



NEW MEXICO
DIRECT CAREGIVERS
COALITION

Health and Safety for Caregivers

MODULES

- Kitchen and Bathroom Chemical Hazards
- Understanding and Implementing Opioid Overdose Reversal Protocols
- Introduction to OSHA

Participant Handbook

This **Participant Handbook** was created by the New Mexico Direct Caregivers Coalition (NMDCC) and is designed for New Mexico Frontline Healthcare Workers (Personal Care Assistants, Home Health Aides, Homemakers, Certified Nursing Assistants and Community Health Workers). The curriculum is also appropriate for family caregivers, Direct Support staff, Community Health Representatives and allied services like kitchen and custodial staff.

The Handbook and educational slides are meant to be used as a package, delivered in person by NMDCC-certified Master Trainers.

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Finally, caregivers, direct support staff and their managers and supervisors from the following organizations deserve mention because they have informed this curriculum and are the reason we conduct the work we do:

Employees and contracted staff of agencies serving those with disabilities:

- A Better Way of Living
- Cerebral Palsy Support Group of University of New Mexico
- ENMRSH, Inc.
- Independent Living Resource Center
- Self-Directed Choices, LLC
- Mandy's Farm
- Mi Via Waiver Providers
- San Juan Center for Independence
- Tobosa
- Tresco
- United Healthcare Community Plan
- Numerous consumers and care recipients
- Numerous individual direct support staff, family members and jobseekers

Employees and contracted staff of agencies serving those who are Elderly (senior centers, home health, assisted living and community settings)

- ABQ-GED
- Ambercare
- At-Home Personal Care Services
- Community Health Representatives (CHRs) of the following pueblos:
 - Isleta
 - Jemez
 - Pojoaque
 - Sandia
 - San Felipe
 - Santa Clara
 - Santo Domingo
 - Taos
- Enchantment Legacy
- Jicarilla Apache
- Navajo Nation providers
- Soaring Eagles Home Care
- United Healthcare Community Plan
- Numerous consumers and care recipients
- Numerous individual caregivers, Community Health Workers, unpaid family caregivers and jobseekers

We encourage readers to send comments and suggestions for improvement to info@nmdcc.org.

Sincerely,



Adrienne R. Smith, MPA
President and CEO

• Key Terms

The following are some of the most important terms used in this training:

Fentanyl	A highly potent opioid that can be up to 80x stronger than morphine Example: <i>Fentanyl</i> is drug that can be prescribed by a doctor.
Illicitly-Manufactured Fentanyl (IMF)	Fentanyl manufactured for illegal drug use, rather than for medical reasons Example: <i>Illicitly-manufactured fentanyl</i> is increasing in many communities, making overdose rates rise.
Ingestion	Swallowing a substance (eating and drinking) Example: <i>Ingestion</i> of certain chemicals can cause illness.
Inhalation	Breathing into the lungs Example: <i>Inhalation</i> of certain fumes can very dangerous.
Naloxone	An opioid reversal agent (drug) Example: <i>Naloxone</i> can reverse an opioid overdose and save lives.
Opioid	A substance that attaches to opioid receptors in the body and alters the way the body functions Example: <i>Opioids</i> are often prescribed for pain management purposes.
Opioid Use Disorder	Also known as opioid addiction or dependence; when a person physically requires opioids beyond an amount or time that is considered healthy Example: <i>Opioid Use Disorder</i> can happen to anyone.
OSHA	<u>O</u> ccupational <u>S</u> afety and <u>H</u> ealth <u>A</u> dministration. Part of the United States Department of Labor Example: Since 1970, <i>OSHA</i> has protected workers' health and safety.
Overdose (OD)	When someone takes a drug or combination of drugs in a toxic amount Example: Drug <i>overdose</i> causes the death of thousands of Americans every year.
Personal Protective Equipment (PPE)	Gear like clothing, helmets, goggles, gloves or other garments designed to protect the wearer's body from injury or infection Example: You need to ask for <i>PPE</i> required to do your job safely.

HANDOUT 1 • The Dangers Common Household Chemicals

Kitchen and bathroom cleaning products can contain dangerous chemicals. Some of these chemicals are known or suspected to cause cancer, birth defects, asthma, and other serious health problems. These products may harm people who have intolerances to certain chemicals, dyes and fragrances.

Even “green” or “natural” products may contain chemicals that cause health problems.

Dangerous Chemical Exposures

Chemicals can enter the body in 3 ways:

- Swallowing
- Absorption through eyes and skin
- Inhalation

Mixing certain chemicals together can be dangerous. **DO NOT MIX CHEMICALS!**



DO NOT MIX BLEACH AND AMMONIA



DO NOT MIX BLEACH AND ACIDS

Figure 1. Do not mix bleach with ammonia or acids

- Do not mix bleach and ammonia (ammonia can be found in some glass and window cleaners; urine (i.e., cat litter boxes, diaper pails); some interior and exterior paints)
- Do not mix bleach and acids (i.e., vinegar, some glass and window cleaners, automatic dishwasher detergents and rinses, toilet bowl cleaners, drain cleaners, lime, calcium and rust removal products, certain types of brick and concrete cleaners)
- Do not use two drain cleaners together, or one right after the other.
- Do not mix:
 - Baking soda and vinegar
 - Hydrogen peroxide and vinegar
 - Bleach and rubbing alcohol

Know the chemicals present in your workplace!

- Every home has a unique set of cleaning products, pesticides and other chemical-based substances in the home.
- It is important you do a “sweep” of each home you work in to know what types of chemicals you or your consumer may come in contact with.
- Though many locations within a home might have a chemical hazard present, the following tend to house the most common chemical hazards in a home:
 - Kitchen
 - Bathroom
 - Garage
 - Laundry room
- When a potential chemical hazard is identified, read the label carefully to learn what safety steps you may take if you are exposed to it.
- Know the signs of chemical exposure! The consumers you work with may come in contact with a chemical hazard even if you don’t witness it. Keep safety and first aid products handy in case this happens (i.e. eye flush).
- Knowing the signs of and protocols for chemical exposures can keep you and your consumer safe and healthy!

HANDOUT 2 • Chemical Exposures and First Aid

Eye Exposures

You may get red, itching, burning or watery eyes from chemical splashes and fumes exposure.

FIRST AID:

- Get medical attention as soon as possible following an injury, especially if you have eye pain, blurred vision or loss of any vision.

The following steps can and should be taken until medical assistance is obtained:

- Immediately flush eye with water for at least 15 minutes. Place the eye under a faucet or shower, use a garden hose, or pour water into the eye from a clean container (remove and dispose of contact lenses first if you wear them).
- Do not try to neutralize the chemical with other substances.
- Do not apply bandage.



Figure 2. Woman flushes eye because of chemical exposure

Skin Exposures

After the chemical touches your skin, you may get a rash, a burn or general irritation. Skin exposures are some of the most common, particularly when using cleaning products. Utilize rubber gloves and other Protective Personal Equipment (PPE) when working with chemical cleaning products to keep yourself as safe as possible on the job.

FIRST AID:

- Immediately wash skin.
- Then, get medical attention as soon as possible.

Inhalation (breathing in) and Ingestion (swallowing)

If you breathe the chemical in or swallow it in any amount, you may have breathing trouble such as wheezing, coughing, shortness of breath or chest pain. You may also experience headache, dizziness and nausea.

FIRST AID:

- Seek immediate medical attention and call the Poison Control Center.

WHEN IN DOUBT, CALL THE POISON CONTROL CENTER!

Poison Control Center: 1-800-222-1222

HANDOUT 3 • Safety Signal Words

Instructions: Work with a partner. Match the safety signal words with their definition, below.

1. CAUTION	_____ This product can cause permanent damage to eyes and can scar the skin beyond the surface layer where nerve ends occur.
2. WARNING	_____ Highly toxic. Deadly dose is a few drops to a teaspoon. Oven cleaners, drain openers, and toilet bowl cleaners often have this on their labels.
3. DANGER - POISON	_____ Can catch on fire. Also, may contain VOCs (volatile organic compounds) that evaporate readily at room temperature. VOCs are linked to cancer and other health problems.
4. FLAMMABLE	_____ Low toxicity. Deadly dose is an ounce to more than a pint. This is a broad category. You should be careful, but this product is not extremely harmful.
5. CORROSIVE	_____ Moderately toxic. Deadly dose is a teaspoon to a tablespoon. Typical label statement is: "May be fatal if..." May include floor cleaners and disinfectant sprays.

HANDOUT 4 • Chemical Safety Strategies

Anytime you work with chemicals, there is a risk of exposure. However, you can keep yourself – and the consumer – much safer by following these strategies.

Working Safely with Household Cleaners

- **General Tips**
 - Read the label.
 - Keep products out of reach of children and pets.
 - Keep products in their original labeled containers.
 - Never place chemicals into unmarked containers or containers labeled for a different substance.
 - Store products in locations as indicated on the label (i.e., away from heat).
 - Keep containers closed when not in use.
 - NEVER mix different cleaning products.
 - Keep the Poison Control Center number posted in the home: 1–800–222–1222.

- **Using the Products**
 - Read the label.
 - For spray products, spray on the sponge, towel, or rag, rather than on the surface area.
 - Turn spray nozzles away from your face and eyes (and those of anybody else!)
 - Work in well-ventilated area (i.e., open a window or use a fan).

- **Use Personal Protective Equipment (PPE)**
 - Check the label for recommendations.
 - Use thick, well-fitted household cleaning gloves. This is the best way to keep corrosive and irritating cleaning products away from your skin.
 - Use a household odor respirator or dust mask. Make sure it fits properly.
 - Use chemical safety glasses. Make sure they fit you properly.
 - Use protective footwear. Waterproof and slip-proof shoes will prevent chemicals reaching your feet and stop you from slipping.
 - Find less dangerous chemicals for cleaning (i.e., baking soda, vinegar); Check products for the EPA’s “Safer Choice” label.
 - Make your own safe cleaning products. See next page!

Universal Cleaning and Disinfecting Solution:

Mix up this easy cleaning solution for infection control:

Dilute bleach 1:10. That means that the solution is 1 part bleach and 10 parts water. A “part” is any measurement you choose. For example, you may choose a ¼ cup (quarter cup) measure. Just mix ¼ cup of bleach with 2 ½ cups (that’s 10 quarter-cups) of water. Put it in a spray bottle and clearly label the bottle.



Figure 3. Woman cleans with homemade disinfectant

- 1.** Spray the solution onto the surface you want to clean. Wait just until the surface air dries and then wipe it up with a damp cloth.
- 2.** Don't make too much: a fresh supply should be made every 24 hours.
- 3.** Remember that fragile skin can be very sensitive to bleach and water solution. If a care recipient gets the solution on his/her skin, rinse the area with water.

HANDOUT 5 • Communicating with Consumers about Safety

Instructions: Read the scenario below. Think about how you would respond in this situation. Then, discuss the questions below with your group.

Scenario:

You are a caregiver in the home of Mrs. Garcia, a 75-year-old consumer who has emphysema (a lung condition). Throughout her life, Mrs. Garcia has kept a very clean home, and now that she can't clean as much as she did before, she relies on you to keep the kitchen and bathrooms spotless.

Mrs. Garcia insists that you use large amounts of strong, heavily-fragranced chemical products, because she feels that if she can't smell a strong scent, the room isn't clean. Unfortunately, the strong fumes from these products make your eyes burn and give you a headache. You want to make Mrs. Garcia happy, of course, but you decide you need to speak with her about these products.

1. What are the problems in this situation? Whose health is at risk and why?
2. Mrs. Garcia has the right to use the products she wants in her home. What are your rights in this situation?
3. What can you say to Mrs. Garcia when you speak to her about this? How will you say it? What reasons will you give for your request?

If time: Role play this conversation with a partner. Take turns so that each of you has the opportunity to play the role of the caregiver.

HANDOUT 6 • What is an Opioid?

An **opioid** is a substance that alters the way the body functions. The English word is derived from the Greek word for the juice that could be made from the poppy flower, also known as **opium**. Traditionally, **opiate** has referred to a drug created from opium.

Today, *opioid* is used by medical professionals to include all substances that are found naturally and made by humans that attach to opioid receptors on nerve cells in the body. They include medications that are sometimes prescribed by a doctor *and* illegal substances. This training will be looking at how opioids may affect the work of frontline healthcare workers.

Examples of Opioids:

- Oxycodone (OxyContin®; Percocet®)
- Hydrocodone (Vicodin®)
- Codeine
- Morphine
- Methadone
- Fentanyl
- Heroin



Figure 4. Opioid pills and syringe

Discussion Questions:

1. Are there any examples you'd like to share of a time you or someone you cared for used an opioid?
2. Do you see opioids as positive or negative?

Opioid Use Disorder: How it Occurs

Opioid Use Disorder, also referred to as opioid addiction, is a growing public health issue in the United States. Opioid prescriptions grew from around 76 million in 1991 to 207 million in 2013. With the increasing number of opioid prescriptions comes greater risk for Opioid Use Disorder.

Why do people develop Opioid Use Disorder?

Many people with Opioid Use Disorder were prescribed their first opioid by a doctor for common issues. Family doctors, dentists and other medical providers prescribe opioids for many reasons, including:

- Pain following surgery
- Sports injury
- Physical ailment (back pain, shoulder pain)
- Dental pain and surgery
- Pain following work-related injury and subsequent disability

While many are able to successfully discontinue these medications after the prescription is completed, a large number of people become physically dependent after even a short amount of time. Opioids are a highly-addictive class of drug, and Opioid Use Disorder can happen to anyone!

Will this affect my job?

As a frontline healthcare worker, the care recipients with whom you work often deal with significant health concerns. They may be prescribed opioids for a future ailment or surgery, and they may already be dependent on them.



Figure 5. Man rubs shoulder with pained look on face

Drug Overdose

What is a Drug Overdose?

Discussion Question:

1. Based on your experiences, why are drug overdoses seen as a growing problem?

Overdose (OD) happens when someone takes a drug or combination of drugs in a toxic amount that overwhelms the body's ability to function. In other words, too much or too many drugs are taken. The body can overdose on many substances, including alcohol, Tylenol® and Advil® and mixtures of pills and drugs.

With opioids, overdoses can happen when too many opioids are in the body or if opioids are mixed with other substances, like alcohol or benzodiazepines (Benzos: Valium®, Xanax®, Klonopin®). **Opioids are one of the most common drug types that lead to overdose today.**

Symptoms and Consequences of Opioid Overdose

Symptoms of opioid overdose are called the **Opioid Overdose Triad** and include:

- Low rate of breathing (hypoventilation)
- Tiny pupils
- Unconsciousness

There are other symptoms involved in opioid overdose can include:

- Pale skin
- Blue fingertips and toes
- Limp body
- Slow heartbeat

Symptoms and Consequences of Opioid Overdose Cont.

Question: Is someone very high on opioids, or has s/he overdosed?

Really High	Overdose
Muscles become relaxed	Pale, clammy skin
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Deep snoring or gurgling
Nodding but will respond to stimulation	Heavy nod, not responsive to stimulation
	Slow or no heartbeat/pulse

Adaptation of Really High vs Overdose. Retrieved from [https://www.in.gov/bitterpill/files/MASS-Law-enforcement-training \(2\).pdf](https://www.in.gov/bitterpill/files/MASS-Law-enforcement-training%20(2).pdf)

In addition to these immediate physical symptoms, long-term consequences can include:

- Lost work time
- Lost pay
- Strain on relationships
- Liver damage
- Permanent brain damage
- Death

Partner Discussion Question:

1. Can you think of any other long-term consequences that might happen after an overdose?

HANDOUT 7 • Opioid Overdose Triad

✂️----- CUT AND PASTE WHERE YOU CAN SEE! -----✂️

OPIOID OVERDOSE TRIAD

- 3 SIGNS OF OPIOID OVERDOSE -

**Hypoventilation
(low breathing)**

**Unconsciousness
(passed out)**

**Pinpoint Pupils
(tiny black part of eye)**

Drug Overdose Deaths in the United States

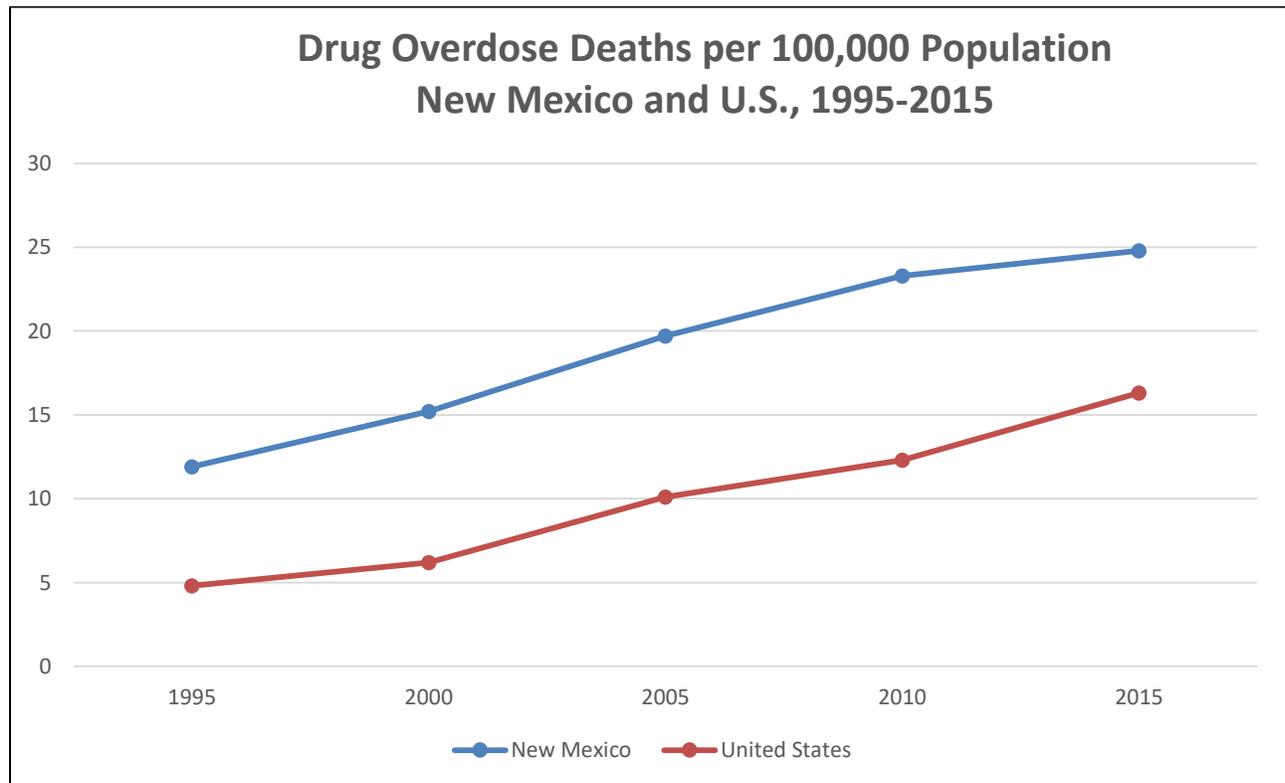
According to the Centers for Disease Control (CDC), opioid overdoses killed more than 33,000 people in the U.S. in 2015. Half of these deaths happened because of a prescription opioid!

16 out of every **100,000** people living in the U.S. died of a drug overdose in 2015.

Drug Overdose Deaths in New Mexico

25 out of every 100,000 people living in New Mexico died of a drug overdose in 2015. This means the rate of drug overdose in New Mexico is higher than much of the country.

Drug Overdose Deaths from 1995 – 2015



Adaptation of 1990-2015 Drug Overdose Death Rates. Retrieved from https://ibis.health.state.nm.us/indicator/complete_profile/DrugOverdoseDth.html

Opioid Overdose: Common Myths

⊗ **MYTH:** When someone overdoses, it means they have died.

FACT: Not everyone who overdoses dies.

⊗ **MYTH:** There is nothing anyone can do to save someone who is overdosing on opioids because most people die instantaneously.

FACT: Opioid overdose death is generally not instantaneous. If you come across a person (care recipient) who has overdosed, there is often time to reverse the overdose.

⊗ **MYTH:** Most people overdose in private, so it's unlikely anyone will be around to save them.

FACT: Most overdoses happen in the presence of other people. As a frontline healthcare worker, you may come across a care recipient who has overdosed on opioids. YOU can prevent overdose deaths.

⊗ **MYTH:** Preventing an overdose can only be done by doctors with many hours of training.

FACT: Opioid overdose can be reversed by the administration of naloxone and/or rescue breathing (mouth-to-mouth). Naloxone is a tool that can be easily used by anyone in the community.

Opioid Overdose: Common Myths Cont.

⊗ **MYTH:** I am not allowed to carry or administer the opioid reversal drug, naloxone.

FACT: You, the frontline healthcare worker, can carry and administer naloxone.

⊗ **MYTH:** It is a waste of time to administer naloxone to someone who has overdosed on opioids.

FACT: You can save lives by knowing the symptoms of opioid overdose and by knowing how to administer naloxone!

⊗ **MYTH:** Access to naloxone encourages people to continue using drugs.

FACT: Naloxone does not contribute to a person's opioid use. In fact, many studies show that a person who has overdosed and received a reversal drug may already be in drug treatment or may enroll following the overdose.

⊗ **MYTH:** I need a prescription from my doctor to get naloxone in New Mexico.

FACT: In New Mexico, you can get naloxone from a pharmacist without a doctor's prescription.

Frontline Healthcare Workers and Overdoses

Why should frontline healthcare workers (Home Health Aides, Personal Care Attendants, Community Health Workers, Certified Nursing Assistants and other caregivers) know the about opioids and the signs of opioid overdose?

Though it's likely not everyone in this room has seen or experienced a person who has overdosed, it is possible that you might come across this in your line of work. There are many reasons for this, including:

- Care recipients are likely to be prescribed opioids for pain
- The amount of time you spend with care recipients/members of the community
- Your presence in the home and private spaces of individuals
- The closeness care recipients might feel toward you, leading to their being more likely to engage in more private behaviors when you're around

You are a frontline healthcare worker – this means you are often on the FRONT LINES of health epidemics in New Mexico. Because of this, you may be the *most likely* person to witness an overdose of a senior, person with a disability or other member of your community. Knowing the signs of an overdose is the first step in protecting care recipients from becoming one of the many New Mexicans who die at the hand of opioids. The second step is being aware of how you might help someone who has overdosed on opioids.

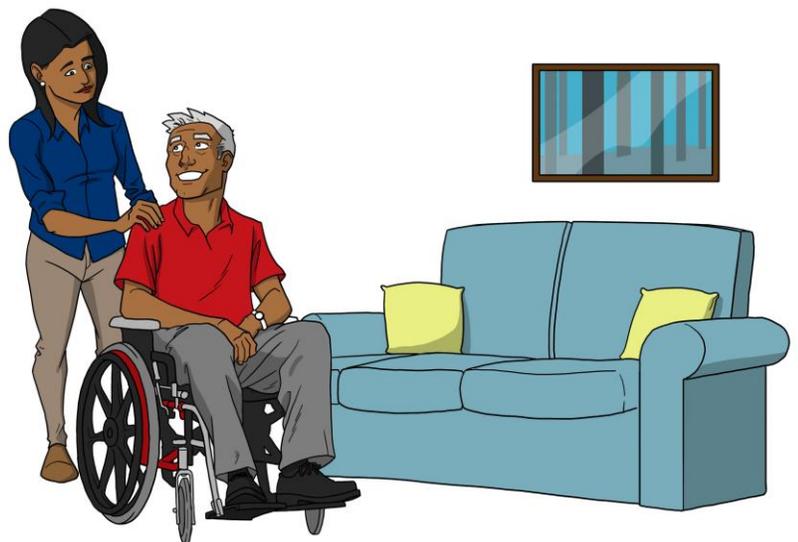


Figure 6. Caregiver and care recipient smile at one another

Scenario:

Instructions: Read the scenario at right. Work with your group to answer the questions. Remember, everyone has different backgrounds working with people in the community and has their own “expertise.”

Sandra is a Personal Care Attendant. She cares for Mr. Candelaria, a 61-year-old man, in his home four days a week. She helps him with tasks like getting dressed in the morning, cleaning the kitchen and bathrooms, cooking and doing laundry. Sometimes Mr. Candelaria’s wife is home when Sandra arrives, but she is most often working during Sandra’s work hours.

Sandra does not know Mr. Candelaria’s complete health history, but he normally seems to be in very good health and doesn’t complain of pain. She also helps him remember to take his medications twice a day. Sandra has noticed lately that Mr. Candelaria has been taking several OxyContin pills a day, though she’s not sure why he’s taking them.

One day, Sandra comes to Mr. Candelaria’s house to find him sleeping on the couch. Normally, he breathes heavily when sleeping, but she can barely hear or see him breathing today. Sandra is the only other person in the house.

Group Discussion Questions:

1. If you were Sandra, what thoughts would be going through your mind in this situation?
2. What steps do you think Sandra should take? What are your reasons?

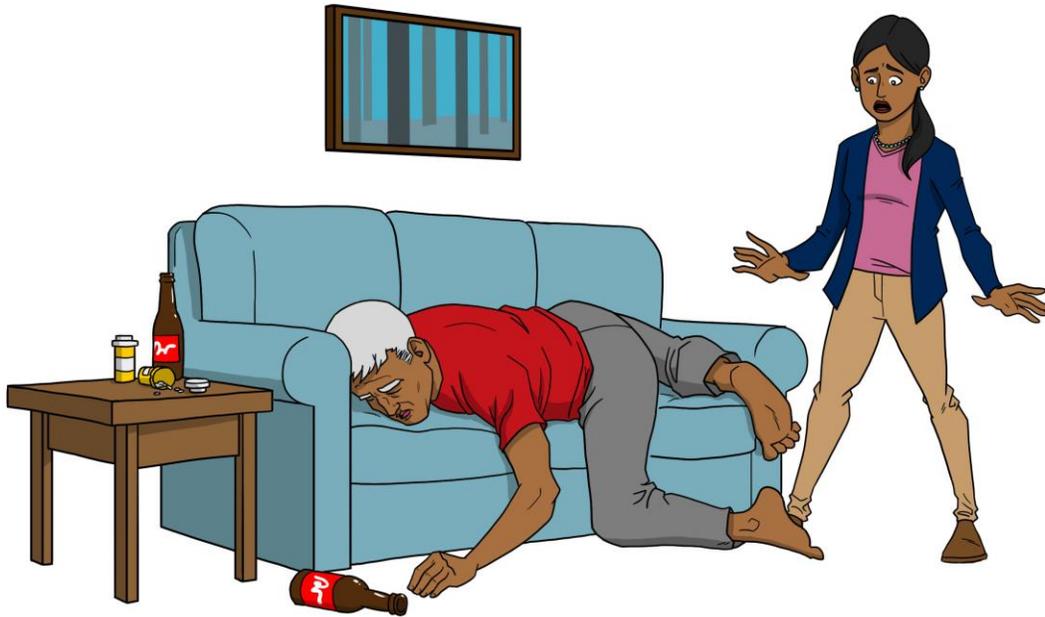


Figure 7. Caregiver walks in on care recipient who has overdosed on opioids

HANDOUT 8 • Reversing Opioid Overdose

If you believe a client has overdosed on opioids, go through the following steps. Steps will be discussed further in the next section.

1. Confirm the person is experiencing an overdose based on the signs and symptoms from pages 14-16. Check for the Opioid Overdose Triad.
2. Attempt to stimulate the person (yell their name; do a sternal rub). If they respond, they are likely not overdosing.
3. Call 911. It is important to say that the person is not breathing or is unconscious and to give the dispatcher your location.
4. Administer naloxone.
5. Do rescue breathing (**mouth-to-mouth, not CPR**).
6. Continue monitoring the situation and providing rescue breathing until overdose is reversed and the individual begins breathing normally on his/her own.
7. Administer second dose of naloxone if needed after 2-5 minutes.



Remember:

Stimulate

Call 911

Naloxone

Rescue Breathing

2nd Dose of Naloxone (if needed)

Stay until help arrives

Figure 8. Caregiver attempts to stimulate care recipient who has overdosed

Naloxone

What is Naloxone?

There are ways to reverse an opioid overdose. One of the most effective tools to-date is **naloxone**, an opioid reversal agent that blocks the effect of opioids.

Two common types of naloxone:

- Nasal spray - NARCAN®
- Auto-injector – EVZIO®

Who can carry naloxone?

In New Mexico, you **do not** need a prescription from your doctor for naloxone. A pharmacist can give naloxone to all people because of a state-wide standing order.

If you believe a care recipient, friend or loved one is at risk of opioid overdose, you can suggest to them they obtain naloxone as a part of their home first aid inventory. You can also obtain naloxone if you feel you are likely to need it to save a life in the future.

Knowing how to administer naloxone can save lives!

How to Give Nasal Spray Naloxone

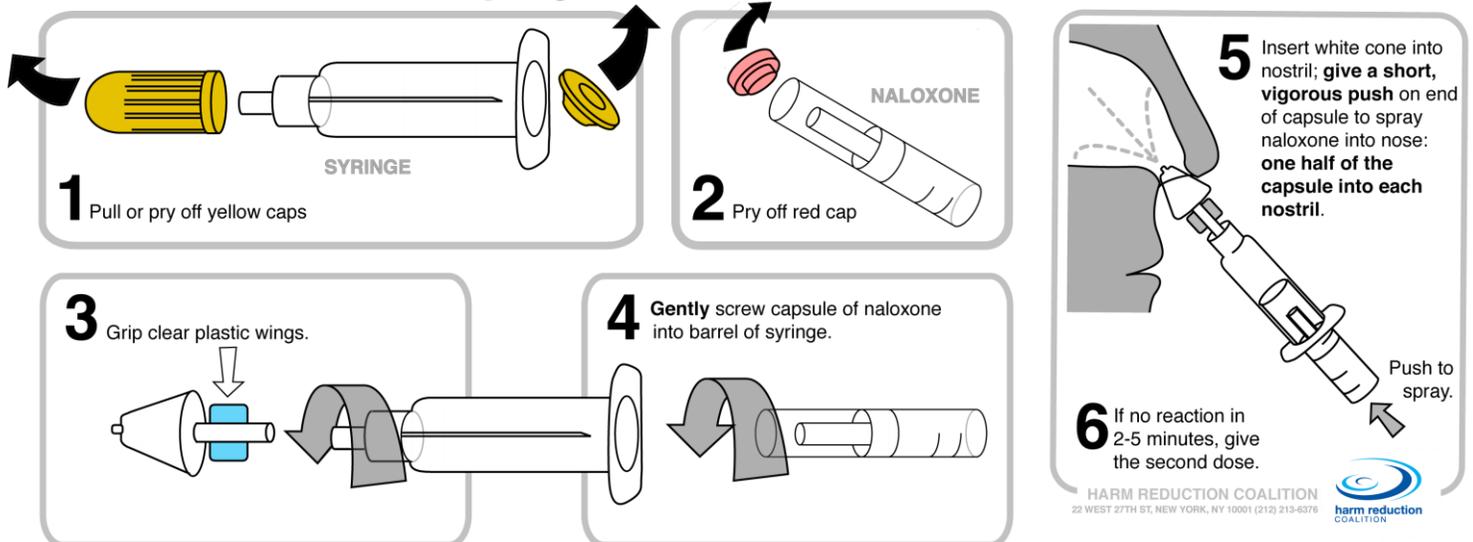


Figure 9. How to give Nasal Spray Naloxone

HANDOUT 9 • Administering Nasal Naloxone

✂----- CUT AND PLACE IN FIRST AID KIT! -----✂

Emergency Response for Opioid Overdose



nasal naloxone





Wake Up!

Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.





Someone has overdosed.

Someone isn't breathing.

Call 911

If you report an overdose, New York State law protects you and the overdosed person from being charged with drug possession, even if drugs were shared.



Administer nasal naloxone

- Assemble nasal naloxone.
- Spray half up each nostril.
- Repeat after 2 to 5 minutes if still not conscious.



Check for breathing

- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.
- Continue until help arrives.



Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.

Figure 10. Emergency Response for Opioid Overdose

Source: Administer Naloxone Overdose Response. Retrieved from <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/administer-naloxone/>.

Fentanyl

What is Fentanyl?

Fentanyl is an opioid seen in tablet, liquid or powder form. It is highly potent, with the CDC estimating it to be 80 times stronger than morphine and 100 times stronger than heroin. Fentanyl is used safely in medical environments. There are two types of fentanyl:

Pharmaceutical Fentanyl

Illicitly-manufactured Fentanyl

While pharmaceutical (prescription) fentanyl is helpful at managing chronic pain and cancer symptoms, the rise of **illicitly-manufactured fentanyl (IMF)** since 2014 has created problems for both opioid users and first responders. Illicitly-made fentanyl is often sold as heroin, oxycodone or other substances, leaving the user unaware of its potency.

Exposure to illicitly-made fentanyl can be fatal!

Who is at risk for accidental fentanyl exposure?

- People with Opioid Use Disorder
- First responders (police, EMTs, fire fighters)
- Medical providers
- Family members, friends and caregivers of those who use IMF
- Anyone aiding a person who has overdosed on IMF

Fentanyl enters the body through a number of ways:

- Inhalation (breathing)
- Orally (eating or drinking)
- Skin
- Sharps (needle stick)

HANDOUT 10 • Fentanyl Exposure

While the risk of IMF exposure for frontline healthcare workers has not been studied, it may be possible a future care recipient with whom you work may intentionally or accidentally obtain IMF. Knowing the risks lessens your chances of overdose.

If you suspect or know illicitly-made fentanyl is in your workplace, you should maintain usage of Personal Protective Equipment (PPE). Protective gloves and respiratory equipment (something to cover mouth and nose) can be useful in protection.

Other protections frontline healthcare workers can employ:

- Wash hands after suspected exposure
- Refrain from touching eyes, nose and mouth when fentanyl is suspected
- Refrain from eating or using the restroom in the presence of suspected fentanyl
- Maintain sharps safety and don't handle used needles
- Be aware of the symptoms of opioid overdose
- Call 911 if you suspect or know IMF is present – this protects both you and your care recipient!

Illicitly-made fentanyl and overdose

Because of the strength of fentanyl, overdose reversal may require larger amounts of naloxone.



Figure 11. Caregiver washes hands with soap

HANDOUT 11 • Your Rights and Responsibilities

The Occupational Safety and Health Administration (OSHA) was created in 1970. It is a part of the U.S. Department of Labor. OSHA's mission is to reduce the hazards in your job, and to make sure you have a safe and healthy workplace. OSHA sets and enforces standards. It also provides training, outreach, education and assistance to workers and employers.

As a direct caregiver, you have the right to a safe and healthy workplace – even if you work in someone else's home! If you are worried about your safety or health on the job, you have a right to speak up without fear of retaliation. Retaliation is when an employer punishes an employee for speaking up or doing anything else that he or she has the right to do at work.

You also have the right to:

- Receive training in a language you understand.
- Work on machines that are safe.
- Have access to Personal Protective Equipment (PPE), such as gloves.
- Be protected from toxic chemicals.
- Participate in an OSHA inspection of your workplace.
- Report an injury or illness, and get copies of your medical records.
- See copies of your agency's work-related injury and illness log.

Your employer has the responsibility to make sure you can exercise these rights, without fear that you will lose pay or lose your job.

1. What is OSHA's mission?
2. What is an example of retaliation?
3. What are two rights that are important to *you*, on your job?

HANDOUT 12 • When and How to File a Complaint with OSHA

Filing a Health and Safety Complaint

If you believe your working conditions are unsafe, tell your employer. You have the right to complain – even if you are not sure the hazards violate OSHA standards.

If you feel your situation is not being resolved, you may also file a complaint with OSHA and ask for an inspection. This is your right under the Occupational Safety and Health Act (OSH Act) of 1970.

If you choose to file a complaint, make sure you file your complaint **as soon as possible** after noticing the hazard. If the violations happened longer than 6 months ago, OSHA may not be able to help you.

OSHA takes your complaints seriously and **will keep all complaints confidential**. You can file a health and safety complaint by mail, by telephone, or online:

In Writing

Write your complaint on the OSHA Complaint Form. It is available at www.osha.gov/oshforms/osh7.pdf. Include your name, address, and telephone number so that OSHA can contact you about your complaint. Mail your Complaint Form to the following address:

Santa Fe State Plan Office, OSHA
525 Camino de los Marquez, Suite 3
Santa Fe, NM 87502

By Telephone

OSHA staff can discuss your complaint and answer your questions. **If there is an emergency, use the telephone** – not the mail or the internet. To contact OSHA in New Mexico, call (505) 476-8700. You can also call 1-800-321-OSHA.

Online

You can file your complaint online using the OSHA Online Complaint Form. You can find this form at <https://www.osha.gov/pls/osh7/eComplaintForm.html>

Filing a Whistleblower Complaint

It is illegal for an employer to fire, demote, transfer, or otherwise retaliate against you for using your rights under the law. If you believe your employer has retaliated against you, you can file a whistleblower complaint **within 30 days of the retaliation**.

You can file your whistleblower complaint by mail, by telephone, or online:

In Writing

Describe your complaint in writing using the OSHA Notice of Whistleblower Complaint Form. You can find this form online at

https://www.whistleblowers.gov/whistleblower_complaint.pdf. You can write your complaint in any language. Send it to the following address:

Santa Fe State Plan Office, OSHA
525 Camino de los Marquez, Suite 3
Santa Fe, NM 87502

By Telephone

Call your local OSHA Regional Office at (505) 476-8700.

Online

Use the OSHA Online Whistleblower Complaint Form. You can find it at

<https://www.osha.gov/whistleblower/WBComplaint.html>

**For more information about filing complaints with OSHA, visit
www.osha.gov/workers/index.html**

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New Mexico Direct Caregivers Coalition advocates for direct care workers' education, training, benefits, wages and professional development so they may better serve people who are elderly and those with disabilities.

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