

# International Hazard Datasheet on Occupation

## Respite Worker

### What is a Hazard Datasheet on Occupation?

This datasheet is one of the international Datasheets on Occupations. It is intended for those professionally concerned with health and safety at work: occupational physicians and nurses, safety engineers, hygienists, education and information specialists, inspectors, employers' representatives, workers' representatives, safety officers and other competent persons.

This datasheet lists, in a standard format, different hazards to which respite worker may be exposed in the course of their normal work. This datasheet is a source of information rather than advice. With the knowledge of what causes injuries and diseases, is easier to design and implement suitable measures towards prevention.






### Who is a respite worker?

A person who provides assistance or relief, for limited periods of time on a planned or unplanned basis, to families of persons with disabilities living in the community.

### What is dangerous about this job?

- Respite workers are exposed to a variety of hazards depending on their work environment; in home care or health facility care
- Workers are frequently exposed to communicable diseases and pathogenic microorganisms as they cater for their clients
- They typically suffer physical and emotional abuse from their clients leading to anger, frustration, dissatisfaction and family feuds
- The risk of lower back pain, musculoskeletal damage due to awkward posture and repetitive motion at work is high among respite workers

## Hazards related to this job

<b>Accident Hazards</b>  	Slips, trips, and/or falls	1
	Musculoskeletal damage due to heavy lifting of clients or equipment	2
	Needle sticks and other sharp objects	3
	Acute back pain due to heavy lifting	4
	Injuries from fallen objects	5
<b>Physical Hazards</b>  	Exposure to radiation (x-rays)	6
<b>Chemical Hazards</b>  	Chemical spills; chemicals present at clients' home or facility	7
	Poorly labeled household agents	7
	Sensitization and allergic reactions to latex	8
<b>Biological Hazards</b>  	Exposure to communicable diseases such as the common cold or flu	9
	Pathogenic microorganisms' exposure due to contact with blood, human secretions (mucus, spit, tears), urine, and fecal matter	9
	Unsanitary home conditions	10
<b>Ergonomic, Psychosocial and Organizational Factors</b>  	Physical (being hit, things thrown at you) and emotional abuse	11
	Lower back pain and fatigue from working odd hours and repetitive motion	2
	Stress, anger, dissatisfaction, and guilt	12
	Overworked (burn-out), frustration and disagreement with employer due to unclear job description and responsibilities	13

## Preventive measures

1	Wear shoes with non-slip soles and use caution when working
2	Practice safe lifting procedures such as gait belts; also use lifting assistance equipment where essential
3	Follow appropriate procedures in handling and disposing of sharp instruments or needles; after an accidental needle stick, seek medical care immediately
4	Consult an occupational health specialist for recommendation on lifting heavy objects or clients
5	Ensure that your work station is a clear space without heavy objects nearby or above
6	Adhere to all safety protocols when working with radiation and wear a radiation dosimeter (badge or other) to minimize exposure
7	Keep chemicals out of the reach of client in sealed containers to avoid spills
8	If you are allergic to latex gloves, make sure to use non-latex gloves and avoid contact with latex based materials
9	Use proper personal protection equipment (PPE) such as gloves and masks when handling potential pathogenic microorganisms; proper hand washing is key. If exposed to a pathogenic agent, seek medical care immediately
10	Encourage clean, organized, and efficient behavioral tendencies in the home and notify your employer
11	Consult an occupational psychologist on ways to deal with physical violence or mental abuse from clients and/or relatives
12	Seek counseling and maintain good communication with client, employer and yourself to eliminate unresolved problems that may arise in the work place
13	Ensure clear job description and expectation; make sure to take personal time by using vacation time to refresh; keeping a consistent schedule might also help

## Specialized Information

<b>Synonyms</b>	In home care giver, live-in nurse, nurse, senior living assistance, sitter-companion services, therapeutic adult day care, sitter-companion services, emergency respite, specialized facility care.
<b>Definitions and/or description</b>	Respite workers are faced with a lot of challenges in their place of work as they often have to create a balance between the employer and the needs of their clients. In most cases, the employer is the guardian or parent of the client and they dictate manner of care which at times might contradict with the best interest of the client. Most of the anger, frustration and dissatisfaction stems from this disjoint. Also, respite workers are more at risk of facing emotional and physical abuse from the client and the employer; having a safe working environment becomes more difficult for them.
<b>Related and specific occupations</b>	Nursing home assistants, caregiver, nursing
<b>Tasks</b>	Accompanying (the client); administering; applying (dressing); arranging; assigning; assisting (clients, family members etc.); bathing; lifting (clients); feeding; changing; transporting; cleaning; re-arranging; meal preparing, toilet training, communicating; disinfecting; dispensing; exercising; explaining; fixing; handling; injecting; lifting ; maintaining; massaging; measuring; nursing; observing; performing; providing; resolving (complaints); supervising; taking pulse; treating.
<b>Primary equipment used</b>	Catheters; masks, medical supplies such as bandages, gauze, sterile pads, dressings, etc., function monitoring equipment, thermometers, watch, patient lifting and moving equipment
<b>Workplaces where the occupation is common</b>	Nursing facilities (specialized facilities for people with disabilities), homes ( regular care, routine visits), nursing homes
<b>References</b>	<ul style="list-style-type: none"> <li>• ARCH National Respite Network. <a href="http://www.archrespite.org/">http://www.archrespite.org/</a>. Last accessed 11/22/ 2013.</li> <li>• Folden. S., and Coffman. S. Respite care for families of children with disabilities. Journal of Pediatric Health Care <a href="#">Volume 7, Issue 3</a>, May–June 1993, Pages 103–110.</li> <li>• ILO Encyclopedia of Occupational Health and Safety, 4th Edition, Stellman, M. J., Ed., ILO, Geneva, 1998. <a href="http://www.ilo.org/oshenc/">http://www.ilo.org/oshenc/</a>. Last accessed 11/19 /2013.</li> <li>• Jeon.H., Brodaty. H., and Chesterson. J. (2005). Respite care for caregivers and people with severe mental illnesses: literature review. Journal of Advanced Nursing. 49(3), 297-306.</li> <li>• Langdon, A. Independent Respite Worker, 11/19/2013, Chicago IL.</li> </ul>