Carer's home as workplace – safe and accessible

Latvian Focus group Alūksne 26.04.2017.



Nordic Council of Ministers' Office in Estonia



Informal carer as care worker – obligations, rights, field of work, issues with home care service provision

Professional standard of care worker

Confirmed by the Minister of Education and Science

The workplace of care worker is client's home and/or care facility, employer perform the supervision of quality of care provision.

Care worker assists clients in their daily activities: personal hygiene, preparing meals, assists during eating, household cleaning, support when using necessary products and services and helping to keep contact with surrounding environment.



Carer

Person who has taken responsibility to provide care to another person(s) (i.e. mother providing care to disabled child or daughter providing care to parents etc.) Person who provides professional care service (care worker). Dictionary of Social work terminology

Care worker's obligations

- Monitoring the customer's physical and mental health status taking into account the customer's specifics;
- Tracking status and informing members of careteam;
- Assisting the client in daily life activities to cover the basic needs, depending on the customer's independence;
- Client hygiene procedures (oral cavity, eyes, ears, nose, facial hair)
- Assisting the client in arranging the bed, changing the linen);
- Ensuring the customer's purity (excrements);
- Assisting the client when moving from bed or chair;
- Helping the client while moving around, ensuring safety;
- Assist the client in using technical aids
- Assisting the client to move outside the living space;
- Assistance to the client during meals according to the client's ability, preferences;
- Provide supervision when needed;
- Document the activities carried out, based on the client's basic needs.

Carer skills and competence

- Knowing the psychology of different age groups (gerontology);
- Knows how to use household items and devices at client's home;
- Skilled to use household chemicals and protective equipment (gloves, masks);
- Planning and organising the work based on schedule;
- Is not using intoxicating substances at work (alcohol, tobacco, drugs);
- Handling information, confidentiality;
- Prudent behavior towards client's material assets (money, objects, clothes);
- Ensuring client's safety (accident behavior, sanitary and hygiene procedures, fire safety, first aid, right work methods and assistance with moving and transporting);
- Cooperation with client's family and other specialist (i.e. grieving counselling, health specialist etc.)

Carer rights

Safe work environment,

- Regular pay and social guarantees,
- Right to rest (work schedule, holidays)
- Right to vocational training and in-service training,
- *Right to be heard by care professionals and the governing body,*
- Right to work clothes (form, shoes, gloves)
- Life insurance for accidents.

Care work issues

- Professional burnout (long-term work in the field)
- Inadequate or lack of support (difficulties in asking for additional help)
- Work entails a great deal of responsibility,
- Lack of social recognition,
- Stress environment (customer's aging problems, death of a client, risk of infection)
- Lack of diversity (repetitive / uniform work)
- Conflicts with the client, other parties involved in care work,
- *Physically burdensome work (lack of aids / wrong methods for weight lifting*
- *Psychological factor (psychological work requires consistency, restraint, tolerance and prompt response in crisis situations)*
- The carer is inexperienced in his work and his life (efficiency comes with years)
- Lack of professional development (additional courses, continuing education).

Care process

1. step Information is recieved about care needs (from client, family-relatives, general practitioner, hospital etc.);

- 2. step Client assessment(social worker leads the process), mapping of client's abilities and needs, health status and rehabilitation options, document management, decision)
- 3. step Organising care process and providing care (intensity of care, individual care plan, preparation and finalising of contract)

Home care service in numbers Alūksne area



Population: Republic of Latvia 2 070 371 Alūksne area 17 623

Clients receiving services from local goverment	
1. Client groups	
1.1 Persons needing care	109
Men Clients of social welfare 2016	27
Women	82
1.1.1 Pensioners(disabled people not included)	84
Men	20
Women	64
1.1.2 Adult disabled persons	25
Men	7
Incl. Mental disorder intellectual disability	0
Women	18
Incl. Mental disorder intellectual disability	0
1.1.3 Disabled children	0
Boys	0
Incl. Mental disorder intellectual disability	0
Girls	0
Incl. Mental disorder intellectual disability	0
1.1.4 Other persons	0
Men	0
Women	0
1.2 Immovable or persons in wheelchair	0
1.2.1 Bedridden	0
1.2.2 In wheelchair	0
1.3 Level of care of care clients	109
l Level	88
II Level	21
III Level	0
IV Level	0

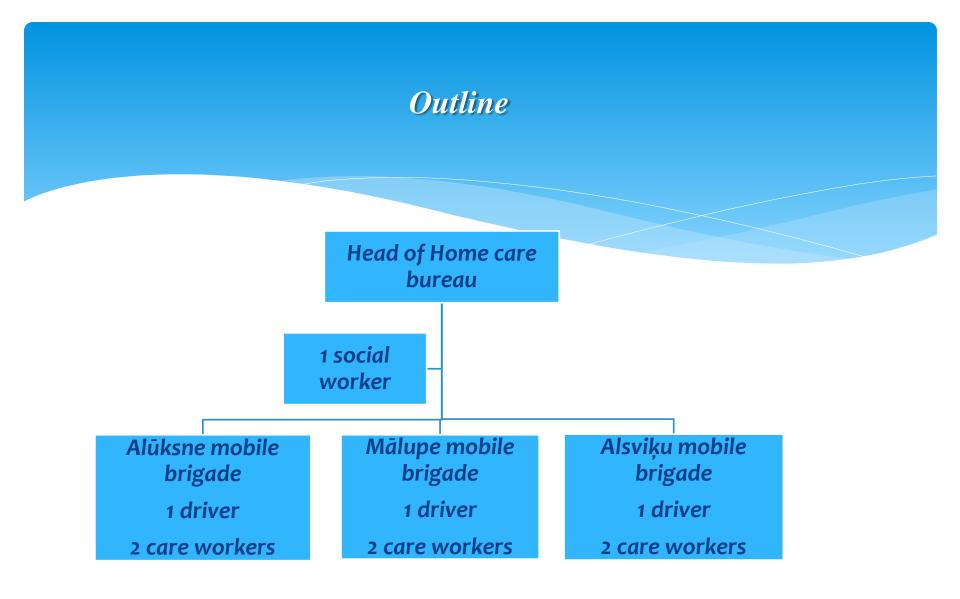
Home care services at home

Targeted to old-age pensioners,

- Disabled adults,
- Disabled children,
- Personal emergencies (after serious operation, serious disease etc.)
- When daily activities are influenced by limitations, living alone or with family or with person who is not able to provide care due to the age, health situation or other predicament.

Home care services are organised by Alūksne Social Department





Present resources

- Laundry service, 5 laundry machines;
- 3 vacuum cleaners;
- 9 home care workers with relevant equipment;
- 3 cars (1 car fitted for transport of persons in wheelchair);
- *3 safe mobile phones for clients;*
- option for clients to use health services close to home

Home care includes household activities and personal care

Household activities – household cleaning, washing dishes, food and household goods purchase and home delivery, medicine purchase and home delivery, recycling, firewood delivery, water delivery, snow clearing, window cleaning twice a year.

• **Personal care** – assistance with personal hygiene and bathing, transport to additional care services, transport of laundry, calling of doctor – other health specialist, supervision of use of medicine, organising dental care.

Levels of home care

- I level Service once a week, not more than 18 hours per month
- II level Service one-two times per week, not more than 36 hours per month;
- *III level Service two-three times per week, not more than 48 hours per month;*
- *IV level Service four-five times per week, not more than 72 hours per month.*

Challenges in care provision

Road network and relevant infrastructure in rural areas (cannot reach clients).

- Daily distances 80 to 100 km,
- Bad living conditions of clients (lack of drinking water, no toilets, damaged chimneys and ovens, damaged wiring).
- Insects, rodents, pets
- Client's family is not cooperating
- Some clients wished for additional help with managing livestock and gardening etc.
- Clients who are needing institutional care are not willing to leave home

Home care service gives an alternative opportunity to receive high-quality care for the client, until the desire to be at home does not pose a threat to quality of life!!!





Thank You for the attention!

Alūksne Social Department Head of Home Care bureau Zanda Poruka



Work environment risks for carer as professional worker and opportunities for liquidation of those risks

Jānis Bernāts – SIA "Leilands un Putnis" project manager, Occupational Safety Specialist

26.04.2017.

What is occupational safety and why it is needed?



 Occupational safety (OS) – safe and healthy work environment

- Task of OS To ensure that the health of the worker is not damaged in the working environment
- Need to create safe workplaces, reduce the risk factors in the work environment, the working environment must be in line with OS and other sectoral requirements
- Safety requirements apply to both employers and employees.

What is occupational safety and why it is needed?



Work-related hazards may harm the employee's health: **Accidents** - slipping, falling, moving objects, wounds, fractures, burns, etc.

Occupational diseases - diseases caused by certain working conditions (i.e. physical overload, work in a forced position can cause skeletal, muscular and connective tissue diseases, etc.).

The occurrence of work-related illness or exacerbation of existing health problems.



Labor Safety Act -

The purpose of the Act is to ensure and improve the conditions of occupational safety and health for employers and employees, describing rights, obligations and reciprocal relations in occupational safety plans.

Government regulations:

Procedures for internal control of the work environment Training on Occupational Health and Safety Mandatory medical examination procedure Other safety regulations

The real situatsion?



In Latvia every year:

- 1700- 1800 accidents at work, incl. 30 40 lethal;
- 1100 1200 cases of first-time occupational illness are detected

Nervous diseases (50%), skeletal musculoskeletal disorders (27%) are most often detected.

In Latvia, 20.7% of workers have a work-related health disorder, as illustrated by the study "Working Conditions and Risks in Latvia, 2012-2013".

The real situatsion?



Health and social care was in sixth place in the case of accidents in 2015.

Most accidents were related to falls (45%) – mainly slipping on the wet floor, on icy roads when travelling to the patient, stumbling on stairs at workplaces and other.

The second most common type of trauma is related to work that requires the use of physical strength, in the musculoskeletal system. For example, lifting a stretcher with the patient.

Violence was the third cause of trauma. In 2015, 13 accidents were reported in which carers suffered from the aggressive actions of patients or clients, for example, they were pushed, strangled, there are few cases where the carer fingers are broken or hit to head by fist etc.



An employer is required to organize a OS system consisting of:

- OS Organizational structure formation;
- Occupational environment risk assessment;
- Internal monitoring of work environment;
- Consultation and involvement of employees in improving occupational safety,

and to ensure that the system works in the company.

General principles



The working environment is organized in such a way as to avoid risks or reduce unavoidable risks;

- Risk factors removal;
- Adjust the working environment individually (workplace equipment, tools, working methods);
- Danger replaced by safety or less dangerous;
- An all-encompassing OS system is created;
- Reduce the risks of workers using special protective equipment
- Instruction and training are carried out.



Risk assessment takes into account that **risk can be managed**:

- Workplace layout and interior;
- Selection and use of tools;
- The impact of physical, chemical, psychological and other factors;
- Selection and use of working methods;
- Organization of work and working time;
- Inadequate vocational training and training of employees.

Assessment of risks at working environment



- 1. Risk factors that create or may present risks are identified;
- 2. Assess the size and nature of the risk;
- Clarify workers whose safety and health are affected by risk factors;
- Determine which OS activities are necessary to prevent or reduce risk factors.



Following the assessment of the risks, the following is known and personnel is informed:

- What are the risks in the workplace?
- What kind of preventive actions would be needed to improve jobs?
- Which protective equipment should be used to work safely?
- What kind of health check is necessary to avoid developing occupational diseases and the health of a particular worker is not endangered?
- What else can be done to make the job safe / secure?



Major risk factors for carers: Traumatic risk factors:

- Falling on slippery streets, on territory, on wet washed floors
- A lot of things in the workplace or in the movement area - the risk of stumbling and falling
- Movement of technology in the territory, on the streets - the risk of accidents
- Attack of aggressive people or dogs
- Exposure to hot surfaces (ovens, stoves, boiling pot)
- Exposure to sharp objects.

Assessment of risks at working environment



Ergonomic factors:

- Weight lifting, relocation
- Uncomfortable working positions
- Often repetitive movements

Chemical factors:

The effects of washing and cleaning products

Assessment of risks at working environment



Physical factors:

- Insufficient lighting in the premises or territory
- The effects of weather and low temperatures while outside
- Changes in microclimate indoor and outdoor work

Assessment of risks at working environment



 Stress situations - communication with different people, their dissatisfaction, attack

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- The effects of possible illnesses
- Work without days off
- Your life is tied to another person



Implementation and compliance with the OS regulatory requirements incl.:

- Relevant workplace fitting
- Ensure proper equipment
- Securing and using personal protective equipment
- Enabling compulsory health checks
- Training and information
- Ensuring other OS measures



Safe working conditions and good health for everyone!

Thank You for the attention!

Health risks for carers, prophylaxis and health promotion

General practitioner Alvis Ādamsons

Alūksnē

26. Aprill 2017

Positive effects of caring

- Feel needed and useful by someone
- I am doing important work and I am proud of it
- New knowledge and skills
- Strenghtening relationships

Risk factors

- Emotional burden of carers, being related
- Lack of support, knowledge and experience
- Chronical stress
- Level on care needed:
- Impact of movement limitations
- Cognitive and behavioral problems of care dependent
- Longevity of care
- Impact on employment, family, social contacts, financial situation
- Health status of carers
- Take care of own health

Emotional factors

- Increased levels of stress
- Rage waves, helplessness, guilt
- Responsibility
- Sufferings of the care dependant
- Prognosis, care efficiencyPrognoos, hooldamise tulemuslikkus
- Attitude of care dependant, aknowledgement of own health status
- Control over own life

Mental health

- Carers have a high risk of depression.
- The deeper the functional limits to be maintained, the greater the risk that a carer develops a depression disorder.
- For individuals who care for dementia patients, there is a potential for high clinical depression - around 30-40% of carers suffer from depression or emotional stress¹
- Female carers are more likely to have symptoms of depression than men.
- If the carer suffers from symptoms of depression or anxiety, the risk of addiction increases, as well as the risk of suicide, the need for psychotropic drugs is increasing.
- Chronic stress negatively affects the cognitive state shortterm memory and attention deteriorates

- There is less time to monitor your health, to take care of your health - less time for physical activity, healthy food, attending a doctor, especially if your health care institution is far from your place of residence.
- If the carer is a spouse who cares for 36 hours a week or more - more often smoking and saturated fats in the diet.²
- If the carer is a family member, then there is a risk that, due to the cost, not all prescribed medicines will be used.

Somatic health risks

- If the care dependant's capacity to cope is severely disrupted, and the care dependant needs additional help in preserving the skills - increases the risk of physical ill health.
- Long-term chronic stress affects physical health the risk of arterial hypertension and cardiovascular disease increases.4
- Carers often have diabetes, obesity and high cholesterol levels.
- The level of stress hormones increases and the immune system's capacity decreases - the risk of infection and cancer increases, the wounds become worse.
- Carers often feel all kinds of pain in the body, reflux, if the caring process requires physical exertion, for example, the care dependant can not get up from the bed, can not be washed independently, go to toilet.
- If the carer is a spouse of age (66-96) who is suffering from stress associated with care, then the mortality is 63% higher than of non-caring age-partners.4

Carers taking care of their health and prophylaxis (health promotion)

- Identify the health problems of the care dependant, seek information, ask for advice.
- Devote time to activities that are not related to care. Relaxation.
- Do not lose contact with friends, not get caught up.
- Devote enough time to sleep, eat fruits and vegetables
- Prophylactic visits to a doctor, general practitioner's tips
- Tips from a psychiatrist and psychologist
- Rehabilitation and occupational therapist tips

Referred sources

- 1. Covinsky, K.E., Newcomer, R., Dane, C.K., Sands, L.P., Yaffe, K. (2003). Patient and caregiver characteristics associated with depression in caregivers of patients with dementia. *Journal of General Internal Medicine*, 18: 1006-14.
- 2. Yee, J.L. & Schulz, R. (2000). Gender differences in psychiatric morbidity among family caregivers: a review and analysis. *The Gerontologist*, 40: 147-164.
- 3. Lee, S.L., Colditz, G.A., Berkman, L.F. & Kawachi, I. (2003). Caregiving and risk of coronary heart disease in U.S. women: A prospective study. *American Journal of Preventive Medicine*, 24(2), 113-119.
- 4. Schulz, R. & Beach, S. (1999). Caregiving as a risk factor for mortality: The Caregiver Health Effects Study, *JAMA*, 282: 2215-2219.
- 5. Family cargiver alliance. Caregiver health. <u>https://www.caregiver.org/fact-sheets</u>
- 6. Covinsky, Kenneth E et al. "Patient and Caregiver Characteristics Associated with Depression in Caregivers of Patients with Dementia." *Journal of General Internal Medicine* 18.12 (2003): 1006-1014.

Thank You for the attention!