

Safety Checklist - Home and Community Visits

It is unlikely that you will be the victim of a violent crime, but it is always possible that you may encounter a potentially dangerous situation or unpredictable client. Two major themes to always keep in mind are 1) practice good safety habits and 2) “listen to your inner voice” or “trust your gut”. If in doubt, leave the situation and seek supervision or management support.

General Safety

- Be aware of your surroundings and familiar with the area
- Have daily schedule available, (e.g. Outlook calendar) so that your location and your estimated time of return is known
- Have a mobile phone available to call for directions or help
- If risk is a concern, make a plan with supervisor and department team
- Prepare for the unexpected and have back up safety plans

Around Clinic, Parking Lot and in Community

- After dark, walk out with a partner or group to car
- Carry your phone and keys for quick, easy access
- If you are staying late, consider moving your car to the parking garage before dark
- Observe on-comers. If approached use direct, confident language of your intentions, “sorry, I cannot help you”
- If threatened, fight, scream, run, but NEVER get into a vehicle or AVOID being pulled into an unknown vehicle

En Route to Client Visit/Home Visit

- Drive with plenty of gas; keep doors locked
- Don't stop your car if “bumped”; drive to the nearest, well-staffed business and call the police for a report
- Park where there are multiple exits to the lot, if possible. Never park in a driveway, where you can be blocked in
- Call client to let him/her know you have arrived. If possible have client meet you at the door or lobby

During the Home Visit

- Wear your nametag. If confidentiality is a concern, carry it in your pocket for easy identification
- Listen outside the door for yelling or fighting. If there is disturbance, leave and call to reschedule. Do not enter the home during or directly after a disturbance
- Note the location of exits. Leave the door unlocked if possible - state that this is part of your home visit protocol
- Scan for weapons, signs of previous, current or potential violence. If weapons are present, leave and reschedule location
- Assess your client's/family's demeanor, possible substance use, threat of violence to self or others
- Be cautious of animals; you are a stranger. You always have the right to ask for animals to be held in another room or yard
- Keep your phone out and available. If needed, state that your office is expecting you back at (time) /expecting your call
- Do not hesitate to leave and reschedule to time or location for any reason (gut feeling, threat, other concerns). Document concern and report to supervisor

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Predicting and Dealing with Violence

Assessing Prior Violence

- History is the best predictor of violence. At initial assessment, document past violence, current violent thoughts, and client's treatment or interventions
- Assess triggers, feelings or factors that have been associated with aggressive encounters
- Assess physical factors that increase risk (i.e. if violence is associated with substance use, always assess client's substance use on that day)
- Take the responsibility to conference with multidisciplinary team to assess history of violence in community or history of threats/violence in the Clinic

Assessing Current Situations

- Assess client access to weapons, historical abuse, aggression at home, intentions with family, community, authority, etc.
- If there are no signs in the client's history observe common warning signs: Pacing or fidgeting, clenching fists or jaws, standing abruptly or with close proximity, verbal abuse
- Identify triggers, cues and give the client the opportunity to get out of the agitating situation (this seems to upset you; should we take a break? Is the conversation bothering you; should we stop here for now?)

Violence in the Moment

- Never reach out for the threatening weapon. Back up and tell the client your moves before you make them so that nothing is unexpected or threatens a client who may be violent.
- Use de-escalation techniques and non-violent self defense when possible. Learn basic non-violent self defense techniques
- Protect your head; block with cushion, pillow, arms, clipboard
- Call 911 immediately

After an incident

- Call 911. Get medical attention immediately
- If you are sexually assaulted, call police. Do not change or alter your condition in any manner and seek medical examination
- Consult your supervisor and any available director (as soon as appropriate after the violent incident)
- Complete a Clinic incident report with supervisor

Staff Safety Review: Outside of Clinic, Home Visit and Field/Community Work

For your safety you are expected to be familiar with the following:

- Assessing client's history of violence and current level of dangerousness
- Recognizing and be prepared to react at first signs of agitation (de-escalation techniques or diffusing situations)
- How to call for help, security, or police
- What to do if you become a victim, how to report an incident of violence or threat

If you do not feel prepared in these areas, consult your supervisor for support or further training or guidance.

Staff should review and understand general guidelines for personal safety and security, including the *Safety Checklist* and *Verbal De-escalation Skills*. Staff should consult their supervisor at any time that they do not understand personal safety procedures, guidelines or need further support in their own personal safety.

**Verbal De-Escalation Techniques for
Defusing or Talking Down an Explosive Situation**

prepared by NASW's Committee for the Study and Prevention of Violence Against Social Workers

When a potentially violent situation threatens to erupt on the spot and no weapon is present, verbal de-escalation techniques are appropriate.

There are two important concepts to keep in mind:

1. Reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of arousal so that discussion becomes possible.
2. De-escalation techniques are abnormal. We are adrenally driven to fight or flight when scared. However, in de-escalation, we can do neither. We must appear centered and calm even when we are terrified. Therefore these techniques must be practiced before they are needed so that they can become "second nature."

A. The Worker in Control of Him/Her Self

1. Appear calm, centered and self-assured even though you don't feel it. Anxiety can make the client feel anxious and unsafe which can escalate aggression.
2. Use a modulated, low monotonous tone of voice (our normal tendency is to have a high pitched, tight voice when scared).
3. If you have time, remove necktie, scarf, hanging jewelry, religious or political symbols before you see the client (not in front of him/her)
4. Do not be defensive-even if the comments or insults are directed at you, they are not about you. Do not defend yourself or anyone else from insults, curses or misconceptions about their roles.
5. Be aware of any resources available for back up. Know that you can always leave, tell the client to leave or call the police should de-escalation not be effective
6. Be very respectful even when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they should be respected. We automatically treat them with dignity and respect.

B: The Physical Stance

1. Never turn your back for any reason
2. Always be at the same eye level. Encourage the client to be seated, but if he/she needs to stand, you stand up also.
3. Allow extra physical space between you – about four times your usual distance. Anger and agitation fill the extra space between you and your client.
4. Do not maintain constant eye contact. Allow the client to break his/her gaze and look away.

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5. Do not point or shake your finger.
6. Do not touch – even if some touching is generally culturally appropriate and usual in your setting. Cognitive disorders in agitated people allow for easy misinterpretation of physical contact as hostile or threatening.
7. Keep hands out of your pockets, up and available to protect yourself. It also demonstrates non-verbal ally, that you do not have a concealed weapon

C: The De-escalation Discussion

1. Remember that there is no content except trying to calmly bring the level of arousal down to a safer place.
2. Do not get loud or try to yell over a screaming person. Wait until he/she takes a breath; then talk. Speak calmly at an average volume.
3. Respond selectively; answer only informational questions no matter how rudely asked, e.g. "Why do I have to fill out these (g-d forms?" This is a real information-seeking question). DO NOT answer abusive questions (e.g. "Why are all social workers ass holes?) This question should get no response what so ever.
4. Explain limits and rules in an authoritative, firm, but always respectful tone. Give choices where possible in which both alternatives are safe ones (e.g. Would you like to continue our meeting calmly or would you prefer to stop now and come back tomorrow when things can be more relaxed?)
5. Empathize with feelings but not with the behavior (e.g. "I understand that you have every right to feel angry, but it is not okay for you to threaten me or my staff.)
6. Do not solicit how a person is feeling or interpret feelings in an analytic way.
7. Do not argue or try to convince.
8. Wherever possible, tap into the client's cognitive mode: DO NOT ask *Tell me how you feel*. But: *Help me to understand what your are saying to me*. People are not attacking you while they are explaining to you what they want you to know.
9. Suggest alternative behaviors where appropriate e.g. "Would you like to take a break and have a cup of coffee (tepid and in a paper cup) or some water?"
10. Give the consequences of inappropriate behavior without threats or anger.
11. Represent external controls as institutional rather than personal.

Trust your instincts. If you assess or feel that de-escalation is not working, STOP! Tell the person to leave, escort him/her to the door, call for help or leave yourself and call the police.

There is nothing magic about talking someone down. You are transferring your sense of calm, respectful, clear limit setting to the agitated person in the hope that he/she actually wishes to respond positively to your respectful attention. Do not be a hero and do not try de-escalation when a person has a gun. In that case, simply cooperate.

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