



Protecting the Staff When Using Disinfectants in the Home

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When home care and hospice staff are asked when and why they would wear personal protective equipment (PPE), they typically report it is worn to protect themselves from a patient's blood or body fluids. Another reason, often not considered, is the need for staff to protect themselves from exposure when using a disinfectant in the home. The chemicals in the disinfectant pose a health risk to the person using them that is often overlooked, and staff are not routinely aware of actions to take in the home if they are inadvertently exposed to them.

Home care and hospice organizations are required to provide staff training on the availability of the Occupational Safety and Health Administration (OSHA) required written hazard communication program. This also includes the required list(s) of hazardous chemicals (e.g., select disinfectants), and safety data sheets (SDS). Employees have both a need and a right to know the hazards and what types of chemicals they are exposed to when working, and what protective measures are available or needed to prevent adverse effects from occurring. The OSHA requirements stipulate that staff are to be trained on "the measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous

chemicals, such as such as appropriate work practices, emergency procedures, and personal protective equipment to be used" (OSHA, n.d.).

When the staff use a disinfectant, they need to be aware of how to prevent problems associated with its use and first aid measures to be taken in the home in the event of an accidental exposure. The most common compliance issues related to staff are:

1. Not being familiar with the health risks of using the disinfectant (e.g., the content in the SDS);
2. Not being aware of the PPE recommended for use (if any) by the SDS (e.g., use of the disinfectant without wearing gloves and SDS states to avoid contact with the skin); and
3. Not being aware of first aid measures to be taken in the event of an accidental exposure (e.g., the disinfectant gets in their eye).

Staff education can address many of the compliance issues; however, the topic of first aid and how to rinse the eye in the home is often not addressed, and staff are not in possession of equipment or supplies to perform an eye rinse. For example, the SDS for the most common disinfectant used in home care states to flush the eyes with large quantities of water for at least 15 minutes; remove contact lenses if easy to do so, to continue rinsing, and immedi-

ately call a poison center/doctor. How are the home care staff supposed to rinse their eye for 15 minutes? The simplest option would be to provide the staff with a small plastic cup (i.e., eye wash cup, plastic shot glass, or other plastic cup that is roughly the diameter of the eye socket). Even though it is not ideal for many reasons, the staff could use tap water in the home, or a commercial solution to rinse the eye. What is most important is getting the chemical diluted and rinsed out of the eye as soon as possible to prevent or minimize eye damage. Although the home healthcare agency or hospice does not have control over the patient's home environment, they do have the responsibility to provide staff with the training, PPE, and the equipment and supplies necessary to implement first aid measures if needed. Take another look at the SDS for each disinfectant provided to the staff for use in the home, set a plan, and reeducate the staff. ■

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