

UNIVERSAL SAFETY PRACTICES FOR CARE GIVERS
<ol style="list-style-type: none">1. The residence has adequate arrangements to guard against the risk of fire and other natural hazards.2. There must be an effective way of recording and reporting health and safety hazards.3. Staff should conduct a monthly review of the safety of the living space.4. Safety of all processes, which could lead to accidents in the home, must be assessed e.g., bathing, heating water, storage and cooking. Any potential hazards in living space e.g., loose electric wires, sharp objects, edges and corners, inaccessible spaces etc. must also be included in the check.5. The staff must be trained in first aid techniques.6. Medicines must be stored safely in a locked cabinet.7. Administration of any medication, except over the counter medicine, must be done only under medical prescription and properly recorded.8. The means of transport for the survivors must be roadworthy, legally insured and driven by persons who are properly licensed. The care giver must be trained to transfer into and out of the vehicle9. Fire risks must be minimized by including effective means of escape, arrangements for detecting, containing and extinguishing fires and maintenance of fire fighting equipment.10. Persons with disability and care givers should participate in regular fire drills. These drills must be documented.11. Staff should be given training in fire prevention and evacuation.12. It is important to ensure that confidentiality about the health status of the person with disability is maintained and no person is labeled because of his/her health status.13. The supporting organization should follow guidelines on health safety and hygiene to ensure prevention of communicable diseases. The care practices are designed to prevent transmission of communicable diseases.14. The program should encourage greater information about nutrition to

ensure protection from **nutritional deficiencies**.

15. *Consent for medical procedures Care Giver staff is not trained to perform any medical procedures. No medical or quasi medical procedures should be conducted. If the care giver is trained for some medical procedures then the disabled person and their family should know the level of training and no care giver should provide assistance for medical procedures without written consent or due legal process*
16. Physical restraint: On no occasion can physical restraint be used, except when there is an extreme risk that the person may be hurt or someone else is going to be hurt. Physical restraint must never be used beyond a few minutes or as routine.
17. Staff must use other methods to try and de-escalate the situation before using physical restraint.
18. Physical restraint must never be used as a sanction or punishment, but only to protect children/person with disability from immediate risk of injury to self or others, or serious damage to property.
19. If physical restraint is used, minimum amount of force should be applied and for the shortest period of time. The actions of staff should be proportionate to the circumstances that led to a child needing to be physically restrained.
20. If physical restraint is discovered to be a feature of the disabled person's experiences during the process of care giving , then the care giver must be report this to the supporting organization.