



# Public Health

Seattle & King County

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David Fleming, MD, *Director and Health Officer*

## **Promoting Personal Safety during Outreach, Shelter and Home Visits** A Technical Assistance Document

Health Care for the Homeless Network  
Community Health Services Division  
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**City of Seattle**

Gregory J. Nickels, *Mayor*



**King County**

Ron Sims, *Executive*

Disclaimer: This Technical Assistance Document, *Promoting Personal Safety during Outreach, Shelter and Home Visits* is a guide to assist in the development of personal safety policies and procedures by agencies whose staff conducts outreach or home visits. Public Health-Seattle & King County is not responsible for any misinterpretation or misuse of the contents of this guide.

For more information, contact:  
Health Care for the Homeless Network  
Public Health-Seattle & King County  
999 Third Avenue, Suite 900  
Seattle, WA 98104  
206.296.5091  
[www.metrokc.gov/health/hchn](http://www.metrokc.gov/health/hchn)

# Promoting Personal Safety during Outreach, Shelter and Home Visits

## A Technical Assistance Document

### Purpose

This is a technical assistance document from Public Health-Seattle & King County Health Care for the Homeless Network (HCHN). Its purpose is to provide recommendations, sample policies from other organizations, and guidance to HCHN contractors and HCHN providers that will promote safe behaviors and activities during field visits. A field visit may include a visit for the purpose of outreach and engagement of the client, or for the provision of health care services on the streets, in the community, in shelters, or in homes. The document is divided into three sections:

1. Promoting Safety: Steps Employers and Employees Can Take
2. Safety Strategies for Lone Staff on Field Visits
3. Avoiding Risks to Personal Safety during Field Visits

### I. Promoting Safety: Steps Employers and Employees Can Take

Safety in the workplace is a shared responsibility between the employer and employee. Below are recommended steps that each can take to create safe environments and promote safety for staff who are involved in field visits.

#### Employers

- Maintain policies and procedures addressing personal safety of field staff
- Evaluate policies and procedure in relation to personal safety outcomes on a regular basis
- Implement measures to reduce risk to personal safety
- Provide safety equipment
- Train staff in personal safety measures
- Maintain a mechanism for reporting and recording incidents
- Provide for post-trauma support
- Foster effective relationships with partner agencies working with homeless people such as shelters, community agencies, housing programs, and local law enforcement that promote an environment conducive of personal safety.
  - Work with each partner agency to assure it has appropriately taken into consideration the safety of your on-site visiting health care staff in their own agency's safety plan.
  - Assure that the partner agency has a mechanism to inform your agency and staff of any potential safety risks and vice versa.
  - Develop or modify a written memorandum of understanding with partner agencies so that expectations related to safety and safety-related communications are established in writing.

#### Employees

- Dress to protect yourself. Wear shoes and clothes that make it easy for you to move quickly. Avoid wearing expensive jewelry or carrying a purse. Avoid any accessory that could potentially be dangerous such as necklaces or scarves.
- Carry a minimal amount of cash.
- Carry a noise-making device such as a whistle.
- Conduct visits during daylight hours when possible.

- Maintain car doors locked. Avoid leaving items visible on the car seats during visits. Avoid entering the trunk of the car. Prepare the materials needed for the visit in advance and carry them with you.
- Know the layout of the site you are visiting. Keep the door in sight during the visit. Identify locations where other people may be present and possible escape routes.
- Have knowledge of the activities of the neighborhood in advance and avoid visits when the risk may be higher such as times of increased drug or alcohol use.
- Know the location of the local police or fire department so that driving there for safety is an option.
- Avoid areas with poor visibility by others such as alleys or isolated buildings.
- Be aware of your personal behavior and the risk it may pose to others for example in domestic violence or child abuse situations.
- Be aware that your behavior may unintentionally trigger a response in another person that could not be predicted. Be prepared to respond with de-escalation techniques or escape.
- Report all incidents occurring in the field according to the employer's policies and procedures and to HCHN using the Extraordinary Occurrence Report form when appropriate.

## **2. Safety Strategies for Lone Staff on Field Visits**

This section provides information on strategies that an organization can use to assure that an identified person knows of field staff intended whereabouts and can raise the alarm if staff signals a personal threat, or does not return or make contact at the appointed time.

Suggested Procedures:

- Designate a responsible person who is aware of field staff daily activities or to whom field staff reports his/her daily schedule of activities. Agree on the method and timing of check-in contact. The responsible person may be someone at the employing agency or at the visitation site such as the shelter.
- Identify a code word or phrase that indicates the existence of a hazardous situation. Have a plan in place that the code word or phrase will trigger.
- Program staff cell phone and carry phone numbers for emergency contacts.
- The responsible person will:
  - Be available to the staff during the time they are in the field.
  - Document contact calls.
  - Be ready to act if staff calls with a problem, uses the identified code word to signal a hazardous situation, or misses a scheduled call.
- The responsible person should have access to the employee's details which include:
  - Make, model, color and registration number of car
  - Cell phone number
  - Home phone number
  - Names, addresses and telephone numbers of patients or sites to be visited
  - Approximate times of visits
  - Agreed time for the field staff to make contact during the day or after the last visit

- Preparatory steps by staff for a lone field visit are to:
  - Ensure the responsible person is aware of the daily visit schedule and any alterations to routine schedules. Agree on contact times.
  - Ensure that phone communication is available. Pre-program into the staff's cell phones the responsible person's phone number and other emergency numbers. Carry a back-up paper list of essential phone numbers. Charge the battery of the cell phone fully. Maintain the phone turned on during visits.
  - Ensure the vehicle being driven is in good condition, with a full tank of gas and stocked with emergency supplies. Carry street directories and maps of the areas of visits.
  - Know agency policies related to automobile accidents and medical emergencies.
- If a field staff fails to make contact at the agreed upon time, the responsible person will:
  - Telephone the cell phone.
  - If no answer, telephone the home number.
  - If not there, telephone the phone numbers of the clients or sites visited in the reverse order.
  - If not there, allow the agreed period to elapse after the expected contact time then inform the police of a suspicious incident and/or respond in accordance with your agency's policies.

### 3. Avoiding Risks to Personal Safety during Field Visits

At all times during a field visit, staff should assess for risks to their personal safety and avoid exposing oneself to undue risk.

The approach to the outreach, shelter or home visit and whether it should be undertaken alone is dependent upon the risks associated with the client and the situation, as well as any applicable policies of your agency. Table I lists those factors which are associated with short-term increased risk of violence. Staff is encouraged to assess all factors carefully and terminate the visit if needed or alter the approach to the visit to assure his/her personal safety. Do not let stereo-typing create added risks.

Any suspicion of substance use, the presence of a weapon, and a history or threat of violence would dictate that the necessity of the visit be evaluated. If it is absolutely necessary, carry out the visit with the accompaniment of law enforcement or after a person has been detained and is in a safe location.

**Table I: Risk factors for short-term prediction of violence (Galloway, 2002)**

*Demographic and personal history*

- Youth, male
- A history of violence
- Recent threats of violence
- Belonging to a subculture where violence is prevalent

*Clinical variables*

- Alcohol or other substance use
- Symptoms of schizophrenia or mania, especially if the following exist:
  - Delusions or hallucinations focused on the individual
  - A preoccupation with violence
  - Delusions of control with a violent theme
  - Agitation, excitement, overt hostility, suspiciousness
  - Poor compliance with treatment
  - Antisocial, explosive or impulsive personality traits

*Situational factors*

- Lack of social support
- Immediate availability of a weapon

Otherwise, abandon the visit and re-evaluate the need and approach to achieving the goal.

The accompaniment of another staff person may decrease risk when a person is known to have an explosive personality but the presence of a weapon is unlikely.

Precautions during visits include the following:

- Park the car in a safe area and so that the route to leave is unobstructed
- Identify and maintain an escape route whether in a home or elsewhere
- Observe neighbors and other family members who may pose potential risks
- Observe for dogs and have the dog secured during the visit

Continually assess the situation. Trust your instincts. If in doubt about the safety of the situation, be prepared to abandon or postpone the visit.

### **References and Examples of Home Visit Safety Guidelines:**

Galloway, J. Personal safety when visiting patients in the community. *Advances in Psychiatric Treatment*. 2002; 8: 214-222.

Home Visit Guidelines, School of Nursing, University of Texas Arlington. Available at: Available at: <http://www.uta.edu/nursing/hbk/homevisits.htm>. Accessed via internet March 22, 2007.

Home Visit Safety Guidelines, Occupational Health and Safety, University Services. The University of Newcastle, AU. 2006. <http://www.newcastle.edu.au/service/ohs/policies/index.html>. Accessed via internet March 22, 2007.

Home Visiting Policy, Orvis School of Nursing, The University of Nevada Reno. Available at: [http://www.unr.edu/osn/handbook/home\\_visiting\\_policy.html](http://www.unr.edu/osn/handbook/home_visiting_policy.html). Accessed via internet March 22, 2007.

Personal Safety. A guide for field workers to minimize risks to personal safety while conducting visits in the community. Public Health Seattle-King County, 2007.