

UNSAFE ENVIRONMENT TOOL KIT



GENERAL RISK MANAGEMENT

“Risk is present for everyone in the community. The level of risk depends on the individual’s specific vulnerability to that risk. People cannot avoid vulnerability, but they can reduce the associated risks. Risk Management can help you use a personal plan to reduce these risks. Reducing vulnerability to risk does not happen by accident. It happens when people deliberately make a constructive effort” (Addressing Personal Vulnerability through Personal Planning, Community Living British Columbia, April, 2009). Risk exists for people who are elderly and/or have a disability and who choose to remain at home as well as for those who provide in-home care for them. It is important to take action to minimize and/or eliminate these risks. There are many methods to achieve this such as completing an assessment of the member’s risk, education of the member/legal representative and care providers on the consequences of various risks, and development of an emergency plan to address identified risks. Other methods include the development of a behavioral contract between the member and their providers in an effort to establish boundaries and limits for unacceptable social behavior. Providing training for the homemaker in specialty areas such as mental health, cultural issues, developmental, and physical disabilities can also be helpful, both for prevention as well as coping with risk and risky behavior. An important tool for minimizing or eliminating risk is providing a timely response to issues or problems as they develop. Prevention and addressing an issue of risk at an early stage is much easier and more effective than after it has been allowed to balloon out of control.

RISK ASSESSMENT

To understand the member’s risk, you must first determine the member’s vulnerabilities and potential for risk. This process is called “risk assessment”. Examples of potential risks to health and safety that could lead to an unsafe situation include a member’s alcohol or drug dependency, smoking with oxygen in the home, a member’s lack of self preservation skills, lack of safety in the home or neighborhood, harmful animals in the home, threatening behavior, verbal abuse or harassment, physical abuse, illegal activity in the home, or exploitation in the home. People make choices that may affect their level of risk. Some people may feel that the choice to live in the community rather than an institutional setting is a choice that will inherently increase a person’s risk. No matter what though, it is important for members to have adequate information so they can make an educated decision about the level of risk they are willing to take. A person’s informed choice to increase their level of risk such as walking unsteadily versus using a wheelchair and “risk falling” is called the dignity of risk. People often feel it is more important to maintain a sense of dignity and self control than worry about an increase in risk.

CONSEQUENCE OF RISK AND EDUCATION

The risk assessment can be completed in conjunction with the member, member’s family and health care providers and documented on the Service Plan or Participant-Directed Service Plan. Once the areas of risks have been identified, family and/or the Case Manager can begin brain storming with the member regarding options for addressing the identified risks. Discuss the outcome (s) or impact of the decision(s).

- Does everyone understand the potential outcome(s) of each choice?
- Is the member competent/have the capacity to make decisions or do they have a legal representative?

- Does the decision have the potential to create a health and safety risk?

It is important to know that in specific situations, health and safety risks can lead to allegations of abuse, neglect or exploitation. If the member does not have a guardian, discuss with them any options for assistance with decision-making if appropriate.

What happens when a member refuses to address a risk? Consequences can range from missing a telephone call to breaking a hip. Responses may vary depending upon the member. First, verify whether the member is able to make the decision. Second, determine the potential outcomes if the risk is not addressed. Third, determine if it will result in a health and safety risk for the member. Finally, decide if refusing to address a risk could result in a potential allegation of abuse, neglect, exploitation, or an illegal activity.

EMERGENCY PLAN OR RISK PLAN

Use the service planning process to develop action steps to address potential risks. Once a member's risks are identified, it is time to develop a risk plan. Outline specific actions to reduce the risk by developing goals in the Service Plan or the Emergency Back-up Plan. These actions are considered safeguards for the member.

PERSON CENTERED PLANNING PHILOSOPHY

Begin the service planning process with the member. Ask the member "what do YOU think"? This member-focused process is called Person Centered Planning. No plan is alike. No goal is alike. If you pick up a plan, you will know that it is Mrs. Brown's plan. The plan addresses only Mrs. Brown's needs. She expressed her wishes and needs to you, and you included them in her plan. It is important to incorporate this concept of Person Centered Planning into the risk planning process. Risk plans need to be unique to each member. If something happens, calling 911 can NOT be the entire risk plan though it may be part of a plan. A plan may also include; giving the member space by leaving the room for a while, always knocking before entering the bathroom, call the member Mrs. Brown, not honey or sweetie; calling the husband, the daughter, or the son if member becomes upset, etc. The Emergency/risk plan needs to address risks identified on the Case Management Assessment (CM assessment) with a detailed response, including phone numbers if needed, and documented on the Service Plan. For example, the CM assessment states *Mrs. Brown is constantly confused*. The Risk Plan states: *Mrs. Brown's daughter or son-in-law needs to be present prior to the homemaker leaving the home*. Areas that put a member at risk can also put the provider at risk as well. Areas of concern to both member and provider which may exist within in-home care are grouped here under the heading "Unsafe Environment".

UNSAFE ENVIRONMENT DEFINITION: " An unsafe physical environment is one in which the homemaker and/or other agency staff are threatened or abused and the staff's welfare is in jeopardy. This may include but is not limited to, the following circumstances: The member, his/her informal supports, household members or others repeatedly demonstrate sexually inappropriate behavior; display verbally and/or physically abusive behavior; and/or threaten a homemaker or other agency staff with guns, knives, or other potentially dangerous weapons, including menacing animals. "

UNSAFE ENVIRONMENT CATEGORIES		
ABUSE, NEGLECT, EXPLOITATION	MEDICAL OR BEHAVIORAL	ILLEGAL
<p>Harm or threat of harm with physical pain or injury, or the imprisonment of any aged or disabled adult.</p> <p>Failure to provide the necessities of life to an aged or disabled adult with the intent to force, threaten or do physical harm.</p> <p>Illegal use or wasting of an aged or disabled adult's money, property, assets or anyone who allows this to happen.</p>	<p>Medical condition which creates a health and safety risk for the Homemaker and/or member.</p> <p>Due to a mental illness, an action or threat of action against the member/Homemaker which creates a safety risk.</p> <p>A Member's behavior(s) which create(s) a threat of harm or a safety risk for the Homemaker.</p>	<p>Act that breaks a city, state, county, or federal law. Examples: Theft, fraud, harrasment, use of illegal substances, threats of harm, harming another, etc.</p>

Examples of Provider Actions:

An unsafe environment may create the need for additional intervention by the provider. The following is a list of actions that providers may take to address a risk. Please note that this list is not all inclusive. This is a general list and interventions must be adapted to the individual member's unique situation. While it is always preferable to create a scenario where the member can successfully receive the services that they need, it is also important to keep Homemakers as well as members in a safe environment.

Abuse, Neglect, Exploitation

- **Toll Free APS Report:** Report incident(s) by phone to Adult Protective Services (APS) 1-800-352-6513. Make sure the member/family/legal representative understand how to report to the toll free abuse/neglect hotline as well.
- **Written APS Report:** Follow-up with a written report to the local DHHR Office, APS. For specific information that is pertinent to the situation, you may want to send a memo to DHHR to outline the highlights of the situation
- **IMS:** Enter an incident report in the Incident Management System (IMS). Document follow-up, including any actions that you have taken to resolve the situation. Make sure that a registered nurse, licensed social worker or counselor investigates and enters name/credentials in the follow-up section of the incident report in the IMS. Send a copy to APS
- **Send Documentation to APS:** Send all documentation to the APS worker. Example: CM or RN logs, incident reports, Homemaker written statements, etc.
- **Discuss with the member** the availability of informal supports or other resources to intervene to ensure their safety.
- **APS Follow-up:** Follow up with APS regarding any updates in the situation, new occurrences, and request information regarding APS status or outcome of the referral.
- **Document:** Document activities in the log notes regarding your action on the case. Examples of activities: discussion with the member regarding moving to a new location, discussion with member regarding issues in the home, conversations with professionals involved with the member such as physicians, or other service providers, referrals to new services or resources, APS worker, etc. Send copies of Homemaker worksheets with comments or notes from the Homemaker.

Medical or Behavioral

- **Primary Care Physician Report:** Report the situation to the member's primary care physician in writing. Possibly follow-up with a phone call to the physician. If this is a case of abuse, neglect, or exploitation, copy the physician's letter to APS. Include specifics regarding the medical condition and/or behaviors that are creating a risk.
- **APS:** Report the incident to APS and follow the directions above.
- **IMS:** Enter an incident report in the Incident Management System (IMS). Document follow-up, including any actions that you have taken to resolve the situation, and make sure that a registered nurse, licensed social

worker or counselor investigates the incident. Enter the name and credentials in the follow-up section of the incident in the IMS to verify that a qualified professional conducted the follow-up. A copy of the incident may be forwarded to APS with the referral.

- **Education of Member Responsibilities:** Provide the member with a copy of member responsibilities and make sure they understand them. After you are sure the member understands their responsibilities, ask them to sign and date the form. The CM needs to also sign and date the form.
- **Medication:** Discuss with the member/legal representative medication storage, security and access to medication. Discuss the member's ability to self-administer medications and the availability of supports to assist him or her if needed. It is important to be aware of the type of medications prescribed to the member. Medications prescribed for pain and stimulants, such as ADHD medications, may be a primary target for theft.
- **Mental Health issue:** Are the member's mental health issues addressed on the PAS? Does the member go to counseling, support group, or treatment? Has the homemaker been trained in mental health? Does the member need a referral to a psychiatrist or a primary care physician for a medication evaluation? An emergency plan may be utilized to address specific psychiatric symptoms as a preventive measure. Does the member have access to a local crisis hotline?
- **Behavior Contract:** For behavioral problems, it is important to first discover the purpose of the behavior. Is the member in pain? Is this a mental health issue or does the member feel the need for control? Is the member experiencing family problems or new health problems? After some understanding of the behavior is obtained, if appropriate, develop a brief behavior contract between the member and the provider. Refer to Behavior Contract Examples.
- **Document:** Document activities in the log notes regarding your action on the case. Examples of activities: discussion with the member regarding moving to a new location, discussion with member regarding issues in the home, conversations with professionals involved with the member such as physicians, other service providers, referrals to new services or resources, APS worker, etc. Send copies of Homemaker worksheets with comments or notes from the Homemaker.

Illegal

- Be aware of type and storage of medications, credit cards and money. Are they locked up? Who has access?
- Ensure staff is knowledgeable regarding signs/symptoms of physical, emotional, and sexual abuse.
- The more staff knows and understands the member, the less likely they are to take behavior personally and the less likely they are to respond in unhelpful/abusive way to the member's behavior.
- **Police Report:** Report incident(s) to the police or other legal authorities. Example: City Police, State Police, Drug Enforcement Unit, etc.
- **Written APS Report:** Follow-up with a written report to the local DHHR Office, APS. For specific information that is pertinent to the situation, you may want to send a memo to DHHR to outline the highlights of the situation. Most likely the issue will be exploitation (Homemaker theft of money, credit cards, debit cards etc.).
- **IMS:** Enter an incident report in the Incident Management System (IMS). Document follow-up, include any actions that you have taken to resolve the situation, and make sure that a registered nurse, licensed social worker or counselor investigates the incident. Enter the name and credentials of the applicable professional in the follow-up section of the incident in the IMS to verify that a qualified professional conducted the follow-up. A copy of the incident may be forwarded to APS with the referral.
- **Report Provider Fraud:** Report incidents of possible Provider Medicaid fraud committed by provider to the Medicaid Fraud Control Unit 304-558-1858. Example: Homemaker documents they worked but did not provide service; falsifying documentation; etc. Abuse, neglect or exploitation is also considered fraud.
- **Report Recipient Fraud:** Report incidents of recipient fraud to the Fraud Management Unit at 304-558-1970. Example: member has not reported income or assets, etc.
- **Document:** Document activities in the log notes regarding your action on the case. Examples of activities: police or fraud reports, APS reports, investigation of incident, discussions with member or other professionals, etc. Send copies of Homemaker worksheets with comments or notes from the Homemaker.

WHEN TO REQUEST CLOSURE FOR UNSAFE ENVIRONMENT: An unsafe environment occurs when a provider is unable to send a Homemaker to the member's home due to harm or a threat of harm against the Homemaker. When the provider deems this situation as potentially harmful, it may be time to request a closure due to an unsafe environment. The risk may also pose a risk to the member's health and safety. This decision is based upon facts and not general allegations.

- **Example of general allegation:** Member is gruff and pushy with the Homemaker.
- **Example of facts:** Member yelled, cursed and threw a telephone and knife at the Homemaker.

Prior to submitting a request to close, it is important to use the resources available to resolve the situation. Examples of resource utilization is as follows: RN coordinates a home visit with the Case Manager to discuss the issues; solicits intervention from the primary care physician; notifies physician in writing of the problem; contacts the Humane Association for animal issues in the home; or refers the member to their mental health professional for assistance, etc.

HOW TO REQUEST CLOSURE FOR UNSAFE ENVIRONMENT: When asking to close for an unsafe environment, be careful not to minimize the problem. It is important to convey how critical the situation is for those involved. Your actions to resolve the problem should be well documented. As the old saying goes "if it isn't documented, it wasn't done". Provide details in the document so that others will be able to understand the issue the same way that you understand. Guarding health and safety is paramount. When you submit a closure request, evidence of the unsafe environment must be submitted along with the request to close for an unsafe environment. A letter or memo indicating the intent to close for an unsafe environment should be forwarded to the Bureau of Senior Services. The Bureau of Senior Services may request additional information to support the closure request. The following are examples of language that may be included in the request.

I request to close for an unsafe environment for (insert member name, Medicaid ID, date of birth). The reason for the request is as follows:

List reason here: Why is it unsafe? What are the consequences of this situation? Who is in an unsafe situation? This is a general overview. Details are in your documentation (evidence). The actions and evidence are attached.

As an example of how you might present your evidence, the following is a list of action steps that you might take and evidence that shows you accomplished the applicable action step.

Action: Contacted DHHR to file an APS report

Evidence: Letter to DHHR

Action: Contacted Primary Care Physician to report health and safety issue with medical problem

Evidence: Letter to Primary Care Physician

MEMBER RESPONSIBILITIES: First, educate the member. It is important to ensure that members are provided comprehensive information regarding the program. Provide a copy of the member responsibilities to the member and discuss each of these with the member. Members need to know what is expected of them while they are on the program and what to expect from the provider. Be sure that the person understands his/her responsibilities along with the provider's responsibilities. The member responsibilities include, but are not limited to, the following:

A. Member Refusal of Services: It is the member's/member representative's responsibility to notify the HMA (Homemaker Agency) within twenty-four (24) hours prior to the day services are to be provided if services are not needed. A revision to the Service Coordination Plan/Plan of Care may be needed if canceling services becomes a pattern with the member, and the HMA must notify the CMA (Case Management Agency) if applicable. A member's consistent refusal of services may lead to termination of all program services. Not applicable to Personal Options.

B. Home Visits: Cooperate with all scheduled home visits. As a condition of participation in the ADW program, the member agrees to in-home visits by BMS, BoSS, CMA, HMA, QIO staff, and for Personal Options the F/EA-RC,

which may be necessary in order to provide, monitor, and ensure the quality of services. Visits will be scheduled with notice and at a time of mutual availability. It is the member's responsibility to answer questions and/or demonstrate functional abilities, if at all possible, during the medical assessment visit. Consistent refusal to allow these visits may result in termination of all program services.

C. Change in Status or Residence: The member/member's representative has the responsibility to notify the CMA, HMA and for Personal Options the F/EA-RC, immediately upon any change in status or residence, that will require suspension or relocation of services. This includes admission to an acute care hospital, Nursing Facility, or rehabilitation facility or any changes in residency; change in medical status or other change that will impact scheduled homemaker services. On return from a hospital or other admission, the HMA or for Personal Options the F/EA-RC, must be notified to arrange reinstatement of services, if applicable.

D. Agency-to-Agency Transfer: It is the member's/member representative's responsibility to notify the current CMA, HMA, or BoSS if the member wants to transfer to a different provider agency. It is then the provider's or BoSS's responsibility to provide the member with a Member Request to Transfer Form. Agency to Agency Transfer is not applicable to Personal Options.

E. Personal Options Transfer: The member or member's representative has the responsibility to notify BoSS if the member wants to transfer from Personal Options to an agency or from an agency to Personal Options. It is then BoSS's responsibility to provide the member with a Personal Options Transfer Form.

F. Payment for Services: Medicaid will not pay for any ADW services received until the individual is approved for the ADW Program. This information on payment for services is also applicable to Personal Options.

G. Homemaker Worksheet: It is the member's responsibility to verify services received from the homemaker (HM) by initialing and signing the HM worksheet. In Personal Options, members must verify services received by completing required documentation.

H. Request for Additional Hours: It is the member's responsibility to sign a "Request for a Service Level Change" and/or "Dual Service Provision Request." This information for a request for additional hours of service is also applicable to Personal Options.

I. Safety: Maintain a safe home environment for the agency or PPL to provide services.

J. Communication: Communicate any problems with services to the provider agency or PPL.

K. Fraud: Report any suspected fraud to the provider agency or Medicaid Fraud Unit at (304) – 558-1858

L. Abuse, Neglect or Exploitation: Report any incidents of abuse, neglect, or exploitation to the provider agency, PPL or the APS hotline at 1-800-352-6513

M. Illegal Activity: Report any suspected illegal activity to local police department or appropriate authority.

PREVENTION: To prevent a situation from escalating, begin to address at the time of assessment. If a risk is identified initially, discuss with the member his/her plans to address the situation. Have a conversation with the member about the problem and assist the member in developing a solution to the problem before it escalates further. Assist the member in the development of a risk plan by documenting on the service plan. By addressing the plan before things happen, this gives the member the opportunity to be in greater control and more likely to create success. Here are a few examples on how to address a risk:

Risk: Mental illness symptoms of excessive anger, aggression, or depression.

Plan: Member will see his psychiatrist every 90 days to make sure symptoms are well managed and staff is well aware of risk plan in place.

Risk: Member has large, aggressive dogs in home.

Plan: Member will put dogs in the basement with the door shut before the Homemaker arrives.

Risk: Member reports he/she has utilized illegal substances in presence of the Homemaker.

Plan: Member will remove illegal substances from home, or member will go to a substance abuse treatment program.

WHEN TO DEVELOP A CONTRACT BETWEEN THE MEMBER AND PROVIDER: There are times when a member may exhibit behaviors that present a risk and prevent the person from successfully receiving services. Examples are incidents of verbal abuse, physical abuse, or participation in an illegal activity. When this occurs, you may utilize a method of

intervention with the member called a “behavior contract”, which the provider develops with the member. The provider identifies member behaviors that are causing the issue but also identifies what the member can expect from the provider. Keep it simple with few words and both parties’ sign and date the contract. This lends formality to the agreement and raises the level of importance. It is critical to convey to the member that these behaviors are preventing him/her from receiving services and creating an unsafe situation for the worker coming into the home or creating a health/safety risk. The goal is to create a situation where the member understands the problem, knows what is expected of both him or her and the provider, and knows the consequences of his/her behavior. Some examples of consequences: Illegal behavior may lead to a report to the police; risk to the worker may lead a provider to request to close the case due to an unsafe environment. The contract allows the provider to set limits with a member. It is important for the member to know the consequences of his actions. This provides the member with an opportunity to know the problem and make changes to his/her situation. Suggestions of supports or assistance may be warranted in some cases such as a visit to the member’s primary care physician to evaluate medication, a move to a safer home setting, or an appointment with the member’s counselor, etc.

SAMPLE BEHAVIOR CONTRACTS: The following sample contracts are not all inclusive and must be individualized to meet each member’s unique needs. Contracts are meant to set limits and boundaries and must address the specific behaviors that you and the member agree to change. The contract must be simple, specific to the person, and to the point. Contracts provide the member an opportunity to make changes in an unsafe environment or a risk to health and safety.

Verbal Abuse While Homemaker is in the Home

Member Name: _____ I agree to speak in a normal voice tone and refrain from yelling, screaming, or cursing while my homemaker is in the home. I will treat my homemaker with respect when speaking with him/her. If I have a problem or complaint, I agree to contact the Homemaker Nurse or my Case Manager to help me. I will not take my complaints to the Homemaker. Failure to maintain a safe home while my homemaker is providing Aged and Disabled Waiver Services could result in loss of services and the provider requesting to close my case for an “unsafe environment”.

Member Signature: _____

Date: _____

Case Manager Signature: _____

RN Signature: _____

Physical Abuse While Homemaker is in the Home

Member Name: _____ I agree to maintain a safe place for homemaker services. I will allow my homemaker to enter my home and assist me with my services without harming him/her. I will not throw any items or hit anyone in my home while the homemaker is there. When I have a complaint, I will contact the provider office and voice my concerns. I understand that failure to maintain a safe environment could result in the provider requesting to close my case and a loss of services from the Aged and Disabled Waiver Program.

Member Signature: _____

Date: _____

Case Manager Signature: _____

RN Signature: _____

Use of Illegal Drugs While Homemaker is in the Home

Member Name: _____ I agree to maintain a safe place for my homemaker to work. I will not have or use any illegal substances or misuse any legal substances in my home while the homemaker is there. I will not allow anyone to bring any illegal substances into the home while my homemaker is there. Failure to maintain a safe home while my homemaker is providing Aged and Disabled Waiver Services could result in loss of services and the provider requesting to close my case for an “unsafe environment”.

Member Signature: _____

Date: _____

Case Manager Signature: _____

RN Signature: _____

STIGMA: Stigma against the aged and disabled continues to exist in our society. As a provider, it is critical to be vigilant to prevent stigma or discrimination from occurring, to prevent a member from being discredited or degraded by our

actions, or failing to treat a member with respect. What does stigma look like? Have you seen a worker question a member's beliefs? Does the worker doubt the credibility of the member's story because the member has a mental health issue? Do workers report they will not work with a member due to a specific illness? Does the worker refer to the member as a "problem?" All of the above are descriptions of how we may disrespect a member. It is important to be sensitive to a member's situation and create an environment of respect and address issues as they arise.

INTERVENTION AND RESPONSE

EMERGENCY RESPONSE: It is important for a worker to understand how to react in a 911 emergency. It may seem simple, but, not everyone can respond correctly given the level of panic that may arise in a crisis situation. The member may need help due to injury or immediate danger, a fire, or may see a crime being committed. Ensure that the worker knows the member's address and discuss situations that may warrant a call to 911. Make the worker aware of questions from the emergency dispatch operator: What happened? Where does the person live? Who needs help? Who is with you?

The following are tips for the worker calling 911: Although you may feel a sense of panic when faced with an emergency, try your best to stay in control. You know that you need to stay calm and speak slowly and clearly. It's important to take a deep breath and not get too excited. If you are in danger of assault, the dispatcher, or call-taker, will need you to answer quietly, mostly "yes" and "no" questions. In some cases, the call-taker will give you directions. Listen carefully, follow each step exactly, and *ask for clarification* if you don't understand the question. You may be asked to describe victims, suspects, vehicles, or other parts of the scene.

LEVELS OF CRISIS DEVELOPMENT: When a worker goes into a home, the worker must understand that a situation can quickly turn into a crisis. The key is to understand the concepts of crisis development and crisis prevention. The worker should know how a crisis develops, common responses/observations, and how to avoid an escalation of the situation. The goal is to prevent the crisis if at all possible. Discuss the following levels of crisis development with the worker (Crisis Prevention Institute, Inc.).

Level 1: Anxiety (Be supportive) - When the person seems to be **anxious** or more anxious than usual, the staff should use a **supportive** staff response. Be empathetic and actively listen to what is bothering the person. Avoid being judgmental and dismissing the person as being a constant complainer. He simply needs staff to listen, not judge him/her. This is where most potentially explosive situations are defused. Be respectful. Do not tell him/her not to feel what he/she is feeling.

Level 2: Defensive- (Be directive and set limits) - The person is said to be **defensive** when they refuse to accept staff's support or staff arrives too late and the crisis has already escalated. The person becomes less rational. They may give cues, verbally and nonverbally, indicating they are beginning to lose control. The defensive state is highly volatile and usually includes verbal belligerence and hostility. You may find the individual challenging you, your agency and your authority. Don't respond to the irrational aspect of the conversation. Be in tune with the person's tone of voice and pay close attention to your proximity to him and your own body posture. You may see power struggles, testing the limits and "button pushing" begin. Abusive language may allude to you personally. If you are irrational or appear not to be in control, you cannot diffuse the situation. Use a **directive** approach such as limit setting. Make sure limits are clear, simple, reasonable and enforceable. The goal is to make the person understand that the consequences of his/her behavior are up to him/her. This approach will avoid a power struggle. Limit setting requires skill and a calm, professional approach.

Level 3: Physical Crisis - Within home-based care, level three is not common. However, a member may refuse to abide by the limits that you have set or you may have intervened too late. The person may escalate to a physical level and verbal intervention will not work here. The person is no longer able to control himself and the situation may result in a physical confrontation. If the person is unwilling to remove themselves to another room, it is recommended that the staff remove themselves from the area by leaving the room or exiting the home. Have an exit plan in mind. Stand close to a door and do not block yourself in a corner. Search the room for anything that could be used as a weapon. Calmly, back out of the door and leave the room so that you can see what is behind you. It is always best to leave the situation

to avoid a physical altercation. Physical restraint is not recommended, however, there may be times when this cannot be avoided. The key to prevention is to pay attention to the person's "triggers" or what causes the behavior. (See "Worker Safety" section)

Level 4: Tension Reduction -At this point, the person has escalated to physical aggression and has begun to calm down. They may feel fear, confusion, or remorse. "Behaving out of control" may be very frightening to both the person and worker. Now is a good time for staff to develop "therapeutic rapport" and resume communication with the person. Often the person will begin to speak on their own first. Reassure the person and ask him/her to take a few deep breaths. This will allow the person to relax. If the person can follow your directions, then he/she is regaining rationality.

NONVERBAL COMMUNICATION

Approximately 93% of communication is non-verbal. People tell you very important things without speaking. So, be observant. What do you see? What is someone's behavior telling you? When first noticing a person, do you see the individual's leg shaking or wringing of the hands? After a while you may notice an increase in leg movement and/or hand wringing. This behavior could be telling you that the person started out feeling anxious and is now beginning to escalate. A usually talkative person is found sitting in a corner with their head hanging down. You may guess the person is having a bad day. The areas of awareness regarding nonverbal communication are personal space, body posture, body motion, voice tone, voice volume, and voice cadence. The intent is not to appear to be a threat to the person who may already be agitated. Be conscious of your own body as well. What is it telling the other person? Are your arms crossed in front of you or are your fists clenched? You do not want to unintentionally escalate the person. The following are areas to consider.

Personal Space- A person may perceive you as a threat if you get too close. Give the person plenty of space. Look for clenched fists, tightening of facial muscles, and movement away from you as you draw near.

Body posture and motion- Don't stand face to face, shoulder to shoulder. This may be perceived as a challenge. Use a supportive stance by standing at an angle to the person with one leg length between you as a personal safety margin. Keep hands from behind your back or in your pockets. Keep your hands out in plain view and at your sides.

Voice- (tone, volume and cadence) - By altering tone, volume and rate of speech, a sentence can be given various meanings. Be aware of how you are speaking to the person. Watch the non-verbal cues to see how the person responds.

WORKER SAFETY WHEN MAKING A HOME VISIT

Safety for the homemaker working in the community has become a more prominent concern in the past few years. It is more important than ever that a worker, who is conducting an investigation into the safety and well being of vulnerable adults, be safe at all times. The following are some steps, though they are not all inclusive, of safety awareness the worker should utilize:

a) Once an investigation is assigned to you, research the case thoroughly. Check with others in the office, the Case Manager or the Homemaker RN to see if there have been previous problems and what those problems consisted of.

b) If there is the potential for danger, take someone with you or contact the police to accompany you to the home. Discuss this with your supervisor for the best solution.

c) Are the directions you have been given sufficient so that you will have no difficulty locating the home? If not, check with others who may have been to the home previously and co-workers who may know of the general area. Make sure you have plenty of gas.

d) Develop a buddy system. Let other co-workers and your supervisor know where you are going when you are going on a home visit. You may have a code word if you are in danger. If you have a sign in and out sheet in your office, utilize it

to indicate what member you will be seeing with the address or telephone number. If there are any changes that arise deviating from your planned visits, inform your supervisor of that change.

e) Once you have arrived at your destination, it is best practice to park by backing in, but be sure to give yourself room for an easy exit and not allow yourself to be blocked in by another vehicle.

f) Before exiting your car, look around and observe if there are any animals, broken glass, creeks, etc. that may be hazardous or harmful if you are trying to exit. It is also wise to check out the porch environment for safety issues.

g) When you knock, be polite. Don't bang on the door. Step back and to the side so the person can clearly see you.

h) Once the door is answered, ask if anyone else is home and scan the home environment.

i) When sitting, sit two (2) to three (3) inches in your seat. This will enable you to stand up quickly if needed.

j) Watch for any behavior changes in the client or other members in the household. If the member or household member begins ranting, don't sit there and take notes! If the member stands to rant, you stand, too. If the member leaves to get something, go to the door and stand to be prepared to leave quickly if needed. If at any time you feel unsafe, leave immediately!

k) Members may become upset due to a perceived loss of power and/or helplessness. Find a common area of agreement by providing them with options. By doing this you are essentially giving the member back some of their power. You are also de-escalating the situation.

l) When leaving, remember to thank the member for their time as you are walking to the door. When getting in your car, remember to look in your rear view mirror to ensure that you are not being followed.

By following these simple precautions you are better prepared to protect your safety and well being. `