Home Visitor Safety

Training Component (PowerPoint)…
Created to Accompany the Home Visitor Guideline Manual

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Home Visitation Leadership Advisory Coalition (HVLAC)
Training Objectives

Participants will identify and understand:

- Importance of maintaining a safe environment for working in homes and the community.
- Potentially unsafe environments.
- Strategies to ensure personal safety as well as safety of co-workers and families being served.

Safety Guidelines for Home Visitors

- Manual development - Home Visitation Leadership Advisory Coalition (HVLAC)
- To promote safety practices for home visitation workers across programs
- Objectives:
  - Set safety guidelines for home visitors
  - Identify special circumstances that may impact the safety of home visitors
  - Identify reporting procedures per OK law
  - Provide links and resources
Initial Assessment

- Parent’s childhood history
- Stressors/concerns
- Potential for violence
- Current/past substance abuse history
- Current/past mental illness
- Current/past criminal history
- Current/past family violence history
- Discipline issues
- Current/past child welfare involvement

For a family with any of these factors, immediately staff to determine appropriate services and precautions:

- Current/past criminal history
- Current/past severe mental illness
- Current/past violence and/or safety concerns

*These may not always be reported or evident at first but could emerge later.*
General Safety Guidelines

If imminent danger...

- Leave immediately.
- Call 911 (or local emergency #).
- Call local DHS Child Welfare or Child Abuse Hotline at 1-800-522-3511 if children are in danger.
- Call supervisor to advise of situation.
- Debrief with supervisor regarding observations.
- Contact family as safety permits (consult with supervisor) to ensure their safety.
- Assure parents you will continue to work with them (if possible) within program guidelines.

If you believe someone is in danger during a phone call...

- Get as much information about caller’s location as possible.
- Tell them you are calling 911 or other emergency services --- unless you fear it may worsen the situation or they will hang up. Try to keep caller on line by using another phone or ask someone else to make call.
- Consult with supervisor as soon as possible.
- Stay in contact and/or follow up with family as safety permits.
Prior to a home visit

- Determine risk factors for family or environment. Consult supervisor.
- Prior to leaving office, call to confirm parent is available for visit.
- Based on area, schedule visits in safest part of day. Avoid after dark w/out supervisor approval.
- Become familiar with a new area before visiting.
- Be aware of places you can seek help.
- Provide make-of-car & license plate # with supervisor and co-workers.
- Leave daily schedule with supervisor & office staff - notify of any changes.
Prior to a home visit

- Always sign in & out of office for each visit.
- Keep vehicle well-maintained - at least 1/2 tank gas.
- Program cell phone to call 911 or other emergency #.
- Leave valuables at home or in trunk before leaving.
- Carry driver’s license and small $$ in your pocket.
- Always wear photo ID or name badge.
- Wear comfortable clothing and shoes – closed toe, can move quickly.

Parking and leaving vehicle

- Stay alert.
- Assess safety of home and area before stopping.
- Park in the open and near light source.
- Find safest walking route.
- Avoid parking where car could be blocked - park on street rather than driveway and in direction to leave.
- In apt complex - find family's bldg before exiting car.
- Take only items necessary for home visit.
- Do not leave valuables visible in car.
- Lock car at all times.
When approaching a home

- If you are approached, be brief and move on. Don’t be drawn into conversations.
- If a person persists, follows you, or you believe you’re in danger, **loudly** yell for help. Run to nearest place with people.
- Be aware of smells associated with substance use.
- Look & listen for signs of someone at home - assess signs of danger involving occupants.
- Do not enter the yard/home when:
  a. Questionable persons are present
  b. Parent/others are intoxicated
  c. Violence is in progress
  d. There is no quick escape
  e. Vicious animals are present

When entering a home

- Stand to side of door when knocking.
- Do not enter home until you see your client. If not, indicate you will call to reschedule.
- If denied entrance, do not attempt to persuade. Leave and consult supervisor.
- When door opens, quickly observe inside to determine any threats to safety.
- Only enter if an adult is present
- Observe adults for suspicious behavior. Leave if you feel unsafe.
In the home

- Stay near an exit. Remain alert and observant.
- Be aware of unusual sights/smells, drug paraphernalia, pornography, weapons.
- Remain aware of possible other persons and inquire about others present.
- Proceed with permission and caution when entering any room.
- Do not accept food or beverages.
- When possible, sit in a hard chair rather than upholstered furniture.
- Limit amount of personal information you share.
- Leave immediately if you feel unsafe.

When leaving the home

- Have car keys in hand.
- Observe your surroundings.
- Do not linger, leave immediately.
Useful Items to have available

- Cell phone and charger
- Emergency #s and contact information
- Small amount of money & change
- Plastic trash bags
- Disinfectant wipes and hand cleaner
- Latex gloves
- First aid kit
- Other items that you may need?
Domestic Violence

Definition:

- Families in which the adults’ and/or children’s relationship is violent, abusive, and/or characterized by power and control tactics, with one person being victimized by the other.
- May be a man controlling a woman, a woman controlling a man, or one person controlling another of the same sex.
- Occasionally, there is mutual battering or violence by a victim trying to defend her/himself or fight back.

Characteristics (See Safety Manual for definitions):

- Emotional Abuse
- Intimidation
- Coercion and Threats
- Isolation
- Using Children
- Economic Abuse
- Male Privilege
- Minimizing, Denying and Blaming
- Physical and Sexual Abuse
Domestic Violence

- Determine any immediate danger to you or others.
- D.V. work should not be conducted in the home - potential danger for home visitor, victim & children.
- Staff should not transport families to shelters.
- Consult with supervisor about all DV matters.
- Continue to provide support (if safe), whether the victim stays, leaves or returns after leaving.
- Any threats should be well documented and reported.

If imminent danger, leave the home & follow General Safety Guidelines.

If no imminent danger, but domestic violence is an issue:
- Refer to DV service providers, i.e. safe shelter, counseling.
- Provide Safeline (1-800-522-SAFE).
- Encourage victim to contact local community resources.
- If appropriate, refer to child counseling services.
- If abuser admits problem and wants help, make referrals to state certified abuser treatment programs.
Domestic Violence

**Oklahoma Laws:**

- Report child abuse if children present in home with D.V. (See Manual Appendix C)

- Not mandatory for health professionals to report D.V. to law enforcement unless victim requests it. It is required to document & refer victim to services.
  - Providing Safeline # (1-800-522-SAFE) will satisfy requirement.
  - Providing local shelter or crisis intervention service info is helpful.
  - (See Manual Appendix D)

Victims of domestic violence are at greatest risk of death when they try to leave.

*Do not pressure him or her.*

Victims leave an average of 7 times before finally ending a relationship.
Mental Illness/Psychiatric Emergencies

Symptoms requiring add’l assessment & referrals:
- Hallucinations (auditory, visual or tactile) or Delusions
- Disorganized or bizarre behavior and speech
- Extreme lethargy, catatonic (unresponsive)
- Severe deterioration in hygiene and functioning
- Significant change in eating and/or sleeping patterns
- Loss of interest in daily activities
- Feelings of hopelessness and/or helplessness
- Rapid mood changes & extremes of mood (e.g. excessive crying)
- Dangerous, aggressive, or risky behavior
- Self-injurious behavior
- Stops medication or combines meds with drugs and/or alcohol without Dr. approval or knowledge

If imminent danger, leave the home and follow General Safety Guidelines.
- Ask for signed release to coordinate care with the person’s healthcare provider.
- If there is a crisis, alert the treating doctor.
- Call DHS Child Welfare if danger to child(ren), they have been harmed, or do not have a safe place to stay.

If no imminent harm…
- Encourage the person to contact treating doctor.
- If no doctor, make referrals for professional assessment
Suicidal Plans/Attempts

- Most often, a person will not come right out and say he/she is considering suicide.
- Be aware of & follow up subtle hints or red flags:
  - Vague statement such as, “sometimes I don’t want to be here anymore”” or “I feel like giving up”.
  - Sudden change in feelings and behaviors, such as lack of concern about things previously important and/or upsetting, or starting to give away personal possessions.
  - Do not ignore vague statements, as these may be the person’s way of reaching out.

It is important to ask:

“Are you thinking of suicide?”

Asking a person if he/she is thinking about suicide does not lead them to commit suicide or make them more likely to do so.
Suicidal Plans/Attempts

Homicidal Plans

- If imminent danger, leave the home and follow General Safety Guidelines.

- **For a suicide attempt:**
  - Call 911 (or local emergency #).
  - Apply first aid as appropriate.
  - Ensure safety of others in the home.
  - Consult with your supervisor immediately.

- **For threat of homicide:** All professionals have duty to notify local law enforcement and warn the potential victim (if the identity is known).

Determine if they have the means (i.e. pills, weapons, poison) to follow through.

Talk to person about making a verbal or written agreement not to harm themselves or others until receiving assistance.

Refer and link to mental health service provider.

If communicating by phone, try to keep them on line until someone arrives at their location. Contact local law enforcement to request an officer do a welfare check.

If they have realistic means, and are about to follow through, call 911 immediately. Leave if danger to you.

Consult with your supervisor immediately.
Self-Harm/Self-Mutilation

Red Flags: Numerous straight cuts/scrapes or burn marks on any part of body, without a plausible reason.

- Determine imminent danger of further self-injury.
- If you suspect imminent danger for you, leave the home and follow General Safety Guidelines. Contact your supervisor.

For adults:
- Ask about the injury. If self-harm is disclosed, encourage they seek counseling or talk to a MH provider.
- If person has MH provider, request signed release to coordinate care.
- If no MH provider, discuss importance & make appropriate referrals.

For children:
- If you observe suspicious injury(ies), call local DHS Child Welfare or 1-800-522-3511.

Firearms

- If you see firearms, assume there could be danger to you or others in the home.
  - If you know there are guns in the home but are not in view, ask where the guns are kept.
  - If there is an escalating situation where firearms could be used, leave and follow General Safety Guidelines.

- If no danger, but firearms and ammunition are unlocked in the home:
  - Talk to parents about safe storage.
  - Encourage parents to educate children about gun safety on a regular basis.
Drug Paraphernalia

Some examples of drug paraphernalia:
- Mirrors with razor blades, straws, etc.
- Pipes, water pipes and any object resembling a pipe
- Hypodermic needles, syringes, glass vials, etc.
- Burnt spoons, rolling papers, roach clips, hemp rope, etc.
- Excessive amount of empty alcohol bottles

Red flags related to methamphetamine:
- Strong odor resembling urine or unusual chemicals such as ether, ammonia or acetone.
- Little or no traffic around home during day, but significant activity during very late hours.
- Extra efforts to cover windows or to reinforce doors.
- Trash not put out for collection.
- Large amount of items, i.e. cooking dishes, coffee filters, bottles, that do not appear for regular household use.
- Presence of unusual quantities of chemicals.
- Vehicles loaded with laboratory materials or chemicals.

There may be some cultural considerations with certain drug paraphernalia. Discuss with supervisor prior to addressing the family.

If imminent danger, leave the home and follow General Safety Guidelines.

If no imminent danger:
- Discuss dangers of exposing child(ren) to drug paraphernalia and activities in home.
- Discuss effect of drug use on parenting.
- Encourage parents to seek assistance for substance abuse issues.
- Provide resources and referral information.
Methamphetamine

Do not enter home with evidence of meth lab materials or chemicals on property.

- If you enter and see evidence of a meth lab:
  - Discreetly but immediately leave
  - Drive to a safe location; contact local law enforcement

- If you are exposed:
  - Cover your car seats and floorboards with plastic covering. Clean hands with disinfectant wipes before touching the steering wheel.
  - Go to safe location to change clothes. Place dirty clothes in a plastic trash bag. Clean all exposed skin surfaces with soap & water.
  - Wash any items carried into the home with soap/water.
  - Don’t touch any surface until skin and items are clean.

Under Influence of Drugs/Alcohol or Chronic Use

Red flags (note: some may be signs of other issues):

- Lack of motor coordination and/or slowed reflexes
- Slurred speech, disorientation, confused behavior
- Risky behavior
- Dilated or constricted pupils
- High/low heart rate, blood pressure
- Clammy skin
- Drowsiness, hyperactivity or euphoria
- Increased or decreased appetite
- Drugs, alcohol or paraphernalia
- Loss of consciousness
- Paranoia/suspicion and/or altered perceptions
- Easily angered or enraged (irritability)
- Needle marks
- Glassy or discoloration of the eyes
- Rapid or decreased eye movement
- Substance odor on clothing, breath
- Insensitivity to pain
- Rapid weight loss
- Decaying of teeth
Under Influence of Drugs/Alcohol or Chronic Use

- If imminent danger, leave the home and follow General Safety Guidelines.

- If child(ren) present in the home:
  - Call local DHS Child Welfare or 1-800-522-3511.
  - If caregiver is unconscious, call 911, stay until emergency help arrives.
  - At a later time, contact the family to follow up and link them appropriate resources.

Threats of Harm, Violence Related to Gang Involvement

Red flags:
- Consistently wears one color, especially same color shoes, shirt, shoelaces, handkerchiefs, etc.; Refusal to wear another specific color.
- Gang writing present in the home or on property
- Use gang related hand gestures or signs
- Uses slang language related to gangs
- Involvement in criminal activity i.e. vandalism, assaults, drugs, etc.
- Has gang related tattoos.

Take any threat of harm or violence seriously.
Threats of Harm, Violence Related to Gang Involvement

- If imminent danger, leave and follow General Safety Guidelines.
- If evidence of gang involvement, discuss what you have observed with the family at a safe time – not when gang members are present.
- Talk to parent(s) regarding dangers of gang involvement and gang members in the home.
- Encourage parent to consider assistance to deal with gang membership and use community resources for support.
- Remind of dangers they expose their children to.
- Assure them you will continue to work with them, if safe. Request only family members be present at the time of the home visits.
- Work with family to find non-gang related support systems.
Remember…

The safety of the home visitor is of utmost importance.

Leave if feel uncomfortable or fear for safety.

 Supervisor should be informed immediately.

Decision Making Trees

- Appendices E, F, G in Manual
Resources

- Appendix A in Manual
- Other books, articles, electronic sources
- Consulting services, other sources
- Other training opportunities

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