

HOME VISITOR SAFETY

MIECHV
Program
Training
Module

*Adapted from the Idaho Department of Health and
Welfare Family and Community Services: Social
Worker Academy - Worker Safety*



WHY HOME VISITOR SAFETY?

- An appropriate analogy is that of driver education shares some parallels with worker safety. The purpose of driver education is to provide education on safety procedures, hazards, principles of defensive driving, and to teach the rules of the road. Home Visitor safety training is similar in that it includes education on safety procedures, hazards, principles of communication and crisis intervention, and teaches the “rules of the road” for interaction with individuals in stressful circumstances. Your safety is as important as the work you do. This training is designed to provide you with knowledge to allow you to be safe and effective in your work life.



PREPARING FOR A HOME VISIT

Before the Visit

- Always let someone know where you are going.
- Review intake form for possible concerns of violence or substance abuse
- Mentally rehearse the visit and what you need to accomplish.
- Don't wear excessive jewelry and dress appropriately.
- Take your ID with you, but do not wear your ID cord around your neck.
- Wear comfortable shoes with low or no heels.
- Carry a cell phone with you, if possible.

Approaching the House

- Be aware of your surroundings.
- Park your vehicle in a way that you can make a quick exit, if necessary.
- Do not block anyone's s parking space.
- Lock valuables in the trunk of your vehicle.



DURING A HOME VISIT



During the Visit

- Be aware of the exits from the home. If possible, keep yourself between the client and the door.
- Sit near an exit or facing the hallway so you can view hall and bedrooms.
- Use non-threatening body language and remain calm and polite.
- Respect the client's home and their emotions.
- Listen to your instincts and feelings.
- Do not touch the family pet.
- Be cautious and use common sense.
- Leave if you feel threatened or if you notice unlawful or peculiar behavior. Report your concerns to your supervisor or police when necessary.

Just in Case

- Make sure your vehicle is in good running condition and has enough gas.
- When possible, back your vehicle into parking spaces.
- Keep a flashlight and a first aid kit in your vehicle.
- Take dog biscuits along to calm excited/aggressive dogs.
- Don't reveal too much personal information about yourself or your family. Use first name only except on business cards or signed papers that must be left with the family. Use only business or public phones to prevent identification of personal phones with caller I.D.

PHYSICAL APPEARANCE

Clothing

Clothing can do several things make a statement about our personality, background and any affiliations we may have. Those very things can work against us when dressing for safety. Consider the following statements regarding various items of clothing:

- Religious or political symbols – cautious wear
- Jewelry - avoid flashy jewelry that may make you a target
- Long hair - wear it up to prevent it from being used against you
- Shoes - should be comfortable and protect the feet.
- Ties & Scarves - use clip on ties that cannot present a choking danger.



OUTDOOR SAFETY AND TRAVEL

Here are some things to consider depending on the environment you are entering.

- You'd want to know how much snow is on the ground, whether there is ice underneath, and how your vehicle negotiates winter conditions. That is the same perspective we'll use with these specific safety hazards.
- No matter where you are going, be sure your car has enough gas and is in good working order.

Other considerations

- Knowledge of neighborhoods and safety
- Know agency procedures for car safety
- Keep fuel tank full
- Leave valuables locked in the trunk
- Drive defensively



ANIMAL HAZARDS

- Many people have animals. Some friendly some not so friendly. Its always a good idea to check this when talking to the client on intake or when planning the first home visit.
- Watch for clues:
 - If you are unsure if there are animals in the residence look for signs that may warn you of the presence of an animal.
- Be vigilant:
 - These are not your pet's you have no idea on how they will behave.
- Know safety procedures if you are going to be a unfamiliar animal.



COMMUNICABLE DISEASES AND HEALTH HAZARDS

One of the best and easiest methods of preventing the spread of communicable diseases is to wash your hands frequently and thoroughly. Use the hand washing tips as a guide to keeping your hands clean. Use a common sense approach if you feel there is a health hazard present. Coming and in and out of homes and being in contact with many families throughout the week increases chance of spread of communicable disease between staff and families.

Helpful Reminders:

- Know agency procedures
- Hand washing is critical
- Know when to protect yourself
- Watch for Lice
- Airborne & Fluid surface contamination

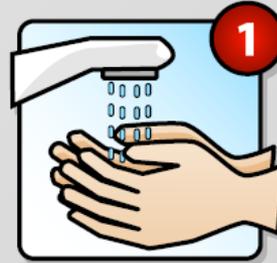


HANDWASHING TIPS

EFFECTIVE HANDWASHING

7 Steps to Prevent the Spread of Germs

 **Health Matters**
healthmatters.idaho.gov



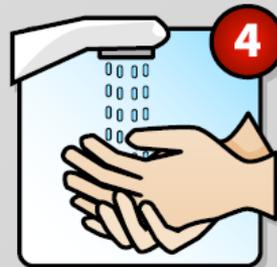
Turn on water to a comfortable temperature and moisten hands and wrists.



Apply a generous portion of liquid soap.



Generate a heavy lather and wash well for approx. 15 seconds. Clean between fingers, nail beds, under fingernails and backs of hands.



Rinse well under running water, keeping hands low in sink to prevent splashing.



Hold hands so that water flows from the wrist to fingertips.



Dry hands completely with clean paper towels.



Use the paper towel to turn off the faucet so your hands remain clean.

panflu.idaho.gov

Did you know that 15-20 seconds is the equivalent of singing 'Happy Birthday' twice?

DRUG AND CHEMICAL HAZARDS

Drugs and Chemicals

- Some signs of drugs or hazardous chemicals in a home are more obvious than others. If you get a feeling that things are not right then trust your instincts to know when to leave or to ask for help.
 - Know agency procedures
 - Recognize hazards
 - Know when to get help or leave
 - Reporting issues



Meth Labs

Idaho's Department of Health and Welfare Division of Family and Community Services - Child Welfare Policy Memorandum Summary:

- Idaho's Department of Health and Welfare, Division of Family and Community Services, issued a policy memorandum that provides guidance for situations involving suspected meth labs and the health and safety of children present when meth labs are seized. Family and community services workers who discover or suspect they have discovered an illegal lab are instructed to leave the site and then coordinate with law enforcement personnel to assess children's health and safety using regional multidisciplinary team protocols. Law enforcement personnel are instructed to protect children's safety and well-being throughout the seizure process and to decontaminate any children determined to be in imminent danger before placing them under the social worker's care. The social worker must follow established safety procedures while transporting the child to foster care or to an acceptable caregiver and while gathering clothing and other items from the scene. Each child taken into custody is to receive a physical examination within 48 hours. The physician will receive written guidelines for medical evaluation of children and adults exposed to meth manufacturing.

Note: this is a policy related to child welfare social workers, but might be used as a template for local agencies



WEAPONS

Weapons

One can assume that every home may have a weapon of some kind in it. And that every client can access a weapon.

It is important to pay attention to the client for signs that they are becoming more agitated or that a situation is starting to escalate.

It is best to keep the client talking and encourage them to engage you in a discussion to help calm the situation however you should be ready to leave or ask for help if you feel this situation is out of control or the client has crossed over boundaries that you have established.

Weapons Tips

- Assume that every home has a weapon
- Assume that every client could access a weapon
- Watch for signs of escalation
- Know when to leave or request help
- Look for weapons when you are in someone else's space
- Guns are often in bedroom, knives in kitchen
- Never reach for a weapon



BOUNDARIES AND LIMIT SETTING BEHAVIORS

Boundaries

- Boundaries set the tone for the professional relationship. They are important. Spend a few moments thinking about the kinds of boundaries you would set up for both yourself and for your clients.
- Important considerations for boundary settings include the following questions:
 - When you've set a limit, how do you maintain that limit?
 - Do you make exceptions?
 - In what situations are you willing to bend the rules?
- Observation and conversation with peers and supervisors help home visitors define ways to best maintain boundaries. Talk with your supervisor about how best to maintain boundaries.

Boundary Considerations

- Maintaining limits
- Boundaries set the tone for a professional relationship
- Know your triggers
- What would a reasonable person do?
- Do you bend your rules?
- Talk with your supervisor about limits
- Communication
- Feelings
- Intuition
- Problem solving skills
- Conflict Management
- What is acceptable behavior?
- How to set limits

SELF AWARENESS & REFLECTION

- Self-Awareness and reflection is being familiar with questions about how you respond to these difficult questions related to client interaction. Understanding yourself will help you set up limits and boundaries for interactions with clients.
- Self-awareness is a construct that is a compilation of several concepts with which you are likely quite familiar. These concepts include boundaries and limit setting behavior, communication, feelings, intuition, problem solving skills, and power.
- These concepts are not particularly challenging when you are working with a motivated client. However, as you work with difficult or unmotivated clients these concepts become much more challenging.

Ask yourself the following questions.

Is it OK for a client to not complete program activities?

Is it OK for client to raise their voice at me?

Is it OK for a me to continue with visit a client dealing with domestic violence?

Is it OK for me to continue working with an uncommitted client?

Is it OK for a client to lie to me?

Is it OK for me to work with a client with a family member of a alcohol or drug user?

UNDERSTANDING LIMITS

Being aware of your own feelings and responses is critical in working with families in difficult circumstances. Do you get mad when people yell at you? Do you feel fearful when someone gets very angry? You know yourself best. We all have situations that trigger responses within ourselves. It is our responsibility professionally to monitor ourselves closely and work on our own issues sometimes with the help of reflection and reflective supervision. There will always be situations in which you are more comfortable, but learning to manage the more uncomfortable situations will make you better professionally and personally. This may mean reading books, journaling, or even working with a counselor.



COMMUNICATION

Verbal	Non Verbal	Para Verbal
<p>Verbal communication includes our word selection; how we say what we want to say. Our word selection can be very powerful as it can soothe, uplift, or infuriate with just a few words. Be mindful of your word selection and your response when faced with disappointing or unusual words or circumstances.</p>	<p>Non-verbal communication includes facial expressions, eye contact, tone of voice, body posture and motions, and positioning within groups. It may also include the way we wear our clothes or the silence we keep.</p>	<p>Paraverbal communication describes the rate and tone of your verbal communication. For example if someone is becoming agitated you may notice a change in the rate of speech, in tone or a raised voice. All can indicate internal stress and may be indicators that your client is beginning to lose control.</p>

Communication with clients is critically important, as it is the base on which relationships are built through development of common understanding, trust, and credibility. Communication occurs both through spoken and unspoken forms.

COMMUNICATION: INTUITION

Most of our communication is subtle and intuition is an important concept address. Intuition is sometimes called instincts and can be helpful in some situations. Humans often ignore intuition, unlike many animals. In the animal kingdom, if you ignore that strange feeling that something is watching you, you are dinner! We need to re-teach ourselves to listen deeply and pay attention to the subtle messengers of intuition.

Intuition can cause some of these feelings.



PROBLEM SOLVING



- Intuition alone will not keep us safe. Problem solving skills are as important as intuition. The better you know your agency's safety policies, the more confident you will be in your decision making. Make time to read agency policy and ask your supervisor about anything that isn't clear to you. Know when to ask for help and know when to leave a situation to protect yourself. This knowledge base is the foundation for your safety.
- As well as knowledge about safety policies and procedures, good problem solving involves other factors. When we are stressed or anxious we do not think as well. You must maintain your own health and well being to problem solve well. Finally, remain vigilant. All of us can have a bad day; that goes for your clients, their neighbors, or their animals.

CLIENT AWARENESS

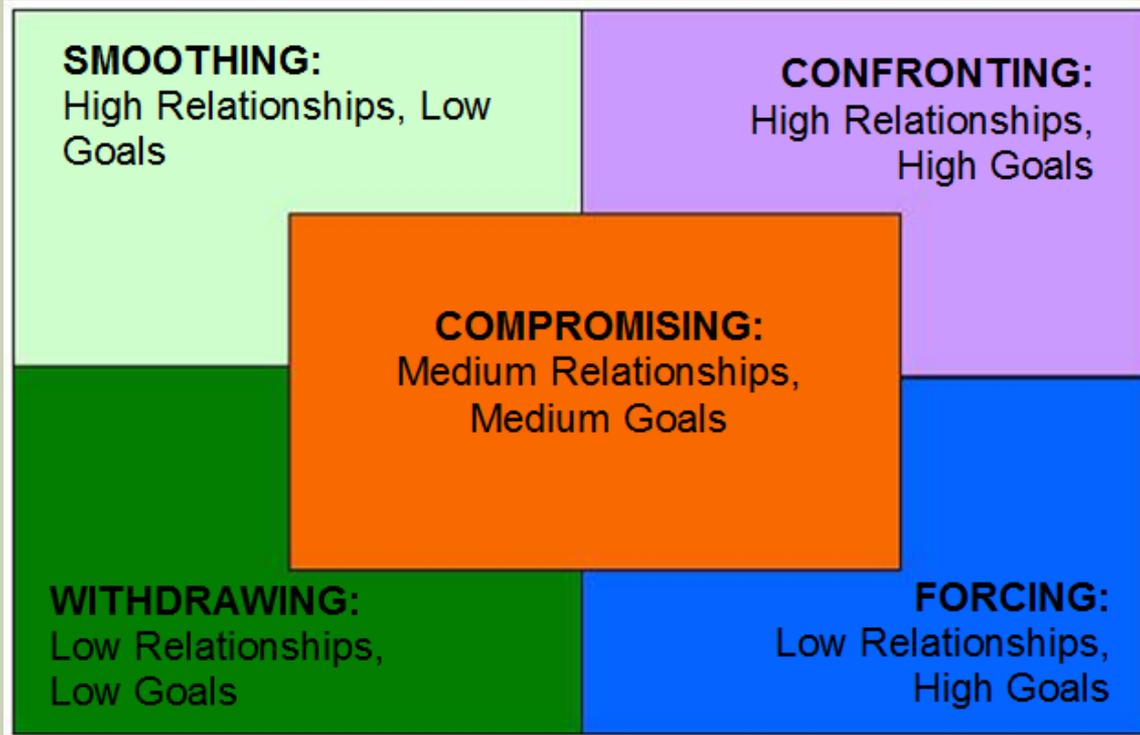
Power

- In some cases, clients or family members of clients may struggle with issues related to power. Power is often a key factor in families struggling with domestic violence. Several internal factors have been associated with aggressive encounters. These include fear, humiliation, boredom, grief, and a sense of powerlessness. To reduce risk, avoid putting clients in positions that embarrass them. Rather, give them knowledge that empowers them and help them see other, nonviolent options.

- In the case that home visitors encounter situations when client's power has been challenged, consider the following:
 - Power needs to be recognized and acknowledged
 - Facilitate client's sense of control and allow and help client to save face
 - Stop escalation before client loses control
 - Do not be defensive
 - Do not defend yourself or anyone else
 - Do not make the client show you that they must be respected
 - Avoid putting clients in positions that embarrass them.

CONFLICT MANAGEMENT

Conflict Management Styles: What's Yours?



Consider these questions:

When is your style most useful?

When you should not use your preferred style?

What would happen if you only used one style in all situations?

CRISIS INTERVENTION

- There are several different paradigms for talking about crisis intervention. This training presents the 4 phase crisis intervention paradigm that provides you with tools to identify each phase as well as what skills and interventions are most appropriate for each phase. Keep in mind that each client is unique and this will provide you with general guidelines for intervention in crises.
- Consider the following questions:
 - What is a crisis?
 - Have you ever had one?
 - What did you feel like during your crisis?
 - In reflection, what would have helped you?
- Actually our needs are different in each phase of the crises. What may help you in one phase may actually not be helpful in another phase. Select from the links below to read about each phase.

CRISIS INTERVENTION

Anxiety Phase	Defensive Phase	Acting Out Phase	Recovery Phase
<p>Anxiety can be visible or invisible identification of nonverbal and paraverbal cues is important. These are the most prominent cues for anxiety.</p> <p>This is the easiest stage in which to deflect the crisis. It is critical to intervene in this stage quickly and effectively. Supportive empowerment of the client is critical. Using your skills and strength based orientation, empower the client to create a solution that will solve the problem creating the anxiety. Encouraging language and an empowering approach is most effective with the anxiety phase. Use active listening skills and allow the client to express feelings to reduce anxiety. Be sensitive to culture, values, and beliefs of the client. Your goal is to help the client feel understood and begin to address the root of the crisis.</p>	<p>Sometimes, a client has already passed the anxiety phase when you arrive. The next phase is known as the defensive phase. If the anxiety is not alleviated, most people will become more agitated, defensive, and angry. This phase will likely be more visible. Watch for cues in a three forms of communication. It is also important that behavior is closely monitored for signs.</p> <p>Your intervention is geared to deescalate the client by addressing both feelings and behavior. Be prepared to intervene more directly as your goal is to prevent the client from losing control. First try to use your active listening skills to get at the client's feelings. This may be effective in deescalating the client. However, if this does not appear to be effective, you must prepare yourself to set clear boundaries around client behavior. As your client loses control, is it critical that you remain in control.</p>	<p>In the acting out phase and the client has lost their ability to regulate behavior. Try the interventions identified in the defensive phase, but if the client is unable to respond to your commands, you may need to leave the situation for your own safety. If you set clear boundaries in the beginning, the termination of the visit is a consequence of the boundary violation. Again, your goal is to intervene to prevent a client from losing control.</p> <p>If a client is using substances such as methamphetamine or cocaine, his or her behavior will be significantly less predictable. It is not uncommon for a client using these substances to move through the phases in an incredibly short period of time, in spite of your best interventions. If you suspect a client is using a substance, be very cautious and plan a way to keep yourself safe if there is a quick escalation.</p>	<p>This is a tension reduction phase. Regaining of composure occurs at this phase. This is the "calming down" phase.</p>

CASE STUDY

During a home visit, Mom's boyfriend comes home. He glares at you and paces around the room. When you explain who you are and why you are visiting, he yells. He begins cursing and gesturing, but stays away from you.



WHAT WOULD YOU DO?

No Right Answer

- Ideally, though, you want to help the angry person "come down" from his or her anger.
- The main rule is to remain calm (and it's easier said than done)
- It is not a good idea, however, to tell the client to "calm down."
- Instead, be empathetic. Talk about the frustration or problem that has come up.
- Reflect feelings and behaviors such as "you seem angry."
- Defensiveness on your part validates the angry person, increasing the tension.
- Reinforce your calm tone with non-threatening, non-confrontational body language.
- Avoid extensive eye contact and physical closeness.
- Even if the person seems to be calming down, be patient—it takes a person about 30 to 40 minutes to calm down from anger physiologically.

SELF-CARE



Stress is the emotional and physical strain caused by our response to pressure from the outside world. Common stress reactions include tension, irritability, inability to concentrate, and a variety of physical symptoms that include headache and a fast heartbeat. Secondary trauma can occur when you see or hear about a traumatic event. **Secondary trauma** or **vicarious trauma** does not happen to you directly, but you feel its effects. You might have experienced secondary trauma when you watched the news reports after 9-11. More recently, many people were rightly disturbed in the aftermath of hurricanes Rita and Katrina. People can even experience vicarious trauma from watching the news or graphic scenes in movies. People who work directly with trauma can also experience secondary trauma. Nurses and physicians, emergency personnel, therapists, can all be deeply affected by what they see and hear.

Studies confirm that caregivers play host to a high level of **compassion fatigue**. Day in, day out, workers struggle to function in care giving environments that constantly present heart wrenching, emotional challenges. Affecting positive change in society, a mission so vital to those passionate about caring for others, is perceived as elusive, if not impossible. This painful reality, coupled with first-hand knowledge of society's flagrant disregard for the safety and well being of the feeble and frail, takes its toll on everyone from full time employees to part time volunteers. Eventually, negative attitudes prevail. Compassion Fatigue symptoms are normal displays of chronic stress resulting from the care giving work we choose to do. Leading traumatologist Eric Gentry suggests that people who are attracted to care giving often enter the field already compassion fatigued. A strong identification with helpless, suffering, or traumatized people or animals is possibly the motive. It is common for such people to hail from a tradition of what Gentry labels: other-directed care giving. Simply put, these are people who were taught at an early age to care for the needs of others before caring for their own needs. Authentic, ongoing self-care practices are absent from their lives.

If you sense that you are suffering from compassion fatigue, chances are excellent that you are. Your path to wellness begins with one small step: awareness. A heightened awareness can lead to insights regarding past traumas and painful situations that are being relived over and over within the confines of your symptoms and behaviors. With the appropriate information and support, you can embark on a journey of discovery, healing past traumas and pain that currently serve as obstacles to a healthy, happier lifestyle. Healing begins by employing such simple practices as regular exercise, healthy eating habits, enjoyable social activities, journaling, and restful sleep. Accepting the presence of compassion fatigue in your life only serves to validate the fact that you are a deeply caring individual. It is possible to practice healthy, ongoing self-care while successfully continuing to care for others

STRESS AND TRAUMA



What's the difference between stress and burnout?

- **Stress** can come from any situation or thought that makes you feel frustrated, angry, or anxious. What is stressful to one person is not necessarily stressful to another. In small quantities, stress is good -- it can motivate you and help you be more productive. However, too much stress, or a strong response to stress, is harmful. It can set you up for general poor health as well as specific physical or psychological illnesses like infection, heart disease, or depression. Persistent and unrelenting stress often leads to anxiety and unhealthy behaviors like overeating and abuse of alcohol or drugs.
- **Burnout** is the depletion of our resources, both physical and psychological caused by our desire to achieve certain standards and expectations that are often impossible to humanly achieve. At some point, we become overwhelmed with the knowledge it's not possible. Cynicism, pessimism and negativity sets in. Burn-out can happen to anyone at home or on the job.
- **Vicarious trauma** is the short and long-term consequences of working with trauma victims/survivors and the painful and disruptive effect this can have on the trauma worker. VT can affect a worker physically, emotionally, behaviorally, cognitively and spiritually. It can persist for months and sometimes even longer with intervention.
- **Differences** Burnout is cumulative, predictable, builds over time, results in work dissatisfaction and un-addressed leads to health problems. VT has a narrower focus, harmed by the work we do, intrusive imagery, changes the meaning of life and affects our world view. VT shatters our assumptions about safety, security, trust and justice. powerlessness of victim transfers on worker. A reaction experienced by care givers who suffer trauma from the event(s) that have traumatized their patients. It is NOT "Burnout", which results from increased workload and institutional stress.

PREVENTION STRATEGIES

- The best strategies for dealing with stress and trauma involve using the tools below to help you identify when you are experiencing stress or feel that things are impacting your personal life and to seek help from your peers and supervisors.

Tools for your toolbox:

- Understand your agencies Employee Assistance Program
- Take time to reflect and assess quality of life
- Report Critical Incidences
- Seek Mental Health Consultation
- Don't take work home
- Seek out peer support



- Hopefully you have new ideas on worker safety. Just as new drivers need time and experience to hone their driving skills in various conditions, you, too, will need time and experience to develop intuition, problem solving skills, and judgment that will improve your decisions regarding your safety.
- If you anticipate crisis situations and practice sound listening and deescalating skills, you will be able to diffuse most crises and deliver services without jeopardizing the safety of yourself or your clients.
- You are an important resource and you are valued. Your safety is not secondary to your work. Again, thank you for your time, creativity, and energy. Stay safe.

SUMMARY

Don't roll the dice on safety

