

Personal Care Assistants and Blood Exposure in the Home Environment: Focus Group Findings

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PURPOSE

The purpose of the project is to assess the risk of exposure to blood in the home care work environment and to develop, implement, and evaluate the effectiveness of intervention strategies designed for the primary prevention of blood exposure. Six focus groups were conducted to assess the relationship between context of work factors, blood exposure, and use of available hazard controls in home care workplaces. The discussions were guided by three sets of questions: (1) What makes for a good day at work? What makes for a bad day at work? (2) Since becoming a homecare worker, what concerns you about the work? Describe how you might come in contact with blood at your job; and (3) What do you do to protect yourself from blood on the job? How did you learn these protections?

RECOMMENDATIONS FOR POLICY/PRACTICE

Our research partners have begun to contemplate aspects of a blood-borne pathogens intervention. Emergent ideas included (1) using a peer train-the-trainer small group activity method approach to the specific topics of glove use, hepatitis B vaccine, postexposure responses, and safe needle disposal in the home and community; (2) educating consumers/clients about the role and needs of personal care assistants (PCAs); (3) developing cooperative relationships with consumer advocates; and (4) developing a process of worker input into the consumer care plan.

HOW FINDINGS SUPPORT THE RECOMMENDATIONS

This project, funded by the National Institutes for Occupational Safety and Health, uses a community-based participatory research framework and includes partnerships between Locals 880 and 150, Service Employee International Union, researchers at the Universities of Maryland and Illinois, and the Academy for Educational Development. Sixty-six PCAs who care for geriatric clients and/or are assistants for disabled persons participated in a total of six focus group sessions. Focus group findings include the following.

Blood Exposure. Workers described caring for clients with bleeding sores, wounds (including amputees), nosebleeds, and ulcers. “My daddy is a diabetic . . . he has high blood pressure . . . when the blood pressure goes up, he get a nose bleed.” When caring for her sister one worker reported, “We opened her door and her bed was full of blood.” Clients occasionally fall and cut themselves, are scratched by pets, or hurt themselves by scratching or picking at scabs. PCAs stated they are exposed to sharps by disposing of lancets and needles, handling trash that has sharps, finding needles or lancets on the floor, working with clients with IVs, or touching broken glass or light bulbs. In the home environment, there may be blood on surfaces or the PCA may pick up discarded tissues with blood from the client. “She’ll just push it off on the floor. I’ll sit there for a couple of minutes just

to see if she's gonna pick this up. She will not put this stuff in the garbage." PCAs described being exposed to menstrual blood or vaginal bleeding or while assisting with the client's bowel stimulation program. PCAs describe being exposed to other bodily fluids that may be contaminated with blood.

Gloves. Some PCAs, but not all, reported that (1) their employer provided gloves, sometimes only once a month; (2) they shared gloves with co-workers; or (3) their clients provided the gloves for them. PCAs' attitudes toward gloves varied from believing gloves were useful to not recognizing personal responsibility for safety: "I use lots of soap and water, keep hands clean, and wear gloves" to "God is taking care of me."

Cleaning Practices. Many PCAs do domestic cleaning chores as well as personal care for the client and report that they bring their own hand sanitizer; use Lysol to clean up blood; use bleach to wash clothes stained with blood; wear a gown; or use soap and water for at least 45 seconds. "I wash my hands all the time."

Disposal Practices. Many common household items are used to dispose of sharps found in clients' homes including mayonnaise jars, plastic bottles, bleach bottles, milk cartons, and soda bottles. Some PCAs reported having a dedicated container inside and even a special outside dumpster for sharps disposal. "I wrap up needles and throw them out."

Training and Education. PCAs described and criticized the quality of their training, which varied from reading a book, watching videos, and having no "hands-on experience" to having training in English in situations where not everyone spoke or understood English.

Hepatitis B Vaccine. Some PCAs, but not all, reported being offered vaccinations by their employers. For some, it is required before starting work.

The Work of Caregiving: A Good Day. Intrinsic factors making for a good day included (1) satisfaction with accomplishing tasks; (2) ability to meet the clients' needs; and (3) feeling love for the client. "I'm on time, all my equipment is there. I know exactly what I need to do to get the job done and go to the next person." Extrinsic factors making for a good day were (1) receiving reassurance and acknowledgment from the client; (2) receiving guidance and support from the supervisor; and (3) ability to share stories and learn from co-workers working in the same buildings and attending same meetings.

The Work of Caregiving: A Bad Day. Intrinsic factors for making a bad day were (1) feeling the lack of respect from the client; (2) feeling stress when unable to meet client's needs; and (3) inability to speak the language of the client. "Some people can be meaner than a junk yard dog." Extrinsic factors were client related, supervisor related, and employer related. Client-related factors included (1) lack of eye contact and conversation by the client and (2) the client's refusal of care. Supervisor-related factors included (1) lack of recognition for the hard work done well and (2) lack of support during client/worker conflict. Employer-related factors included (1) inadequate training and (2) unreasonable numbers of clients per day. Additionally, workers described feeling "used by the system," undervalued as health care workers, and vulnerable when not informed of clients' "contagious condition." PCAs also feel their clients are "victims of the system."

Zanoni J, Kauffman K, McPhaul K, et al. Personal Care Assistants and Blood Exposure in the Home Environment: Focus Group Findings. *Progress in Community Health Partnerships*. 2007;2:125-32. The Community Policy Brief is intended to inform community based organizations, public health policy makers, and other individuals whose primary interest is not research, but who would be interested in the application and translation of research findings for practical purposes.