surgeries, other medical conditions)
- Date and reason of each medical appointment

Medication list

Insurance information

Legal documents

- For example: living will, power of attorney for health care, power of attorney for finances, contact information for care recipient's lawyer

Documentation for the management of materials and facilities

Specific recommendations for the medication list:

1. Maintain an up-to-date list of all the medications doctors have prescribed for the care-for person. Also, list over-the-counter medications and supplements. Be sure to list the name, dosage, and frequency of the medication, the reason for taking it, any dosing directions, the start date, and when appropriate, the end date. For prescription drugs, add the name and phone number of the prescribing doctor as well as the pharmacy that filled the prescription. Note any allergies, or other significant medical information.
2. “Translate” hand-written prescriptions.
3. Write the condition treated on each medicine bottle.

Documentation for the management of materials and facilities

Specific recommendations for the medication list:

4. Understand potential side effects and interactions and monitor interactions. Ask the doctor and pharmacist about potential side effects and interactions with others drugs, vitamins, or foods. Learn what to do if a dose is accidentally skipped.
5. Use the same pharmacy when possible. If you do, there will be an official record of all prescription medications over an extended period. This can be a vital timesaver during an emergency. Develop a strong rapport with your pharmacist and let her/him know you value their advice.
6. Come up with an easy way for managing medications on a daily basis. Use pill boxes or other technology to monitor and manage doses.

Documentation for the management of materials and facilities

What should be on the medication list?

- Name of drug - Generic and brand names:
 - Dose
 - Start and stop dates
 - What the pill/capsule/liquid looks like
 - A record of any side effects experienced
 - What the drug is treating
- Instructions:
 - How and when to take the medication
 - What not to do when taking the medication
- Over the counter medications and supplements with their doses
- Drug and other allergies
- Drugs to which the cared-for person experienced a negative reaction (couldn't tolerate it)
- Recently completed prescriptions
- Name/contact info of prescribers
- Name/contact info for pharmacy that filled the prescription(s)



Information extracted from:

<https://www.caregiveraction.org/medication-checklist>

Icon extracted from:

<https://www.flaticon.com/authors/vectors-market>

Documentation for the management of materials and facilities

The importance of inventories:

- It is also advisable to periodically take an inventory of certain products, such as medicines or products in the first aid kit, so that you know which ones you have and in what quantity.
- We should also record in which area of the house or building we store each of these products.
- In addition, we can use this inventory to check the condition of these products and their expiry date, and withdraw the appropriate ones.



Thank you!

Teachers' name

Teachers' e-mail

Date of the session

