Home Care Worker Safety Kit

Forms, policies, and quick guides to reduce violence, harassment, injury, and exposure during home visits.

Why this kit matters. In a 2024 survey of 400 home-based care providers, more than half had experienced or witnessed workplace violence or harassment, and more than 30% did not feel their organization prioritized their safety. Workers are alone in other people's homes, so safety depends on planning before the visit.

What is in this kit

Part	Tool	Use it
A	Employer Safety Program Checklist	Once a year, and after serious events
B	Home Safety Assessment	At intake, first visit, and when conditions change
C	Client and Family Safety Agreement	At start of service
D	Visit Check-In Plan	For every field worker
E	Worker Pocket Card	Carry on every visit
F	Hazard Quick Sheets	Orientation and refreshers
G	Incident and Near-Miss Report	After any event, threat, or concern
H	Supervisor Response Checklist	After any report
I	Safety Log, Training Record, and Quarterly Review	Ongoing

Legal requirements vary. Check your state rules. For example, California's workplace violence standard for health care, Title 8 Section 3342, lists home health care and home-based hospice. It requires a written plan, environmental risk assessments, an incident log, training, and recordkeeping. Other employers and states may have different requirements. Ask your state occupational safety agency, insurer, or adviser which rules apply.

Part A. Employer Safety Program Checklist

These items follow the five building blocks in OSHA's guidelines for healthcare and social service workers.

Building block	In place	Partly	Not yet	Owner and date
1. Leadership and worker involvement				
A leader is responsible for worker safety.	☐	☐	☐	
Workers help identify hazards and review solutions.	☐	☐	☐	
A written policy says threats, violence, and harassment will not be ignored.	☐	☐	☐	
Workers can report without retaliation.	☐	☐	☐	
2. Worksite analysis				
Home safety is assessed before or at the first visit.	☐	☐	☐	
Assessments are repeated when conditions change.	☐	☐	☐	
Incident and near-miss reports are reviewed for patterns.	☐	☐	☐	
3. Hazard prevention and control				
Workers may decline to start or continue a visit if they feel unsafe.	☐	☐	☐	
A check-in system and code word are in use.	☐	☐	☐	
A buddy or two-person policy says when extra support is needed.	☐	☐	☐	
Supplies are provided: gloves, sharps containers, transfer aids, and flashlights.	☐	☐	☐	
Client safety expectations are explained in writing.	☐	☐	☐	
4. Training				
New workers are trained before going into the field.	☐	☐	☐	
Training covers warning signs, de-escalation, leaving safely, and reporting.	☐	☐	☐	
Supervisors are trained to respond and support workers.	☐	☐	☐	
5. Recordkeeping and evaluation				
Assaults, threats, and near misses are recorded.	☐	☐	☐	
Injuries are recorded on the OSHA 300 Log where required.	☐	☐	☐	
The program is reviewed at least once a year.	☐	☐	☐	

Part B. Home Safety Assessment

Complete by phone at intake, then in person at the first visit. Update when conditions change. Share only what workers need to stay safe, and treat the information as confidential.

Client ID	Date	Completed by
Who else lives in or visits the home?	Best entrance and parking	Emergency contact

Hazard or concern	No	Yes	Unknown	Plan
History of threats, violence, or harassment toward workers	☐	☐	☐	
Weapons in the home (ask that they be secured)	☐	☐	☐	
Alcohol or drug use that affects safety	☐	☐	☐	
Uncooperative household members or visitors	☐	☐	☐	
Dementia or other condition linked to agitation or striking out	☐	☐	☐	
Pets that may need to be secured	☐	☐	☐	
Poor lighting, unsafe steps, or blocked exits	☐	☐	☐	
Clutter, hoarding, pests, or poor sanitation	☐	☐	☐	
Smoking in the home	☐	☐	☐	
Home oxygen	☐	☐	☐	
Needles or sharps	☐	☐	☐	
Space heaters, frayed cords, or unsafe wiring	☐	☐	☐	
No working smoke alarm	☐	☐	☐	
Neighborhood or parking concern	☐	☐	☐	
No cell service	☐	☐	☐	
Transfers beyond one person’s safe ability	☐	☐	☐	

Safety level (circle): Routine / Extra precautions / Do not send alone	Supervisor approval	Next review date

Precautions workers must follow

Part C. Client and Family Safety Agreement

We want every visit to be safe and respectful for you and your caregiver. Please review these expectations. If an illness or disability makes something hard, tell us so that we can plan together.

You can expect us to

- Treat you and your home with respect.
- Tell you who is coming and when.
- Protect your privacy and belongings.
- Listen to concerns and respond promptly.
- Tell you how to report a problem, including a problem with our staff.

We ask you and others in the home to

- ☐ Treat workers with respect. Threats, violence, sexual comments or contact, and hateful language are not allowed.
- ☐ Lock up or remove weapons before visits.
- ☐ Secure pets during visits if a worker asks.
- ☐ Do not smoke during visits, and never smoke near oxygen.
- ☐ Keep paths clear and provide working lights.
- ☐ Do not ask workers to do tasks outside the care plan.
- ☐ Do not offer money, gifts, or loans, or ask workers to handle your finances.
- ☐ Tell us who will be in the home, and of any new safety concerns.

What happens if there is a safety concern

A worker may leave if they feel unsafe. We will contact you and the people responsible for your care as soon as we can. We will talk with you about how to make visits safe, and how to keep your care in place. Where an illness causes behavior changes, we will work with you and your care team.

Client or representative: signature	Printed name and title	Date
Agency representative: signature	Printed name and title	Date

Part D. Visit Check-In Plan

OSHA recommends log-in and log-out procedures for home visits, with a manager following up if a worker does not check in.

Rule	Your agency's plan
Who tracks visits each day	
How workers check in and out	
What happens if a check-out is late (time limit)	
Emergency code word or phrase	
After-hours supervisor number	
When a second person or buddy is required	
When a visit may be delayed or moved	

Daily log

Worker	Client ID	Planned arrival	Checked in	Checked out	Vehicle or route	Follow-up

If a worker does not check in

1. Try the worker by call and text.
2. Call the client home, if appropriate. Do not reveal a concern that may increase risk.
3. Notify the supervisor. Follow your time limit.
4. Call 911 for a welfare check if there is concern for safety, or when the time limit has passed.

Part E. Worker Pocket Card

Print, cut, and carry. Add your phone numbers.

Before and during every visit	If you feel unsafe
• Know the client's safety plan. • Check in and out. • Park where you can leave easily. • Keep your phone and keys on you. • Know the way out, and keep it clear. • Look and listen before entering. • Trust your instincts. You do not need proof to get help.	**1.** In immediate danger, leave if you can and **call 911**. **2.** Stay calm. Speak slowly. Do not argue or block the exit. **3.** Use the code word with your office. **4.** Go to a safe place. Call your supervisor. **5.** Tell the agency right away, so the client is not left without needed care. **6.** Get medical care if hurt. Write down what happened.

My numbers	
Office	
After-hours supervisor	
Code word	
Adult Protective Services	

When the behavior comes from dementia or illness. Some people strike out because of pain, fear, or confusion. Approach calmly, explain what you are doing, and step back if the person becomes upset. Their condition may explain the behavior, but you still have the right to be safe. Report it, so the plan can change.

Harassment is reportable. Sexual comments, unwanted touching, slurs, and repeated harassment should be reported, even if the person "didn't mean it," or the family asks you to ignore it.

Part F. Hazard Quick Sheets

Hazard	Safe practice	If something goes wrong
Lifting and transfers	Bend your knees, not your back. Avoid twisting. Use your feet to turn. Push rather than pull. Use gait belts, slide boards, or mechanical lifts when ordered. The client's arms go around your body, not your neck.	Stop and get help. Report any strain or pain.
Slips and falls	Wear non-slip shoes. Keep paths clear. Clean spills quickly. Use railings. Use non-slip mats in bathrooms. Carry a flashlight.	Report hazards and injuries the same day.
Needles and sharps	Use a sharps container. Never recap needles or reach into trash. Point sharps away from your body. Discard right after use.	Wash with soap and water, get medical care right away, and report.
Blood and body fluids	Treat all blood and body fluids as potentially infected. Wear gloves. Change gloves for each client and task. Wash hands before and after. Cover cuts.	Rinse eyes with water or saline. Flush nose, mouth, or skin with water. Report.
Cleaning chemicals	Read labels. Keep products in original containers. Never mix products. Never mix bleach and ammonia. Open a window or use a fan.	Stop, get fresh air, and wash. Poison Help: 1-800-222-1222.
Fire and electrical	Know the exits. Keep heaters away from anything that can burn. Avoid overloaded cords. Stop using an appliance that shocks. Keep oxygen away from flames.	Get out and call 911.
Pets	Ask at intake about pets. Ask that pets be secured if you are concerned.	Wash bites and scratches, get care, and report.
Travel	Share travel plans through your check-in system. Park in a well-lit place when possible. Keep your phone charged.	Call 911 for danger or a crash, then call your office.

Part G. Incident and Near-Miss Report

Report any injury, threat, harassment, exposure, unsafe condition, or near miss. Reporting will not be held against you. Write what you saw, heard, and did.

Report date	Your name	Phone
Date and time of event	Location	Client ID (if any)

- ☐ Physical assault
- ☐ Sexual harassment or assault
- ☐ Needle stick or body fluid exposure
- ☐ Slip, trip, or fall
- ☐ Vehicle or travel event
- ☐ Near miss
- ☐ Verbal threat
- ☐ Other harassment or hate speech
- ☐ Lifting or transfer injury
- ☐ Dog or animal incident
- ☐ Unsafe home condition
- ☐ Other:

What happened, in order?

Who was present? Were there witnesses?

Was anyone hurt? What care was received?

Was the client left safe? Who was told?

What do you think would prevent this from happening again?

Worker: signature	Printed name and title	Date

Part H. Supervisor Response Checklist

Right away

- ☐ Confirm that the worker is safe. Call 911 if needed.
- ☐ Arrange prompt medical care. For a needle stick or exposure, treat this as urgent.
- ☐ Listen first. Do not blame the worker.
- ☐ Check that the client is safe and has needed care. Arrange a replacement if safe to do so.
- ☐ Decide whether other staff need warning. Suspend visits or add precautions if needed.
- ☐ Decide whether police, Adult Protective Services, the state, or the case manager must be told.

Within one business day, or sooner if required

- ☐ Complete or review the report.
- ☐ Offer counseling or the employee assistance program if available. Offer time to recover.
- ☐ Follow workers' compensation steps.
- ☐ Record on the OSHA 300 Log if required.
- ☐ Tell the worker what happens next.

Within the time your policy sets

- ☐ Investigate the root cause, including near misses.
- ☐ Update the Home Safety Assessment and care plan.
- ☐ Hold a care conference with the client, family, and clinicians if needed.
- ☐ Decide whether service can safely continue. Follow state and contract rules for any change or discharge. Do not abandon a client.
- ☐ Share lessons learned while protecting privacy.
- ☐ Follow up with the worker in about one week and one month.

Root cause and actions (owner and due date)

Supervisor: signature	Printed name and title	Date

Part I. Safety Log, Training Record, and Quarterly Review

Safety log

Date	Type	Client ID	Injury ?	Lost time?	Action taken	Closed

Training record

Worker	Orientation	Violence prevention	Body mechanics	Bloodborne pathogens	Refresher

Quarterly review

Question	This quarter
How many injuries, threats, harassment reports, and near misses?	
Are reports rising because more people feel safe reporting?	
Which clients, locations, times, or tasks show a pattern?	
What did workers tell us?	
Which actions are overdue?	
What will we change next quarter?	

Sources and further reading

OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (osha.gov)

NIOSH: Homecare Workers' Handbook (cdc.gov)

NIOSH: Occupational Hazards in Home Healthcare (cdc.gov)

LeadingAge: HCBS workers concerned about their personal safety (leadingage.org)

California Code of Regulations: Title 8, Section 3342 (dir.ca.gov)

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