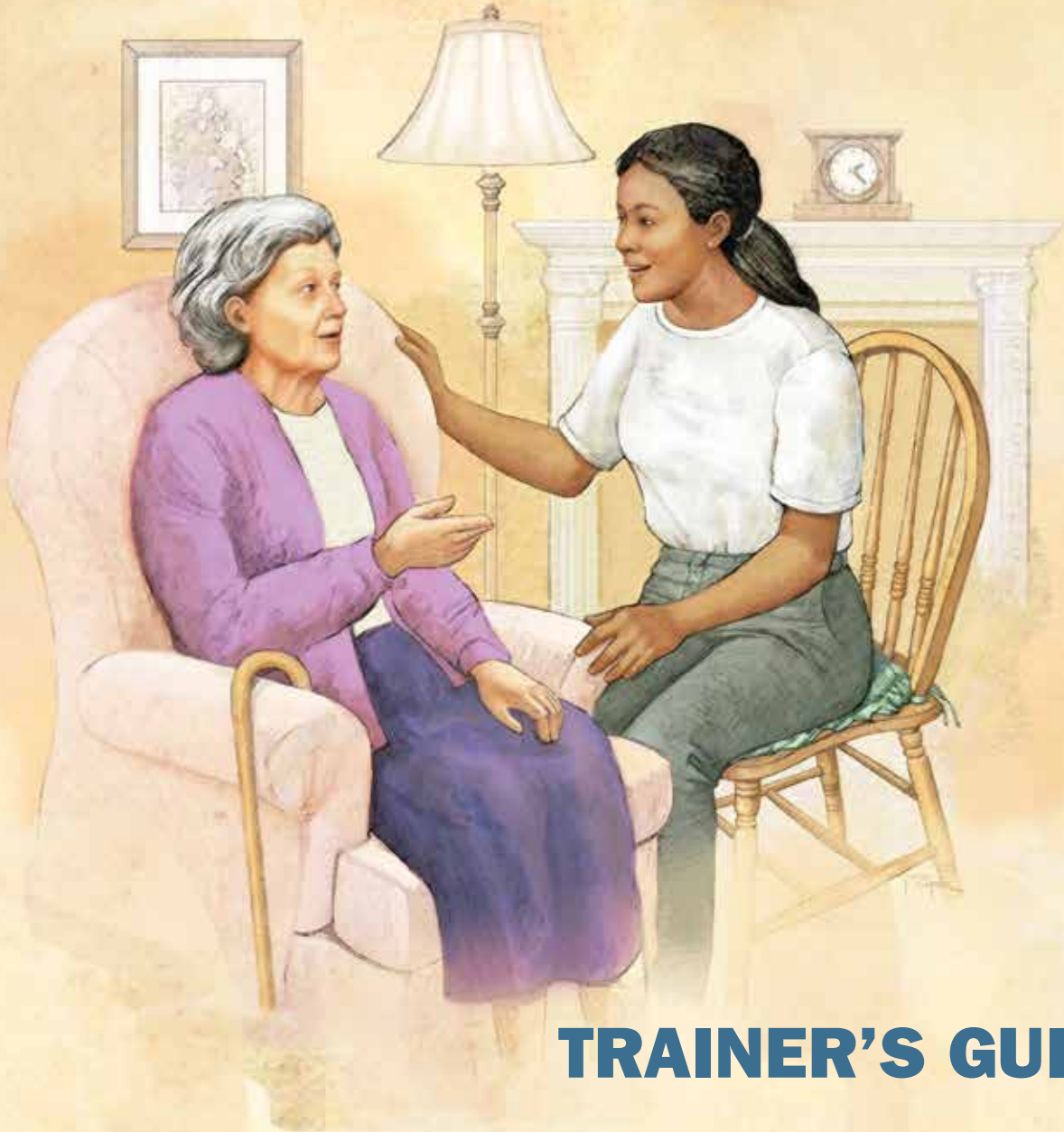


Caring for Yourself While Caring for Others

Module 2: Tips for Reducing Strains, Sprains, and Falls While Doing Housekeeping and Caring for Clients



TRAINER'S GUIDE

Practical Tips for Homecare Workers

STAY SAFE AT WORK

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



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NIOSH

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November 2014

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Module 2: Tips for Reducing Strains, Sprains, and Falls While Doing Housekeeping and Caring for Clients

Learning Objectives:

By the end of this training, participants will be able to do the following:

- Outline the possible risks from reaching, pushing, and carrying while housekeeping and caring for clients.
- Describe strategies and tools to reduce risks.
- Explain safe moving and transfer techniques. Note: This module is a review and not a substitute for a thorough training on safe lifting and transfer techniques.
- Demonstrate positive problem solving with clients.

Workshop at a Glance

Activity	Time	Materials
1. Welcome and Introductions—Risks for Strains and Sprains While Doing Housekeeping and Providing Personal Care	45 minutes	Prepared flip chart page, handouts, PowerPoint slides, markers
2. Trip, Slip, and Fall Risks in Homes	15 minutes	Prepared flip chart page, PowerPoint slides
3. Recalling Safe Moving and Transfer Techniques	25 minutes	Easel, prepared flip chart page, markers, handouts, PowerPoint, gait belt, other sample tools
4. Talking About and Problem-solving Risks with Clients	30 minutes	Handout, PowerPoint slide
Total Time	1 hour, 55 minutes	

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Preparing to Teach:

1. Review the Trainer's Guide and background materials and prepare to present.

Read background information, to support your presentation. This workshop reflects and complements these sources:

Homecare Workers' Handbook: *Caring for Yourself While Caring for Others*—We hope that you will share copies of this booklet, which is designed as a reference for workers in the field, and will reinforce the lessons in this training with all participants.

<http://www.cdc.gov/niosh/docs/2015-103/pdf/2015-103.pdf>

NIOSH Hazard Review: "Occupational Hazards and Home Health Care"—This gives extensive technical information for professionals and agencies, including information to guide agencies in their efforts to ensure safe and healthy practices.

<http://www.cdc.gov/niosh/docs/2010-125>

NIOSH Publication: Safe Lifting and Movement of Nursing Home Residents—This is intended for nursing home owners, administrators, nurse managers, safety and health professionals, and workers who are interested in establishing a safe resident lifting program.

<http://www.cdc.gov/niosh/docs/2006-117>

Safe Patient Handling for Nursing Schools (NIOSH)—This provides a full range of educational tools nursing educators can use to increase effectiveness of safe patient handling training for their students.

<http://www.cdc.gov/niosh/docs/2009-127>

NIOSH Publication: Slip, Trip, and Fall Prevention for Healthcare Workers—This workbook identifies the top 10 slip, trip, and fall hazards specific to healthcare facilities and recommendations to reduce or eliminate the hazards.

<http://www.cdc.gov/niosh/docs/2011-123>

You may also want to read these resources:

Home and Community Health Worker Handbook, British Columbia, Canada, Occupational Health and Safety Agency for Healthcare (OHSAH)

<http://www.phsa.ca/NR/rdonlyres/6C69D638-8587-4096-A8AA-7D2B0141C3B2/59614/HandbookHomeandCommunityHealthcareWorkersHandbook.pdf>

Safety Manual for Homecare Workers, Oregon Homecare Commission.

<http://apps.state.or.us/Forms/Served/de9062.pdf>

Instructions for conducting training are in the "Detailed Lesson Plan" in black.

Tips for Trainers are in shaded boxes.

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Please note that the emphasis is on creating a positive, welcoming, and safe environment for dialogue. Focus on encouraging participation and affirming the contributions of participants to the discussion. Thank participants for their role and dedication as health-care workers.

A risk when teaching health and safety is to “blame the workers” for not upholding the safest practices. In fact, there are external pressures, circumstances, and environmental factors that can challenge them and undermine their health and safety. The goal of this course is to empower workers to identify the risks they may face on the job, determine if there are any needed tools or equipment, and engage their clients, agencies, and employers to work with them to address concerns and develop effective strategies for making changes.

In addition to using these tips, think of personal examples related to each of the topics so that you are prepared to prompt discussion and model the contributions you hope to receive.

Suggested scripts are in **purple**. As you become more familiar with the workshop, feel free to use your own words to convey the key points.

Class size matters! Activities are designed for groups of 8–14 participants to maximize the engagement of each individual. If you are presenting to larger groups, you will need to adapt some activities, and not all participants will be able to contribute to discussions. It will also lengthen the times needed for activities and modules.

2. Make sure your participant handouts (1 packet for every participant) are ready and placed at each seat before the workshop, and include an evaluation form.

Distribute printed copies of the PowerPoint show at the conclusion of the workshop. (It may be printed 2, 3, or 6 slides per page.)

3. Prepare flip chart pages in advance:

- Activity 1—Strategies to Reduce the Risk of Strains.
- Activity 2—Trip, Slip, and Fall Hazards in and Around Homes.
- Activity 3—Safe Moving and Transfers—Do’s and Don’ts.

4. Bring the following supplies:

- A package of pens for participants.
- An easel and flip chart paper.

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- Laptop computer, LCD projector, and screen.
- Markers.
- Painter or masking tape.
- A gait belt and other sample tools.

5. Make sure your room is ready:

- Set up chairs and tables in a square or U shape so all participants can see one another. Using round tables with four participants each is an alternative setup, though not as likely to encourage engaged attention to full-group discussions.
- Have refreshments ready if applicable.
- Arrange for the AV equipment and set up PowerPoint to the title page before the class.
- Set up the easel with the prepared flip chart pages at the front of the room.
- Unless you are using sticky flip chart pages, it's helpful to put some short pieces of tape along the easel to use during the training.

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Detailed Lesson Plan

Activity 1: Welcome, Introductions, and the Risks for Strains and Sprains When Doing Housekeeping and Providing Personal Care

Materials: Prepared flip chart pages, handouts, PowerPoint slides, markers

Time required: 45 minutes

1. Welcome participants to the workshop (3 minutes).

Display the title slide of the PowerPoint, read the workshop title, and mention the host of the program. Introduce yourself, display slide 2 of the PowerPoint, and play the short video. Then review the purpose of the workshop as listed in the session goals on slide 3.

Say:

“Hello! This is the workshop *Caring for Yourself While Caring for Others—Reducing Strains, Sprains, and Falls While Doing Housekeeping and Providing Personal Care*. My name is _____.”

“It’s a pleasure to be here with you and have the chance to discuss your health and safety as you give care, support, and services to clients. We know you do a lot of hard work, and we want you to be as safe as possible and not strain your body.

“Here on this slide are our goals. We want you to be able to:

- “Outline the possible risks of reaching, pushing, and carrying while doing housekeeping, such as cleaning the bathroom, doing laundry, and other household tasks.
- “Describe strategies and tools to reduce risks.
- “Explain safe moving and transfer techniques (and use them!).
- “Demonstrate positive problem solving with clients.

Tips for Trainers

Your approach to this introduction sets the tone for the entire workshop!

Speak warmly and enthusiastically to convey:

- Your belief that the information is important.
- Your real concern for workers’ well-being.
- Your belief that participants intend to do their jobs well while protecting their own health and safety, and that of clients.
- Your confidence that they are open to learning.

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“While the session is designed for you as homecare workers, we believe this information can be important for clients, also. We encourage you to share what you learn with them and with their families and other caregivers.

“Each of you has a packet of handouts with space for taking notes. Please do not look ahead in the packet. I’d appreciate you focus on the work we’re doing now. At the end of the workshop, I’ll also distribute copies of the slides we’ll be seeing, so you will have that information as well.

“Are there any questions before we move into our first activity?”

2. Introduce pair activity on housekeeping and personal care strains and sprains pair activity (3 minutes).

Say:

“Many people might ask, *‘What’s so strenuous about housekeeping and helping someone dress or take a bath or provide other personal care?’* Perhaps you know better!

“Let’s do a quick lineup by your years of experience in home health, from least to most. Please bring your handout packet and pens, stand up, and come over and create a line based on how long you’ve been working in home health care. Come on up, please!”

Help participants form a line. They may ask if working for family members or friends counts (it does). They may ask if you want continuous years, if they left the field for a while and returned. Explain that you just want their sense of their total number of years of experience. If two people are close, encourage them to just quickly decide and not to worry.

3. Form pairs and set up activity (4 minutes).

Once participants are settled in the line, ask the most experienced person to pair up with the least experienced, and then the next two most and least experienced to pair up, and

Tips for Trainers

The lineup is intended to be a short, fun physical break. Keep it light and quick.

Tips for Trainers

Examples include:

- Mopping many rooms in the house, or trying to do too much in too little time.
- Pushing or pulling a wheelchair.
- Helping client take a bath in a too-small bathroom.
- Cleaning a tub on your hands and knees.

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continue until everyone is in pairs. Ask pairs to sit down together at the tables. Show slide 4 and review the types of risks that you would like them to analyze in their pairs. Have them turn to page 2 of their handouts, and present the risk factors that you would like them to analyze. Offer examples such as these as you go through the list:



Illustration by ©Mary Ann Zapalac

Mopping involves repeated activity and forceful exertions, especially if the mop is too big.



Illustration by ©Mary Ann Zapalac

Cleaning the tub involves awkward postures and direct pressure on the knees.

4. Explain to participants that you would like them to take 5–10 minutes to give examples from their own experiences of each of these risks, and to describe how the risks might have affected their health.

Emphasize that they do not have to fill out the form in the order the risks are listed—they can start with the ones they quickly recognize as having created some strain or sprain. It's also fine if they only discuss two or three of the risks. Note that the same task may expose them to more than one risk. If they have learned strategies that helped them manage and overcome the risks, they can note them at the bottom of the grid. Ask them to begin by introducing themselves to one another, and then start their analysis.

5. Conduct pair activity (10 minutes).

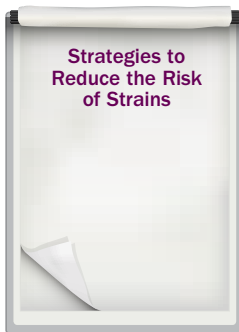
Circulate among the pairs as they work, answering questions and giving help. At 5 minutes, ask all groups how they are doing, and give them 2–5 minutes as needed to complete their analyses. Give them a 1-minute warning, and ask them to wrap up and be ready to share their discussion.

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6. Facilitate reports and discussion (15 minutes).

Ask for a pair to volunteer to introduce one another and then to discuss the first risk—repetitive activities. Explain that you'd like them to quickly share their stories about how they experienced this risk and the physical impact it had on them, and then to identify if they learned any strategies for reducing the health and safety risk. Write the strategies on the flip chart, reframing them as necessary, and explain that there is room for them to write down the strategies on page 3 of their handouts. After the first pair reports, ask if other pairs have more strategies to suggest. Invite other pairs to share different examples of this risk and add strategies for reducing the risks. The first time each pair reports, have participants introduce one another to others in the session.

Repeat this process with each of the risks, having a new pair to report about each risk.



7. Review tips and tools for reducing risks (10 minutes).

Discuss the tips and tools listed on slides 5–8, sharing more background information to illustrate the points. Highlight the ideas that participants have already mentioned, and wrap up by acknowledging tips they gave that were not in the slide show.

Emphasize what a difference it makes to have the right tools and equipment—like long-handled brushes and dusters, stools, hand-held shower handles—and how critical they are to reducing strains and sprains. These tools allow them to avoid the awkward and stressful twisting and stretching that can cause body strain. Knowing their limits when it comes to lifting, pushing, and pulling is also critical—and using strategies to avoid moving things that are too heavy, such as the casters for furniture or dividing heavy laundry loads. Note that there will be more about moving and transfers later in the session.

Ask participants for questions or comments, and discuss. Say that you are now going to switch to the topic of fall and trip risks in homes.

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Activity 2: Trip, Slip, and Fall Risks in Homes

Materials: Prepared flip chart pages, PowerPoint slides, markers

Time required: 15 minutes

1. Open discussion on trips and falls (3 minutes).

Ask:

“How many of you have tripped or fallen when working in homes, or on your way into or out of homes?”

Acknowledge the show of hands and any comments or other reactions. Explain that slips, trips, and falls are the second-most common cause of injury for home and community health workers. You can be injured by a slip, trip, or fall both inside and outside clients’ homes.

Ask:

“Have you, or anyone you know, ever been injured by a slip or fall? How did it happen? How were you or the person hurt? What happened because of the fall or injury?”

Invite participants to share their stories—how they tripped or fell, what injuries occurred, and then what happened. For example, did they have to miss work? Did they lose their jobs?

2. Come up with ideas of trip and fall hazards in—and around—homes (7 minutes).

Show the prepared flip chart, and explain that you would like to come up with ideas of all the hazards participants can think of for falling and tripping when they are working in people’s homes. Each person will only name one hazard so everyone has a chance to contribute, and no one but the person giving a hazard can speak until the idea session is complete. Invite participants to take notes on page 4 of their handouts. Begin with a volunteer and then go to a person on his or her right and proceed to each person in the room. Ask for volunteers to add to the list if there are any hazards they know that aren’t on the list. Wrap up with an idea session for inviting reactions and comments about the list. Discuss.

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3. Review hazards (2 minutes).

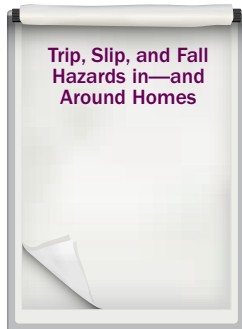
Display slide 9 and review the hazards listed, noting any that weren't mentioned in the idea session and congratulating participants on all that were. Check if there are any questions or comments.

4. Review strategies to reduce the risk of falling, tripping, or slipping (2 minutes).

Display slide 10 and review the suggestions list. Invite participants to add any ideas they may have.

5. Wrap up activity (1 minute).

Thank participants for their great contributions to the discussion. Introduce the last activity of the workshop—talking and problem solving with clients to address their safety concerns.



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Activity 3: Safe Moving and Transfers

Materials: Easel, prepared flip chart page, markers, handouts, PowerPoint, gait belt, and sample tools

Time required: 25 minutes

1. Introduce topic of safe moves and transfers (3 minutes).

Display the prepared flip chart with the title, “Safe Moving and Transfers: Do’s and Don’ts.”

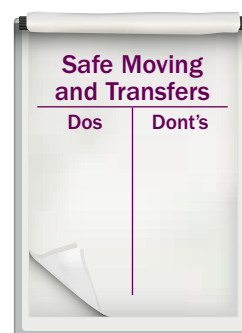
First, ask for a show of hands of those who have had strains or sprains or other troubles moving and transferring clients. Note that this is one of the most dangerous aspects of home health aides’ work.

Second, ask for a show of hands of those who have had training in body mechanics and safe lifting—either classroom or on-the-job training counts. Acknowledge that most home health aides have had at least some training in these topics, and this activity will give them the chance to recall what they already know and review a few additional tips.

Third, ask for a show of hands of those who have experienced using—or who have observed others demonstrating—poor techniques when they were transferring or moving clients. Explain that you would like the participants who have raised their hands to help by demonstrating how *not* to move or transfer clients.

Say:

“Would someone please volunteer to come up and show us an example of a poor or risky way to move or transfer clients? Thanks! Come on up. And I have a gait belt here if anyone wants to use it in the demonstration.”



Tips for Trainers

You may need to correct demonstrations or explanations participants give. Draw out the value in what they are trying to share, and be sure to make the correction in the most positive and affirming way possible.

Participants may need suggestions to analyze demonstrations. Ask questions to draw out answers shown on the sample do’s and don’ts list on the next page.

2. Facilitate demonstrations and discussion (17 minutes).

Have a participant demonstrate a poor transfer practice, and offer your assistance as necessary (for example, you may

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need to play the client's role in the demonstration). Lead participants in applause for the demonstration and then ask them, **“What ‘don’ts’ were just demonstrated?”** List accurate “don’ts” on the flip chart and invite participants to explain why those approaches to moves and transfers might cause strains and sprains. Note that there is room for participants to take notes on page 5 of their handouts.

Invite the volunteer to demonstrate doing the same move or transfer in a safe way, and offer to help demonstrate as necessary. Ask participants to describe the “do’s” they saw, and write these on the flip chart. Have participants explain why those approaches to moves and transfers are safer.

Repeat the poor and safe demonstration as participants volunteer. If they do not demonstrate some of the important “do’s” and “don’ts” listed on the next page, demonstrate them yourself and conduct the analysis with participants.

3. Review safe transfer and moving tips (5 minutes).

Once introductions are complete, show slides 11–13 and present the ideas, highlighting the ones they already contributed, and demonstrating any that participants didn’t think of. For slide 14, review the tools that can be helpful, noting how important they are to helping avoid injuries.

Ask participants if they have any reactions, questions, or concerns about the tips and discuss.

Wrap up by thanking everyone for contributing, and explain that you’ll now be moving on to consider how to problem solve concerns with clients so they can address health and safety issues they have when working.

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Assisting Clients to Move and Transfer

Do's!	Don'ts!

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Use assistive devices whenever possible

- If your client can't support his or her own weight, use a portable electric or mechanical device, if available, to help you lift and transfer the client.
- If the client can partially support his or her own weight, use a gait belt buckled around the client's waist to help with transfers.
- Use a slide or draw sheet to move a client in bed.
- Use a slide or transfer board to help the client move between two locations such as a wheelchair and bed, wheelchair and toilet.
- Use shower chairs to help the client bathe more safely.
- Use raised, lockable toilet seats with support arms.
- Adjust the height of the bed, if possible.
- Use handrails, grab bars, or vertical poles installed to help the client sit, rise, and stay upright.

Use good work practices

- Check that everything is ready—equipment, supplies, and other needed items—before transferring or moving a client.
- Explain to your client what you are going to do to your client before you do it.
- Encourage your client to help as he or she is able.
- Keep your feet at least as wide apart as your shoulders.
- Move your feet and legs to face the person you are lifting.
- Put one foot a little in front of the other to get better balance.
- Lift with your legs and buttocks—bend your knees and keep your back straight.
- Shift your body weight using your legs during the transfer or moving.
- Have the client put his or her arms around your body, NOT your neck.
- When you turn, turn your whole body.
- Get close to the client you are assisting.
- If needed, get help from another person.
- If the client starts to fall, minimize the possibility of injury to both of you by controlling the fall—guiding him or her slowly to the floor.
- Don't try anything you think might be unsafe, including lifting your client.
- Never bend from the waist.
- Never turn at the waist.
- Never try to lift with your feet together.
- Don't let the client hang on to you by your neck.
- Do not pull with your arms or your back.
- Never try to stop a client from falling; instead, control the fall.

Activity 4: Talking About and Problem-solving Risks With Clients

Materials: Handout, PowerPoint slide

Time required: 30 minutes

1. Introduce the importance of speaking up and problem solving with clients (5 minutes).

Say:

“Bringing up health and safety risks and possible solutions, tools, and equipment with clients in their homes can be challenging for a number of reasons:

- “Your clients—and you—may think assistive devices will be difficult to work with and time consuming.
- “Your clients, family caregivers—and you—may fear that assistive devices will be unsafe or uncomfortable.
- “Your clients and family caregivers may be unwilling or unable to accept changes in how they do things, in the layout of their homes, and to their homes.
- “Their homes may be too small or have other problems that make accommodations difficult.
- “A device may be too expensive for the client and family.”

Invite discussion of these challenges. Ask, “Have any of you faced any of these difficulties when trying to address health and safety concerns with clients?” Let a couple of participants share stories and discuss. Affirm that these issues can be challenging.

2. Review effective approaches to problem solving with clients (2 minutes).

Display slide 16 and review the steps. Begin by emphasizing how important it is to bring up health and safety concerns as soon as possible. Note that, while the class has been full of suggestions and ideas, they may not be the only solutions to their concerns. By talking and coming up with ideas with clients, they may come up with workable solutions that they didn't imagine before.

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3. Share the sample scenario and facilitate large group discussion (18 minutes).

Ask participants to turn to page 6 of their handouts, and ask for a volunteer to read the scenario at the top of the page. Explain that, in the full group, you are going to work with them to analyze how to effectively interact with Mrs. Larkins by following the steps on page 6. Begin with the first step and ask the questions outlined below to draw out the thinking of the trios. Incorporate role plays where suggested, as time allows.

Step A: Plan the discussion.

1. **“What do you want to say to Mrs. Larkins?”** (They may say that they can’t continue to wash the floor on their hands and knees because they are having too much strain and pain in their knees.)
2. **“How can you speak to her in a way that might be persuasive to her?”** (They could explain how committed they are to ensuring the floor is as clean as she wants it to be, and they believe they can accomplish this when mopping the floors.)
3. **“Do you have ideas for how the two of you could meet her demands and also suit your needs? Can you think of any ways you might address her reasons for resisting you?”** (They might offer to prove it to her by doing the floors with a mop once and having her inspect them and determine if the floor wasn’t cleaned as well as she wanted.)
4. **“Do you need to do any research or speak to others to prepare for your conversation with Mrs. Larkins?”** (They could ask their agency for guidance on the issue and for any research on cleaning; how to ensure that floors are really clean; the best cleaners; and how scrubbed floors compare with mopped floors. They may role play the interaction with someone playing Mrs. Larkins so they can rehearse.)
5. **“What is your bottom line?”** (This may include quitting, or asking for a part-time assignment with Mrs. Larkins so someone else can do the floors.)
6. **“How can you be respectful?”**—make a request, not a demand.
7. **“What is the request you want to make?”** (That Mrs. Larkins allow them to clean the floors with a mop.)

Step B: Be respectful—make a request, not a demand.

- **“How can you state your concern in the form of a request instead of a demand?”** (They might say that they would ask Mrs. Larkins a question, rather than be demanding.)

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Step C: Use “I” statements.

Describe your concern, how it affects you, and what the impact might be on you and the client.

- **“How will you explain why you are bringing up this issue?”** (They could say, **“I’ve been having a great deal of pain in my knees, and it lasts overnight on the days I wash the bathroom and kitchen floors. I’ve wanted to scrub them as you prefer, but I don’t think I can risk more damage to my knees, and I don’t want to keep having the pain I’m having.”**)

Step C Role Play:

- Invite a volunteer to role play the worker making the request and explaining his or her reasons, and have other participants analyze how well they think the request might work.

Step D: Listen.

See the issue from the client’s point of view.

- **“What questions might you ask her to more fully understand her point of view?”** (They might include: Why do you think scrubbing gets the floors cleaner than mopping? Do you have any other reasons for wanting me to scrub rather than mop? Had you ever tried mopping, and it didn’t work as well?)
- **“Do you have to prepare yourself to be patient and open-minded while she tells you how she feels about this? How can you support yourself in listening?”** (They might want to plan to paraphrase, to count to 100 as they listen to her, or other methods to keep calm. Emphasize that they may be surprised by what they learn if they really listen. Share this example. **“For instance, Mrs. Larkins may tell a story about how her mother-in-law came in on her when she was a new bride and found her mopping the kitchen floor. Her mother-in-law exploded in fury, calling her all sorts of horrible names, and telling her she wasn’t good enough for her son. She made Mrs. Larkins promise that she would never clean her floors except on her hands and knees with a scrub brush. She said anything else was filthy and disgusting.”**)

Step D Role Play:

- Play Mrs. Larkins as she tells the story of her mother-in-law rather than simply reading the story.

Step E: Consider several solutions beyond your first choice.

- **“How will you engage Mrs. Larkins in coming up with ideas for options with you?”** (They may simply ask her if she has any suggestions. They may suggest alternative solutions

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that weren't their first choice, but which might work. They might sit down with a paper and write out some options—showing any research or ideas they have found—and encourage her to think of others and write those down.)

- **“How will you work with her to choose among options?”** (They can discuss how each option affects both of them. They might agree on a trial period for the solution.)

Step E Role Play:

- Consider several solutions beyond your first choice, and ask two volunteers to act out the worker encouraging Mrs. Larkins to come up with ideas and Mrs. Larkins' response.

Step F: Know your bottom line.

- **“How will you communicate your bottom line to Mrs. Larkins if the two of you aren't able to reach a mutually agreeable solution?”** (They might say, “I really regret having to say this. I would like to keep working with you, but I really can't continue to scrub floors on my hands and knees.”)

Step F Role Play:

- Invite a volunteer to practice using “I” statements to convey his or her bottom line.

4. Wrap up this activity (5 minutes).

Thank participants for their great contributions and discussion. Explain that, while it can be challenging to advocate for their own health and safety, you hope that they feel clear about the steps they can take. Ask for any questions or concerns that participants have, and discuss.

5. Conclude the workshop.

Thank the participants for their great participation throughout the workshop and for their commitment to doing the best they can for their clients, while taking good care of themselves, too. Distribute copies of the slide show. Offer your hope that the session has been helpful to them and wish them the best in their future work. Offer any additional assistance you have available, and give details of any other sessions you plan to offer.