

HOME AND COMMUNITY BASED FIELD VISIT GUIDELINES

Drafted by: DAIL Security Committee Finalized: November 5, 2018 Updated March 10, 2020

Purpose

The Department of Disabilities, Aging and Independent Living (DAIL) is committed to providing exceptional service, while taking all necessary steps to increase safety for our staff and for the public with whom we interact. This document serves to enhance staff awareness of suggested best safety practices for staff who are carrying out field tasks including assessments, investigations, home visits, or other field work within the community and within the homes of individuals whom DAIL staff visit over the course of their work, but is not intended to be an all-inclusive manual.

General Information

Employee safety is a major consideration for the State of Vermont. The Agency of Human Services maintains an Employee Safety intranet page, including vital resources that staff should be aware of: https://vermontgov.sharepoint.com/sites/AHSIntra/EmployeeResources/SafetySecurity/Pages/Safety.aspx

If a safety related issue arises at work, DAIL staff are to consult with their supervisor (call 911 first if an emergency). An incident report must be filed here: https://sov.d3securityonline.com/VSOC/ealert/default.aspx

Additionally, DAIL Safety Committee members serve as a valuable resource for consultation on any safety/security related issues:

Name/Title	Contact Info	<u>Unit</u>
Monica White	Monica.White@vermont.gov	Commissioner's Office
Director of Operations	398-5024 (cell)	
Paula Brown	Paula.Brown@vermont.gov	Adult Services Division
Nurse Administrator	585-9245 (cell)	
Kathy Stubbing	Kathleen.Stubbing@vermont.gov	Division of Licensing &
APS Investigator	793-3296 (cell)	Protection – Adult Protective
		Services
Renee Cioffi	Renee.Cioffi@vermont.gov	Developmental Disabilities
Public Guardian	595-5016 (cell)	Services Division – Office of
		Public Guardian
Donna Curtin	Donna.Curtin@vermont.gov	Division of Vocational
Field Services Manager	917-2412 (cell)	Rehabilitation

Guidelines

I. Pre-Visit Assessment

DAIL staff should conduct a pre-visit assessment of the meeting location (home, other) to the extent possible and appropriate, by gathering the following information from the individual, their family, or other resources as appropriate:

Pre-Visit Assessment Checklist:

- 1. How many people live at the residence?
- 2. Who will be there during the scheduled visit?
- 3. Do people smoke in the house?
- 4. Where should I park?
- 5. Is there cell service at the location? Is there a land line?
- 6. Are there animals in the home? If so, are they running free, are they aggressive? Can they be isolated from the meeting area? Are they vaccinated?
- 7. Does anyone make anyone else feel unsafe in the home?
- 8. Are there firearms/other weapons in the house?
- 9. Have there been any issues with neighbors that could impact my visit? (e.g. disputes, history of abuse, suspected or confirmed drug activity)
- 10. Is the property easy to find? What are some markers (road signs or color of houses) to look for so I don't get lost?
- 11. Are there concerns about substance use (alcohol and other drugs) in the household?
- 12. Are there any concerns about the mental health of anyone in the household?
- 13. How many cars should I expect to see when I pull in? What color/make?
- 14. Does your home have good lighting in the doorways, walkway and main areas?
- 15. Are there any environmental hazards I should know about?
- 16. Is anyone in the residence sick with a communicable disease? Including, but not limited to, influenza, a common cold, or other contagious condition. Determine the following:
 - Has anyone in the household traveled from an affected country or region listed at https://www.healthvermont.gov/response/infectious-disease?
 - Has anyone in the household been in contact with a person with a communicable disease in the past 14 days?
 - Has anyone in the household had any of the following symptoms in the past 14 days?
 - Felt unwell
 - Had respiratory symptoms, including cough, high temperature, shortness of breath, difficulty breathing

If any of these topics are cause for concern, and you are not comfortable visiting the location, consult with your supervisor to discuss an alternate arrangement (e.g., setting the meeting up elsewhere, bringing another colleague with you, or working with BGS Security or law enforcement personnel if appropriate).

Staff should set up appointments during regular business hours when possible; ideally, the end of the session should remain within normal business hours.

II. Dealing with Concerns and Possible High Risk Safety Issues

DAIL staff may identify specific concerns about conducting home or community based visits, based on the information initially gathered. If staff have concerns, they should talk with their supervisor. It is normal to have some apprehension going to a new residence for the first time. Staff should feel confident that all provisions have been made to assure they can conduct their job in a safe environment. Thoughtful planning for the home or community based visit can help alleviate many adverse situations.

Once a staff member and supervisor have met to discuss possible next steps, a follow up call to the location to discuss alleviating identified concerns may be necessary and appropriate (ex: new light bulb on front steps, removal of dog to a neighbor's house during visit). There may also be occasions when calling to gather additional information may provide helpful information before a decision to visit is made.

Sudden, or recent life events, can increase an individual's, or family member's, stress levels. Increased stress can lead to stress-induced behaviors, including hostility, self-medicating and violent behavior. Some examples of stressful life events include:

- Job loss/financial difficulties
- Loss of housing
- Loss of benefits
- Other state or local agency involvement
- Substance abuse
- Legal issues
- Change in custody status
- Change in who resides at property
- Divorce or separation
- Death or serious illness
- Victimization/traumatic event

In many cases, staff concerns can be alleviated with discussion, investigation and further communication with the impacted individuals. Remember, staff are not alone and have a whole team that can help make the right decision when there are concerns about staff safety. If a concern is not alleviated, the supervisor and staff should consult with management to find a mutually agreed upon solution.

III. Making the Home or Community Based Visit

Once a home or community based visit is scheduled, staff should consider the following:

Being aware of your surroundings is an important facet of safety. Awareness of behavior on a visit is equally important. Paying attention to tone of voice, body language, eye contact, word choice, etc., can help you continually assess behavior and potential actions.

Much of human communication is subtle, and non-verbal. Being aware of non-verbal cues can help you better understand other people. We often ignore intuition, but this is an important factor in assessing individuals and circumstances. Problem solving skills are also important. Make time to read AHS Safety protocols and resources, located on the AHS Intranet:

https://vermontgov.sharepoint.com/sites/AHSIntra/EmployeeResources/SafetySecurity/Pages/Safety.a spx 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.

- > Set up a communication plan with your supervisor, or other office staff, that includes:
 - Development of a formal process (e.g. on your calendar) for alerting supervisor or colleague of the date, time and address of the visit.
 - Establish a check-in and check-out time with your office. Plan for when you will check in post visit (consider cell phone reception).
 - Establish a plan of action when a check out call (i.e. leaving residence) does not occur (e.g. supervisor calls residence/staff member).
 - Establish a plan of action when staff have not checked out and cannot be contacted.
- Make a plan regarding travel and transportation that includes:
 - Ensuring your vehicle is appropriately outfitted for weather and road conditions of the location you will be traveling to.
 - Leave the make, and license plate number, of the car you are using, with your supervisor, or office staff.
 - Familiarize yourself with resources in the area that can help if an emergency occurs
 - Make sure you have enough gas. Be aware of vehicle maintenance and possible issues. Don't risk breaking down. If you know a vehicle is having a problem, make other arrangements.
 - Learn about road conditions (e.g. steep and/or unmaintained road) that could impact your travel. Be aware of weather patterns and forecasts. When possible, have a back-up plan in case of severe weather or poor driving conditions.
 - Lock valuables in the trunk of your vehicle before you arrive at the residence.

> Attire

- Don't wear excessive jewelry and avoid strongly scented products.
- Take your ID with you, but do not wear your ID cord around your neck.
- Wear functional shoes, that would facilitate a rapid egress if needed.
- Remove or cover religious or political symbols, if possible.
- Bring weather appropriate attire to use as needed (umbrella, gloves).

> Arrival

- Observe the safety of the home/neighborhood before stopping or pulling into the driveway
- Be alert. Turn off the radio: look, listen and feel.
- Park in the open, and near a light source that offers the safest walking route, to the location.
- If possible, consider parking on the road/street rather than the driveway and in the direction in which you will leave.
- When possible, locate the home/building, before exiting the car.
- When possible, back your vehicle into parking spaces.
- When you leave your vehicle, know where you are going. Be aware of your surroundings.
- If you are approached, be brief with the person, and continue moving. Do not be drawn into

conversations. Be neither overly friendly, nor rude.

- Do not enter the location without a safety plan in place when:
 - o Individuals are present who appear intoxicated or impaired
 - o There is any type of aggression or violence
 - o There are indications of danger or environmental hazards.
- Trust your instincts, leave the location if you feel unsafe.
- If denied entrance, do not attempt to persuade the individual. Leave and contact supervisor and/or police.

> Entering the Residence

- Observe and listen before knocking on the door.
- Do not enter if an adult is not present.
- Leave the home/location if you feel unsafe entering.
- Ask who is there when you arrive.
- Position yourself so that you have a clear path to an exit.
- Identify possible exits.
- Do not enter basement, or attic.
- Always be aware of your surroundings.
- Keep your phone handy.
- Keep your keys handy so that you don't need to dig for them if you need to leave quickly.
- Know your location in case you need to call 911.
- Use non-threatening body language, remain calm and professional.
- Respect the client and his or her emotions.
- Listen to your instincts and feelings.
- Be aware of personal space (don't initiate touch unless necessary and you have permission).
- Best practice is for dogs or other pets to be kept in another space or room where they do not have access to you, or to the client, during the visit.
- Best practice is to not accept food or beverages.
- When there is a choice, sit in a hard chair rather than upholstered furniture.
- Be cautious and use common sense.
- End visit and leave immediately if you feel threatened, or if you notice unlawful or concerning behavior.

> Establishing Rapport

Establishing rapport is at the root of effective communication. One of the easiest and best methods for establishing rapport, is to listen to what a person is saying. Below are tips that will help facilitate communication:

- Show respect and compassion; use the preferred title.
- Be empathetic.
- Be sensitive to cultural and disability etiquette:
 - Communicating across cultures: <u>https://vermontgov.sharepoint.com/sites/AHSIntra/LEP_DocumentLib/communicating_across_cultures.pdf#search=cultural</u>
 - Disability communication toolkit: https://healthcareinnovation.vermont.gov/sites/vhcip/files/documents/Disability/20Core/20Competency/20Tool/20Kit.pdf
- Use people-first language: https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf

- Use self-disclosure sparingly to communicate understanding and to build trust.
- Maintain confidentiality.
- Acknowledge what is being said (e.g. I understand what you are saying; tell me a little more about that, etc.).

Exiting/Ending a Visit

- Be alert for hazards or obstacles.
- Get right into your vehicle, lock doors and start engine, don't open trunk, or rear doors first.
- Upon leaving have your car keys in hand. Do not linger at the residence to make phones calls or write notes; leave immediately.
- If unable to leave in the vehicle you arrived in, contact help immediately. Have a plan before you are faced with making an emergency decision.

> Additional Considerations

- When doing a home or community based visit on the weekend, or outside of normal business office hours, make a plan with a designated support person who will be available by phone at the time of the visit.
- Consider if interpreters may be needed and make a plan before you visit.

IV. Safety and Health of Staff

Despite engaging in all best-practices of risk mitigation, an event can occur that will create unease, or a dangerous situation, for a staff person. DAIL staff are empowered at all times to make whatever judgment calls they feel are appropriate to ensure their own safety. DAIL management encourages all staff to trust their instincts and will support all decisions to leave a situation if it feels unsafe at any time. Below are some suggestions for conduct in circumstances where a client and/or family member is acting aggressively or agitated:

- Respond calmly with "I" statements
- Acknowledge what was/is being said
- Try to redirect using matter of fact, simple and direct statements
- Try to maintain a three-foot distance away from the agitated person
- Do not touch the person
- Do not turn your back, or stand in front, of the person.

If you are attacked, or in an unsafe situation, use whatever defense techniques you need to remove yourself from the situation. Once you are at a safe location call for help.

Additional Health Considerations when doing home or community based visits include:

Smoking

If you are sensitive to cigarette smoke, plan ahead of time a comfortable strategy for offering to step outside, or asking the person not to smoke during the visit.

Lice/bed bugs

As a precaution, if you are able, stand up during your visit, and do not carry bags, or jackets into the home, if possible. If you must sit, when there is a choice, sit in a hard chair rather than upholstered

furniture. If you are aware that a home has a lice and/or bed bug infestation, contact your supervisor to discuss an alternate plan prior to scheduling a visit.

Illness

Before a visit, if you are sick, or are concerned that a member of the family may be exposed to your illness, determine if it is best to reschedule the visit, or if one of your colleagues could do the visit.

During a visit, if you suspect that someone in the home is sick with a communicable disease, you are empowered to immediately end the visit, and reschedule at a later date. If you are concerned that you may have been exposed to an illness over the course of your work, you must report it immediately to your supervisor.

<u>Tips</u>

Keep disinfectant wipes and hand cleaner (e.g. Purell) in your car and/or pocket.

Avoid touching your eyes, nose, and mouth.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Clean and disinfect frequently touched objects and surfaces (including those in State fleet cars) using a regular household cleaning spray or wipe.

Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; after blowing your nose, coughing, or sneezing; and in between each visit in the community or in a home.

If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Take only the items necessary for the home visit into the client's home.