

EXTREME SITUATIONS GUIDE

Disclaimer: This guide cannot predict nor identify all potential risks in extreme situations. This guide is meant as a tool with helpful tips. It is encouraged to practice safety first and use precautions at all times.

REMEMBER THESE BASIC TIPS FOR EXTREME SITUATIONS

The best way to prevent violence is to practice safety first and use precautions at all times. Be prepared. Therefore, it is good to use these basic tips. Stop. Look. Listen.

- **Stop:** Stopping makes you concentrate on your situation. Stop long enough to focus on what you need to see and hear around you.
- **Look:** Looking around narrows your attention to your “situation” and what is around you. It is called “situational” awareness. Be aware of what you see and hear.
- **Think:** Thinking before you act can keep you safe. Think about what you will do or what you will say in the situation. Thinking will allow you to develop a plan on how to get to safety if need be or how to prevent a situation from getting worse.

1. STOP



2. LOOK



3. THINK



I. PURPOSE

The purpose of the Guide for Extreme Situations is to educate the worker when encountering extreme situations and try to prevent potential risks of violence towards the worker, the nurse, the case manager, or other ADW program representatives. This guide will outline risk factors, assess potential for risks, offer tips for entering a risky situation and provide education regarding dealing with extreme situations. This guide cannot predict all extreme situations that a worker may encounter. It is important for the worker to discuss all extreme situations with the agency and appropriate authorities (police, Adult Protective Services, etc.). The risk may be caused by the member that you are serving or anyone who enters the ADW member’s home. An extreme situation could quickly lead to workplace violence. Therefore, it is important for agencies to also have workplace violence policies, reporting standards, training or other policies that are preventive.

II. DEFINITION OF AN EXTREME SITUATION

An extreme situation is an event where the agency staff is in harm’s way, a potential for physical threat exists, or physical harm has occurred.

III. IDENTIFYING RISK

There are certain traits and factors that have been identified that may tend to make people more inclined to violence. While this is not the case with everyone, knowing this information can help you prepare for situations that could become risky very quickly.

- **Prior violence:** Each time someone commits a violent act, it is more likely that violence will happen again. Therefore, it is recommended that you are aware of past violent behavior.

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- Certain feelings: Several internal factors have been associated with aggressive encounters. These include fear, humiliation, boredom, grief, and a sense of powerlessness. To reduce risk, avoid putting individuals in positions that will embarrass them. Rather, give them knowledge that empowers them and helps them see other, nonviolent options.
- Physical factors: Some physical factors increase the risk of violence. Lack of sleep, stress, physical exhaustion, use of drugs or alcohol, brain trauma, heat, hunger, cold, physical disability, chronic pain, etc.
- Situational factors: This includes access to weapons, experiencing abuse or aggression themselves or feeling a sense of injustice or oppression which can lead to violence.

Even if you do not have information about a member's past behavior or current emotional state, you can look for signs. Observe the member's body language.

- Are they pacing or fidgeting?
- Clenching fists or jaws?
- Agitated, out of touch with reality?
- Speaking in a loud voice or becoming verbally abusive?
- Uneasy movements, muscle tension, threatening gestures.
- Facial expression-staring, glaring, accelerated speech and elevated tone of voice.
- These behaviors are indicators, and you should take immediate steps to reduce the tension before it escalates

Before you go into the home, ask these questions.

- Is there a history of violence from the member or anyone else residing in the home? (reported or unreported to the police)?
- Is a member of the family using illegal drugs or drinking alcohol in excess?
- Is a member of the family struggling with mental health issues and these issues are not currently being managed by treatment?
- Are there firearms in a home with a history of violence, or erratic or dangerous behaviors?
- Are there any vicious dogs or other animals that could be threatening?
- Are there known safety hazards in the home or on the property?
- Does the member fear anyone in the home? Does the member fear anyone in the community? What do they base that fear on? Would a member be at risk engaging with that individual?

It can be challenging to predict an extreme situation. There are ten basic areas called "risk markers" that may increase the potential for an extreme situation. These risk markers could exist with the member that you are serving or a family or friend living in the home/visiting the home. For those friends or family, you may not have access to this type of information. That is why it is important to practice the three steps in your guide to an extreme situation: **Stop. Look. Think.** Stop means to take the time to assess the situation. Look means to be aware of your surroundings and what is going on around you. Think means to consider what you are going to do or say in an extreme situation while in the home. Using some of these basic tips will make you more aware of your surroundings (the member you are serving, the people in/out of the house, activities in the household, illegal activities or items in the home, etc.). That is the key to maintaining your memberal safety.

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Report any issues that you observe or hear to the agency immediately. These risks may not be present when you first begin serving the individual in the home. That is why it is important to be alert. Your member's safety always comes first. The following is a list of ten risk markers that can be used for extreme situations. While these risk markers may exist for many, it does not mean that everyone with these risk markers will be at risk. You should "be on your toes" in these situations.

RISK MARKERS

1. History of physical violence, domestic violence or sexual assault (ADW member or family/friend).
2. History of erratic or dangerous behaviors (which may or may not include delusions, hallucinations, violent fantasies).
3. History of substance abuse (ADW member or family/friend in the household in combination with history of violence, or erratic/dangerous behaviors).
4. History of criminal convictions or arrests (particularly violent criminal history).
5. Guns or other weapons in the household (particularly in combination with history of violence, erratic/dangerous behaviors or substance abuse).
6. Pets in the household (potentially dangerous pets).
7. Illegal activity in the household (ADW member or family/friend in the household. Illegal drugs, theft, drug trafficking, etc.).
8. Criminal activity in the neighborhood (high crime area, drug activity in the area, shootings/crimes resulting in physical harm, etc.).
9. Isolated setting (no houses or businesses close by, extremely rural setting, poor road conditions to the home, etc.).
10. Narcotics or medication in the home (potential for theft, burglary, violence).

A. TIPS FOR THE OFFICE

- For the direct care worker (staff member going into the home), keep a calendar with the member's name, address and phone number on it. Indicate the days and times that you will be in the home. Be consistent with the schedule.
- For the direct care worker, send schedule to someone in the office.
- For the direct care worker, use a calendar for each staff to know the location of the direct care worker at any given time (shared calendars within the office). Establish protocols. Educate the

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worker that If they are unable to make it to an appointment, immediately notify the office about the change in schedule.

- For all staff, try to schedule visits to questionable areas early in the day (to minimize your chance of being in a potentially unsafe neighborhood in the dark and less likely to find loiterers). This may be unavoidable when the member needs services late in the day.
- Use a call-in/call out system to ensure that someone knows when you arrive at the home and when you leave the home.
- Establish check-in processes or monitoring of employee whereabouts for safety purposes. Example: Use a Sign out board or a white board in a confidential area.
- Employees check-in at specific times of the day. In the event the worker does not call at the scheduled time, a designated member calls them.
- Establish code words that can be used to indicate danger and not alerting those around the worker. Example: “Please tell Mr. Smith I will be at the appointment today.” Mr. Smith means “I am in danger”.

B. TIPS FOR GOING INTO THE HOME

- Put your purse in the trunk before leaving your home (do not let anyone see you).
- Do not wear expensive jewelry (theft). Do not wear long earrings, necklaces, scarves, etc. These items can be used to choke you or detain you. If you have long hair, pull it up to prevent grabbing it. Pull your hair back away from your face so you can see what is going on around you. Men may not want to wear a tie as this can be a potential for choking or detaining. Do not wear lanyards around your neck (often worn to display identification badge). Lanyards are very durable and can give someone good leverage to choke you.
- Wear comfortable shoes and clothes (easy to get around). You may want to have walking shoes.
- Keep your keys easily accessible and a small amount of money in your pocket.
- Plan your route ahead of time to make sure that you take the safest route possible.
- Carry either a phone or GPS system. Make sure that the battery is charged fully. Know where you are and how to get out of the neighborhood. You do not want to get lost.
- Know where you are going. Drive around the block to get a feel for the neighborhood.
- Pay attention to detail and don't get in a hurry. Details are missed when we are in a hurry.
- Carry a whistle.
- Consider not wearing nursing “scrubs” to the home. This may give the wrong message to the neighborhood that you are carrying narcotics and could make you or the member an easy target for theft.
- Do not give out memberal information. Do not tell anyone where you live or where any member of your family lives. Do not give out your telephone number, email address, or Facebook contact information. Providing memberal information increases the likelihood of memberal contact from them. For risky situations, memberal information could put you in danger.
- Always make sure someone knows where you are going and when you plan to return.

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- You will want as few things as possible in your hands. Be alert as to whom and what is around you. Carrying a cell phone out in the open or listening to headphones makes you easy prey because you are distracted.
- Never get yourself into a position where you cannot escape. Always face the doorways so you can see a potential threat. Never let anyone come between you and the doorway. Never sit with your back to a door or exposed.
- Don't bring your memberal life into your work life. Example: do not bring credit cards, driver's license, large amounts of money, etc.
- When sitting, find a hard chair if possible. This will decrease the risk of carrying home unwanted insects or sitting on a wet unknown substance. Also, it is easier to get out of a hard chair rather than a soft chair or a couch.
- Be respectful.
- Most assaults happen in the heat of the moment when someone feels a loss of power. It is best to stay calm. DO NOT take it memberally. Do not try to take control. The anger is not about you. Do not get into a power struggle with the member.
- Don't react to a situation. Respond to a situation. Example: If a family member threatens you, don't immediately yell at them in a loud voice. Don't argue with them.
- Sometimes the simplest thing can diffuse a situation. Acknowledge their feelings or emotions. Example: "Mr. Smith, I know you are angry. What if we help you fix something else for breakfast?" Sometimes this is enough to diffuse a hostile situation.

C. MEMBERAL TRIGGERS

It is important to learn to recognize your memberal triggers. Recognize your limit such as the conditions that may anger you. Once you understand what makes you angry memberally, you will need to learn to control yourself. If you can't control yourself, you won't be able to control a hostile situation. You need to be able to recognize when you're upset and when the other member is upset.

The member may verbally attack you, your job, your agency, etc. Control how you react. If you become angry, this can escalate a bad situation. If the member moves to a physical attack, leave immediately.

EXAMPLE 1: DEALING WITH A DIFFICULT SITUATION

WRONG WAY:

Member: "Best Agency is terrible and you can't even cook an egg. Why do they send me people like you?"

You: "What do you mean? I'm a great cook. Don't insult my cooking! And I'm not coming back here." (This is you reacting to an insult about your cooking. You are "angry")

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Member: “Then get out of here now! Tell them not to send anyone else. Get out!” Member is screaming and throws a cane in the floor (You responded to frustration with frustration).

RIGHT WAY:

Member: “Best Agency is terrible and you can’t even cook an egg. Why do they send me people like you?”

You: “What about something else? How about oatmeal tomorrow?” (You control your frustration about the insult and give the member a choice. The situation does not worsen.)

Member: “Oatmeal? Can I have it for lunch?” (You are angry about the insult, but you control it. You don’t escalate the member here.).

You: “Of course. Would you like raisins in it, too?” (Member is calmer because you were calm. You have given the member some control/power over the situation by offering a choice).

EXAMPLE 2: DEALING WITH A POTENTIALLY VIOLENT SITUATION

MEMBER HAS A HISTORY OF VIOLENCE AND WAS IN PRISON FOR ASSAULT AND BATTERY

You: You may still use the method above to calm the situation. However, knowing the member’s history of violence may require additional thinking and action. Know the location of exits so you can escape easily. Are you wearing comfortable shoes to get away quickly? Are you prepared to leave with keys/cell phone in your pocket? Look around to see if there are items that the member could use as a weapon (the cane). Does the member look tense and upset? What is your plan for getting out safely? Remember, your member’s safety always comes first. Are you willing to go into the home with this new knowledge about the member? These are questions to think about and discuss with your supervisor. It is important to have a plan **BEFORE** you go into the home.

D. PREDICTORS OF ANGER

- History of violence.
- Abusive language.
- Threats.
- High frustration.
- Police/legal trouble.
- Paranoia or extreme desperation.
- Socially isolated.
- Knowledge of weapons and military training.

E. ACTION:

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- Recognize their feelings and offer to help. Example: “You appear to be angry. Is there anything I can do?”
- Show concern. Example: “Are you in pain or not feeling well today?”
- Keep it simple and direct.
- In some situations, you may not want to say anything and just leave. If you use a lot of words when people are upset, they don’t really hear what is being said. Try not to let emotions creep into the situation. Panic is an emotion. When we become emotional, we do not react logically. By remaining calm, speaking in a low voice and knowing your plan, you have a much better chance of preventing the situation from escalating and getting out (if necessary).

F. SAFETY PLAN

A safety plan should include the following:

- Who or what is the risk?
- What does the risk look like?
- How can the risk be prevented?
- What should I do if it does happen?
- How do I get out safely?

IV. EXTREME SITUATIONS: ISSUE AND GUIDE

1. HISTORY OF VIOLENCE

Issue: Be sensitive to the potential for violent behavior and how to handle it if it should occur. If the member or someone in the household has a history of physical violence, domestic violence or sexual assault, these behaviors increase the risk to the member going into the home. You should be alert for escalating sexual harassment as this could lead to a more violent, aggressive behavior.

Guide:

- Pay close attention to your memberal space and remain at a safe distance from anyone who could be potentially violent.
- Yelling, screaming, hitting, choking, inappropriate and/or sexual photos or videos, inappropriate and/or sexual comments, clenched fists, throwing household items, threats of harm or threats to report you, blaming you, low tolerance and anger are all signs that you should consider leaving the home.
- When you see the situation escalating, remove yourself **IMMEDIATELY**. Do not wait. Go to a safe place and call the agency immediately. 911 for any life-threatening emergencies.

2. HISTORY OF ERRATIC OR DANGEROUS BEHAVIORS

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Issue: A history of erratic or dangerous behaviors which may or may not include hallucinations, delusions, or violent fantasies can be sign of risk. Those who are experiencing a psychotic episode, especially with delusional and paranoid features have a higher potential for violence. These individuals should be approached with care and those who are working with these individuals must take care not to intensify existing paranoid thoughts or behaviors. It is important that these individuals are taking medications prescribed by qualified professionals appropriately. In cases, due to non-compliance, where an individual is not taking prescribed medication or whose medication is not controlling their symptoms, those working with these individuals must take some degree of caution.

Guide:

- Most individuals having a psychotic episode have a similar set of symptoms that occur each time they become ill. It is recommended that you pay close attention to any changes in their normal behavior (what you see every day). Ask the agency if there are any signs or symptoms to know before going into the home.
- Many times, you may see an increase in the member's symptoms. Their behaviors change: suddenly fearful, thinking they are someone else or believing things that are not real, seeing things that are not there, expressing an increase in anger, changes in sleep and appetite, not going for treatment or not taking their medication, etc.
- In addition, it is clear that individuals who have other issues that occur with their mental health symptoms may present more risk in terms of violence. This is especially true if the individual is abusing substances or has antisocial traits that accompany their mental health issues.
- Substance misuse is common among those with chronic mental health disorders and therefore, those working with these individuals must be alert to changes in behavior that seem out of the ordinary, such as agitation, paranoia, hyperactivity, disorientation etc. and report these behaviors to supervisory staff.

3. HISTORY OF SUBSTANCE ABUSE

Issue: Some individuals or family/friends may be actively using substances ("pain pills" - opiates, alcohol, methamphetamine, cocaine, hallucinogens or designer drugs like bath salts or synthetic marijuana). These individuals may be problematic. Incidents can occur such as theft of medication, money or debit/credit cards for the individual to support their use of substances. These individuals may also introduce others who are involved with substance misuse into the home environment. Additionally, if a member is involved in illegal drug activity, threats may occur if the member is fearful of being reported. Also, certain substance cause paranoia, delusions and agitation, making the individual more prone to violence if provoked.

Guide:

- These individuals should not be confronted about their use of substances or other illegal activity, but instead, this information must be reported to supervisory staff who can take the appropriate action.
- If you encounter an individual who is intoxicated or "high" on a substance, pay attention to memberal space as not to increase their behavior.
- For memberal safety, contact 911.

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4. CRIMINAL HISTORY

Issue: A history of criminal arrests or convictions, particularly violent, can be a potential for the risk of violence. Specific criminal areas to consider are murder, sexual assault, assault, etc.

Guide:

- Make sure you are very clear what your role is in the home and who you are. You are a memberal attendant providing services to the member.
- Use first name only.
- Do not provide memberal information (last name, phone number, address, children, etc.).

5. GUNS/WEAPONS IN HOME

Issue: In combination with erratic or dangerous behaviors, history of violence, history of violent criminal charges, or substance abuse, having guns or weapons in the home can be potentially risky. While having a gun in the home may not pose a risk in some situations, the presence of other issues can affect the situation. Many individuals use guns for deer hunting and keep their gun in a locked gun cabinet. Look at the entire picture. Is there someone in the home with a history of violence, erratic or dangerous behaviors, substance abuse or criminal history? Is it safe to have this combination with guns or weapons in the home? Speak with your supervisor at the agency when you encounter these situations.

Guide:

- This area can be extremely unsafe in combination with risk markers 1, 2, 3 and 4 (listed on page 3).
- It is recommended that the worker NOT put themselves in danger when a weapon is in the home in these situations.
- If the member unexpectedly or threateningly produces a gun or weapon, remain calm, go to the nearest door and leave the home.
- If you cannot get out of the door, quietly send a text to someone to call 911. You can also set up a code for danger. For example “pick up Jake”.
- You do **NOT** want to negotiate safety in this area.
- If you see a weapon in their hands or something they are using as a weapon, leave the home.
- If a gun is in the home, the gun should be in a safe location and locked.
- For agencies, ensure that carrying guns or weapons in the workplace is addressed in workplace violence policy.

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6. DANGEROUS PETS IN HOME

Issue: Animals in or near the home may appear friendly but can be very protective of their territory and owners. If aggression occurs, request that the animal be secured in a safe place prior to your visits. Talk to your supervisor at the agency. They may consider asking the member to sign a Responsibility Agreement to ensure safety in the home.

Guide: How to avoid an animal bite. For extremely dangerous animals with a history of biting, you may consider requesting verification of rabies shots. Even a dog that is assumed to be friendly can bite. Cats can be known to bite or scratch. Even a pet snake can be a danger, depending upon the kind and how it is kept.

- Never approach an unfamiliar animal.
- Never run from a dog and scream.
- Stay still when an unfamiliar dog comes up to you.
- If knocked over by an animal, lie still.
- Do not look an animal in the eye. Do not disturb an adult animal that is sleeping, eating or caring for puppies.
- Do not pet an animal without letting it see and sniff you first.
- Be aware of nontraditional pets (rabbits, snakes, insects, etc.) that may cause harm. Do not handle these pets.
- For an aggressive animal that is at risk of biting, you may consider requesting verification of rabies vaccines.

7. ILLEGAL ACTIVITY IN HOUSEHOLD

Issue: Illegal activity such as sale or distribution of illegal drugs, selling their own medications, theft of money/cards or medications, illegal sale or possession of guns/weapons, or any activity that is in violation of the law. If you see any illegal activity, do not confront them. Leave and call the office.

Guide:

- Memberal Safety first! Get out!
- **DO NOT** remain in the area to witness an illegal act. When illegal activity is suspected, immediately leave the situation (this is direct advice from law enforcement). Do not try to video or catch them in the act.

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- Immediately notify law enforcement (911) for an emergency or risk of immediate harm.
- Immediately inform the agency.
- Report to Adult Protective Services any risk to the ADW member.
- Do not take a purse or money into the home.
- Do not take your own gun or weapon into the home (even if you have a concealed weapons permit). Most agencies have policies on workplace violence that prohibit carrying weapons or guns. The member's home is your workplace.
- Report other workers or individuals going into the home who may be carrying a gun or weapon.

8. CRIMINAL ACTIVITY IN NEIGHBORHOOD

ISSUE: Be aware of other people who come and go from the home. Trust your intuition. Some examples of illegal activity may include sale and distribution of illegal drugs or prescription medication in the neighborhood, breaking/entering of homes, theft of memberal property, verbal or physical threats, property damage (theft of tires, keying cars, and breaking into cars), etc. It is important to report incidents of illegal activity that you know about to law enforcement. It is not necessary to have physical evidence before you report. You are to report what you know, see, hear or witness. It is up to the police to investigate, not you. Investigating to collect evidence may place you in further harm.

GUIDE: Memberal safety outside the member's home:

- Plan ahead. If the member's home is in a location that is not familiar to you, ask for precise driving directions, use GPS or a map.
- Carry a noise-making device such as a whistle.
- Carry a cell phone.
- Keep your car in good repair. Know whom to call if your car breaks down.
- Don't leave memberal items visible in the car (purses, purchases, etc.).
- Always lock your car.
- Carry an extra set of keys. Choose a parking spot that is in the open and near a light if you are there when it is dark.
- Check the outside for people loitering near your vehicle. Check the front and back seats and underneath of your car before getting in.

9. ISOLATED SETTING

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Issue: Many individuals in the state live in isolated or remote areas in hollows, country roads, few neighbors around, bad roads or no roads, long distance from help, etc.

Guide:

- For the first time visiting an extremely isolated setting, you may consider someone going with you.
- Be sure to have the exact directions to the home.
- Ask about the condition of the roads in all weather conditions (snow, spring, rain, etc.).
- Ask about creeks nearby or those that overflow blocking the road. Ask about hills and mountains for snow and ice.
- Park facing the road (backed in if you need to).
- Let someone know where you are (when you are going into the home and when you are leaving).

10. NARCOTICS/MEDICATIONS IN HOME

Issue: Narcotics (“pain pills”) or other medications can be a source of risk in the home. The simple existence of these medications in the home is not the cause for concern. It is the threat of illegal activity that can surround it. The following are potential risk areas.

- a. Theft of narcotics by family members, friends, neighbors or others in the home or coming into the home.
- b. Theft of money or credit/debit cards related to theft of narcotics in the home.
- c. Illegal distribution or sale of the narcotics in or around the home.
- d. Identification of you as a healthcare worker can target the member for narcotics theft in the home (Example: Wearing scrubs to the home, someone in the neighborhood may think that you are carrying “pills” to the home.).
- e. Violence related to illegal narcotics theft, sale and distribution in or around the home.

COMMONLY ABUSED PHARMACEUTICAL SUBSTANCES

Examples of commonly abused pharmaceutical substances: Hydrocodone, Oxycodone, Norco, Tylox, Percodan, Vicidan, Lortab, Lorset, Dilaudid, Demerol, Opana, Methadone, Suboxone, Diazepam, Tramadol, Xanax, Ativan, Valium, Duragesic, Morphine and others.

National Institute on Drug Abuse, <http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts/commonly-abused-prescription-drugs-chart>

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ASSESSMENT OF POTENTIAL RISK IN THE HOME

Directions: The purpose of the assessment is for the RN, CM or RC to identify safety risks for the worker and develop strategies to prevent harm. Address each area with a “yes” or “no” and briefly describe it. Those areas with a “yes”, describe the strategy for ensuring worker safety. Then, educate the worker on safety strategies **prior to** entering the home. This could be a risk caused by the member or the member’s family/friends.

| RISK MARKERS | | Yes | No |
|--|-------------------------|-----|----|
| Member Name: | Other (family/friends): | | |
| 1. History of physical violence, domestic violence or rape (member or family/friend). Describe: | | | |
| 2. History of erratic or dangerous behaviors (delusions, hallucinations, violent fantasies). Describe: | | | |
| 3. History of substance abuse (member or family/friend in the household). Describe: | | | |
| 4. History of criminal convictions or arrests (particularly violent criminal history). Describe: | | | |
| 5. Guns or other weapons in the household (particularly in combination with history of violence, erratic or dangerous behaviors or substance abuse). Describe: | | | |
| 6. Pets in the household (potentially dangerous pets). Describe: | | | |
| 7. Illegal activity in the household (member or family/friend in the household. Illegal drugs, theft, drug trafficking, etc.). Describe: | | | |
| 8. Criminal activity in the neighborhood (high crime area, drug activity in the area, shootings/crimes resulting in physical harm, etc.). Describe: | | | |
| 9. Isolated setting (no houses or business close by, extremely rural setting, poor road conditions to the home, etc.). Describe: | | | |
| 10. Narcotics or medication in the home (potential for theft, burglary, violence). Describe: | | | |

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EXTREME SITUATIONS POST TEST (OPTIONAL)

WORKER NAME:

DATE:

1. You walk into the member's home and her daughter is choking her. The member's daughter threatens to stab both you and the member. What do you do? Describe- written or verbal.

2. ADW member tells you that his nephew is now in the home and he was released from prison for rape. He is coming out of the bedroom, yelling at you and the member for waking him up too early. What do you do? Describe – written or verbal.

3. You take the ADW member to the grocery store. When you come back to the car, you see the member selling their pain pills and receiving money. She says "can you take me to the furniture store to pay a bill" where you are afraid the same thing might happen. What do you do? Describe-written or verbal.

4. The risk markers for potential violence with a member or in a home include:
 - A. History of domestic violence in the home.
 - B. Illegal activity in the home.
 - C. History of substance abuse in the home.
 - D. All of the above.
5. When faced with a potentially violent member, what are the important things to remember:
 - A. Safety first. Be aware of your surroundings.
 - B. Stay near the outside door.
 - C. Keep your car keys readily available.
 - D. All of the above.
6. Guns or other weapons in the household can present a danger if:
 - A. The member has a history of erratic or dangerous behaviors, violent past or substance abuse.
 - B. The member has an old shot gun locked in a gun cabinet for deer hunting.
7. Good instructions to follow with a potentially vicious dog are:
 - A. Never approach an unfamiliar dog.
 - B. Never run from a dog and scream.
 - C. Do not look a dog in the eye or bother a dog when he is eating, sleeping or with puppies.
 - D. All of the above.

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8. When speaking with a member that is becoming upset, the following tips are helpful:
 - A. Appear calm, relaxed, and listen but be aware.
 - B. Ensure there is enough space between you and the member to avoid being harmed.
 - C. Talk in a soft voice that is not judgmental and is empathetic (understanding).
 - D. All of the above.
9. How can the member's medications be a risk to you as a worker?
 - A. Witnessing the member illegally selling their medication and receiving money for it.
 - B. Member reporting that you stole the medication when it didn't occur.
 - C. All of the above.
10. When I see a member selling pills, I must report it to the agency/police. True _____ False _____

EXTREME SITUATIONS POST TEST ANSWERS

The following responses are for the agency, the employer(PPL) or RN testing the direct care worker. The answers are not to be provided to the individual taking the test prior to beginning the test. The correct answers may be provided AFTER the test is completed.

1. Memberal Safety First. The primary concern here is that the worker says "get out safely". Other acceptable answers include leave the home immediately, call 911. It is good if the worker mentions planning strategies such as wearing comfortable shoes, stay close to the door; keep out of the kitchen or away from potential weapons (such as kitchen knives, letter openers, etc.). See that the worker is thinking before acting, paying attention to his surroundings and making the worker's safety the most important. A worker may try to defend the member. That is not a safe approach. Do not allow the worker to place themselves between someone who is harming a member and the member. The worker may be harmed. Then, the worker could not save themselves or the member from harm. It is a risk to all involved. Report to agency or police.

At no point should the worker say: Stop the daughter, grab the daughter, use a weapon, hit the daughter, jump in the middle, etc.

2. Acceptable Answers: Be aware of your surroundings, potential weapons. Remain calm, speak softly. Leave the home if you are in danger; Memberal Safety First; Report to the agency; use a code word for unsafe situations when calling the agency; have a call-in/call-out system in place to make sure someone knows when you are in the home; Have a safety plan before going into the home; carry cell phone and keys in pocket at all times; don't carry large amounts of money or debit cards; Ensure that the worker is thinking and prepared at all times.

3. Do not take the member to the furniture store; Get to a safe place; Report to the agency/police; Call 911 if someone is threatening; Don't take pictures with your cell phone or wait around to collect evidence of the sale of drugs; Memberal Safety First.

4. Answer is D.

5. Answer is D.

6. Answer is A.

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- 7. Answer is D.
- 8. Answer is D.
- 9. Answer is D.
- 10. True.

STOP HERE:

ONLY RN's, CM's and RC's CONTINUE



PROFESSIONAL ACTIVITY ON NEXT PAGE

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EXTREME SITUATIONS PROFESSIONAL ACTIVITY

“I HAVE A SITUATION”

Disclaimer: These situations do not represent a specific case. While some information may appear similar, it is not based upon an actual member scenario.

EXTREME SITUATION SCENARIOS: The purpose of this activity is to utilize critical thinking to identify actions that ensure safety for everyone involved.

Situation 1: While the worker was in the home, a woman came to the home, representing that she is an agency RN. While there, she asks to see the member’s medications. Worker leaves the room to check on dinner. When she returns, the woman has stolen the member’s medications. She is not a nurse and does not work for the agency.

Situation 2: Worker calls to report that the member has told her that she has a gun in her purse. She reported that last night the member said she went to a bar and was threatening people in the bar. Worker states that she is afraid. The member has threatened her as well.

Situation 3: Member’s boyfriend comes to the home every day. He was a worker for the agency and was fired recently. He threatened to come to the agency office and “take you all out”.

Situation 4: Member’s grandson lives in the home with his girlfriend. Member’s Lortab has been missing 3 months in a row. Member won’t accuse grandson or the girlfriend. Every time it is missing, she accuses the agency worker of theft. There is very little food in the home and those in the home live on the member’s social security and do not contribute to the household.

Situation 5: Worker calls to report that the member asked her to go to 4 different houses today. She took a bag with her and came out counting money. Worker does not want to go back to the home. None of the stops were on the Service Plan. Member threatened the worker if she told anyone what she was doing.

Situation 6: You are going to a member’s home to conduct an assessment. The Case Manager told you that there was an allegation that the member’s son was “making meth” in the home and the member is

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selling pills out of the home. The workers report cars coming and going all day long. Member's son has a long history of drug abuse and has been arrested twice in the past.

Situation 7: You go to the home to evaluate the member for the first time. There are 4 huge dogs in the front yard. The dogs are barking wildly and lunge at the gate when you come close. One dog is biting the sign and trying to climb the fence. There is a sign on the gate that reads "DO NOT ENTER. ATTACK PITBULLS".

Situation 8: There has been an allegation that the member has an unsecured gun. He adamantly said that he gave the gun to his mother. Worker says he still has a gun and agency won't send her back. He has a history of erratic or dangerous behaviors and suicide attempts by overdose. He called Case Manager, begging her to come to his home. He was distraught, still denying he had a gun.

THE THINKING PROCESS

1. Analyze the facts.
 - a. Who reported the situation?
 - b. Is the member reliable and objective?
 - c. What do the current/past medical records or assessments say about the member or home?
 - d. Does this information point to a potential for harm for anyone going in the home?
2. Identify the potential risks.
 - a. Describe what the risk of harm looks like.
 - b. Outline the potential outcome(s) of harm.
 - c. Identify who or what is at risk of harm.
 - d. What triggers the risk?
 - e. What is the precursor?
3. Qualify the level of risk for harm.
 - a. Is the risk verbal or threats?
 - b. Is the risk physical?
 - c. Is it a professional, agency, worker, liability or illegal risk?
 - d. Is there a potential for bodily injury or death?
4. Are there reasonable precautions and risk markers for this particular case?
 - a. What are they? *Example: Use your Risk Marker Assessment.*
 - b. How do you tell the worker what to look for? *Example: Cars coming in/out of home frequently, niece moving back into home, uncle getting out of jail/moving back in the home, member is unstable/yells threats when not taking medication, etc.*
5. What is your safety plan?

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- a. Can you send a worker in safely or can you go in safely? *Example: How do you keep the worker safe? Do they only provide services during specific hours when the individual is out of the home? Do you need to request to close the case for unsafe environment?*
- b. Do you need to report to authorities? *Example: Police, Adult Protective Services, fraud, etc.*
- c. Do you need a behavior contract or boundaries in service settings or service methods? *Example: Evaluations must happen at the doctor's office or Case Manager's office. Worker cannot drive member in their car due to risk of illegal activity.*

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