

**DREAMWEAVERS UNLIMITED**

**10/01/08**

**COMMUNITY-BASED  
SERVICES  
SAFETY MANUAL**

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## Introduction

Safety is of paramount importance in community-based services. It is important to do what we can to minimize risks to our clients as well as ourselves. Over the years we’ve become more aware of on-the-job risks to ourselves and the day-to-day living risks to our clients. We’ve also become aware of risks to us involved in getting to and from our client’s homes and schools. This manual is an overview of safety/risk issues. It is a response to the broadest range of risks that we could encounter. Some are very unlikely to occur, yet we have included some unlikely items because they have been known to occur and we want community-based human service workers to be prepared.

Please read this safety manual and, as you are reading it, remember that our employees are not expected to take undue risks. If the risk to you appears to be high, it is a good idea to consult with your supervisor and do whatever you need to do in order to maintain your safety. It is always important to trust your instinct. If you have a “feeling” that something isn’t right, act on your instinct and maintain a cautious and conservative approach to the situation.

This manual is intended to be a resource for maintaining your safety in community-based care. Please read it carefully and always make safety a priority in your daily activities.

## APPROACHING THE HOME

1. As you approach the home, note:
  - a. Location of doors and windows
  - b. Are any neighbors around?
2. Listen before you knock or ring doorbell.
3. Adapt your eyes to light conditions inside the home.
4. Stand to the side of the door-someone may come out quickly.
5. Wait for the client to come to the door to invite you in.
6. Don't walk in if the door is open.
7. Don't walk in if a voice calls out "come in" and you can't see anyone.

## ENTERING THE HOME

1. Choose a "safe place" to sit.
2. Leave yourself an exit; sit near a door.
3. It is best to have your back to a wall.
4. Living rooms are the safest places to meet.
5. Bedrooms are where most guns are kept.
6. Kitchens are full of all kinds of potential weapons.
7. If possible, leave the door open.
8. When meeting in inside rooms, it is especially important to leave the door open.

## WHEN IN THE FAMILY'S HOME

1. Notice exits and possible escape routes.
2. Sit nearest the door, if possible
3. Sit with your back to the wall.
4. If you feel unsafe, be alert for physical cues signaling danger.
5. At all costs, avoid confrontations:
  - a. Be respectful, calm, and agreeable.
  - b. Leave or change directions in the conversation.
  - c. Go to a safety spot (car, room with other family member, outside, neighbors).
  - d. Call supervisor and/or police if situation warrants and allows.
  - e. Have the address of client's home available or memorized.
6. Carry an I.D. at all times on your person.
7. If police raid the client's home while you are there:
  - a. Stay as calm as possible.
  - b. Do exactly what the police say.
  - c. Don't reach in pockets/purse/or briefcase for I.D.
  - d. Establish who you are later, when things are calm.

## IN YOUR CAR

1. Keep your car mechanically maintained.
2. Know how to change a tire.
3. Carry a can of tire sealant
4. Make sure your spare tire is full
5. Make sure your trunk is equipped with a flashlight, blanket, city map, and jumper cables.
6. Make sure your gas tank is not low.
7. Lock car doors when in car.
8. Stay on main roads in urban areas-especially in poor weather, late at night, or when having car trouble.
9. In rural areas, choose roads you think will maximize the chance you will be helped if your car breaks down.
10. Keep quarters in you car for phone calls or carry a cellular phone.
11. Know where you are going.
12. Take care of personal needs (going to the bathroom) before leaving.
13. Ride around the client's neighborhood and check for safety spots (stores, gas stations, etc.)
14. Have the number of emergency road service in your car.

## TO AND FROM YOUR CAR

1. Drive around the neighborhood. Note potential dangers such as abandoned buildings, dark streets, noises of fighting, congregations of people indicating gang values or transactions, gang graffiti, drug evidence on the ground, substance impaired persons.
2. Park your car under a light.
3. Do a "360" look around, to and from your car.
4. Have car keys in hand/available.
5. Leave thoughts of the client/family in the car-once you leave the car, focus all of your attention on the surroundings and be alert.
6. Because driving while preoccupied can be dangerous, after an upsetting and/or difficult session, find a safe spot and call to debrief with your supervisor prior to driving home.
7. If the client is not at home, assess the risk of waiting in your car versus going to a safe spot to wait and call the client.
8. Go to a safe spot to write notes and/or use cellular phone after sessions.
9. Ask family members to watch you as you go to your car after dark.
10. Don't go to your car if someone is hanging around it- seek assistance or someone to accompany you.
11. If you suspect you are being followed, drive to the nearest safety spot to get help- don't drive home and possibly provide your home address to someone following you.
12. If being followed:

- a. Take the time to observe the vehicle and occupants for descriptions. Stay calm.
  - b. Note the direction the vehicle travels when you reach a safety spot to call for help.
13. Look in you back seat before getting in you car (even if you locked it!).
14. If your car dies, breaks down, or you are in an accident:
- a. Pull to the right side of the road, if possible.
  - b. Put flashers on.
  - c. Open hood.
  - d. Get back in the car, lock doors.
  - e. Call for assistance, if you have a cellular phone, ask someone to call a wrecker, spouse, or a friend if you don't.
  - f. While waiting for assistance, review self-protection strategies.
  - g. Talk through the open window only.
  - h. Don't accept rides without considering the risks to you personal safety.
  - i. If you leave your car for assistance, leave the car door unlocked so you can re-enter quickly, if needed.
  - j. Observe the person offering assistance (smell of alcohol, other cues you may be unsafe?).
  - k. Check out the person's car who is offering assistance. Is there more than one occupant in the car? Is anyone in the back seat? Are the car handles present on the inside of the door? Trust your gut feelings to turn down a ride. Embarrassment has no place when considering your safety.
15. Don't ask a group of people on the street for directions.

## WHEN WALKING

- 1. Walk fast.
- 2. Stay on main streets.
- 3. Face traffic.
- 4. Don't carry a purse, if possible, or carry it close to your body.
- 5. Don't carry charge cards.
- 6. Carry quarters if you don't have a cellular phone.
- 7. Note safety spots along the way.
- 8. Be alert, look around, and keep head up while walking.
- 9. If you sense danger and/or feel unsafe, leave immediately, change directions, got to a safety spot and/or your car.
- 10. Don't ask groups of people for help or directions.

## PRIOR EPISODES OF VIOLENCE TOWARD PEOPLE OUTSIDE THE FAMILY

Initial phone call:

1. Allow plenty of time for the conversation. Use lots of active listening.
2. Talk to the allegedly violent person and try to establish a relationship.
3. Assess whether clients are escalated. If so, use active listening.
4. Ask a family member for their assessment of the potential for violence.
5. Assess whether there are any weapons in the house.
6. If you are still concerned about the potential of violence, consider meeting with the most approachable family members.
7. Ask family members to lock up or remove all weapons.
8. Consider meeting in a neutral place.

Preparation for first session:

1. Call the referring worker for more information.
2. Notify your supervisor of your initial phone call assessment.
3. Notify a supervisor/co-worker of where and when the first session will take place. If necessary, develop a plan of when you will call to confirm your safety including code words or a plan of action if no call is received. If a cellular phone is an option, file the number to the supervisor and keep the phone on.
4. Consider taking your supervisor or a co-therapist with you.

During the first session:

1. Drive around the neighborhood to get your bearings and locate aids and safety spots.
2. Park as close as possible to the home so that accessing your car and leaving is easy.
3. Keep calm, relax, take a deep breath, and use self-talk such as “It is not my responsibility to change this person.”
4. Keep your car keys readily accessible such as in your pocket.
5. As you approach the home, note the location of exits, including window.
6. Listen before you knock.
7. Stand to the side of the door.
8. Wait for the client to come to the door.
9. Choose a “safe place” to sit unless the family directs the seating arrangement.
  - a. Try to sit near the exit with your back to the wall.
  - b. Living rooms are safer than bedrooms or kitchens where weapons can be stored or where potential weapons exist.
  - c. If possible, leave a door open.
  - d. Think out an escape route.
10. Observe the home for potential weapons.
11. Be alert to household members’ physical cues of escalation, e.g., facial expressions, muscle tension, posture, breathing, complexion changes.
12. Respect the family’s personal space. Don’t crowd them or touch them.
13. Ask the clients’ permission-check out everything you do.
14. Meet separately with each family member, if appropriate or necessary.
15. Talk with the most upset person first.

16. If the situation begins to escalate, de-escalate it by giving away your power, e.g., stop teaching, problem solving, or directing and go into active listening mode.
17. Additional options to de-escalate:
  - a. Distract the issue with creative time-outs, e.g., requesting to go to the bathroom.
  - b. State your concerns using “I” messages including consequences for use of violence.
  - c. Consider relocating to a neutral location with one person or more.
  - d. Leave if you feel in personal danger.
  - e. Call your supervisor from a phone in a safe location, as soon as possible.

## YOUR CLIENT LIVES IN AN UNSAFE NEIGHBORHOOD

1. Discuss with your client the safest time to meet.
  - a. Consider meeting in a safer location.
  - b. Ask if they will watch the street for your arrival.
  - c. Meet during the daylight hours, especially during initial visits.
2. Let your supervisor know your route and destination address and when you anticipate your return home. Develop a check-in contingency plan.
3. On the way, get your bearings or locate aids/safety spots.
4. Travel main streets as much as possible.
5. Leave the area immediately if it appears too dangerous; call your supervisor from a safe phone or cell phone.
6. Park close to the client’s home, ensuring easy access to the car and an easy drive out.
7. Keep alert and on the lookout when walking to and from the home.
  - a. Leave your purse and jewelry in the trunk or at home.
  - b. Have the car door key in your grasp.
  - c. Walk erect and briskly.
  - d. When leaving the home, ask someone to walk you to the car or to watch while you get into your car.
8. Take a cellular phone, if available. Try not to use it in a dangerous neighborhood in order to decrease the possibility that observers misunderstand your job or so observers won’t decide they want the phone.

## SINGLE PARENT WITH A JEALOUS PARTNER WHO HAS A HISTORY OF VIOLENCE

1. Sit near an exit.
2. Let the client know that you think the partner is there: “Do you think (     ) would like to join us or would you like to reschedule?” “May I meet (     ).”
3. Be careful of your words and how actively listen, e.g., limit complements or levity, be more reserved, reflect primarily content or those feelings actually

- verbalized-especially if the topic involves the partner. Avoid validating complaints, negative observations about the partner or making inferences.
4. Try to engage the partner.
  5. Try to normalize hesitation to meet or examine possible blockages, e.g., “I can understand how hard it might be to meet with someone who you have no reason to trust.”
  6. Discuss the situation with your supervisor-brainstorm options.

## DURING A SESSION, PHYSICAL VIOLENCE IS THREATENED TOWARD A FAMILY MEMBER

1. If, over the phone, there appears to be a potential for physical violence, ask family members to avoid “hot topics” until you arrive and/or ask family members to wait in separate rooms.
2. When violence is threatened during the session, stop what you have been doing and go into active listening mode. Now is not a time for problem solving, reframing, or pointing out irrational thinking.
3. Use “I” messages regarding your concern about the potential for someone getting hurt.
4. Use their names when talking or reflecting.
5. Model calmness in your voice and movements-deep breathe if you are becoming anxious.
6. Think out loud: “It seems like everyone needs some space right now. Maybe we could all use a time out.”
7. Attempt to distract the individual:
  - a. Stand up and say the individual’s name in a loud voice.
  - b. Consider if it might be helpful to make a distracting noise-drop books, make a beeper go off.
  - c. Send a family member into the kitchen for a glass of water for you.
  - d. Ask if they could separate while you consult with your supervisor on the phone.
  - e. Tell them that what they are saying is so important that you want to write down a list of their issues.
9. Talk to the most upset person first-consider taking them for a walk to a neutral location if they are willing and if you think it would be safe.
10. Take the other family member(s) away from the situation if the family member(s) think it’s safe to leave the individual.
11. If possible, help the person structure the interim time to facilitate calming.
12. Leave if you assess that your presence is escalating the individual or if you believe the situation will improve if you do.
13. Leave if a family member is telling you to.
14. Arrange a time you will make a check-in call, if appropriate.

If you fear that the parent will subsequently harm the child after you leave:

1. Use an “I” message to state your need to arrange a time-out placement and call the referral worker as appropriate.
2. Call your supervisor as soon as possible from a phone in a safe location.
3. If you believe a family member is in immediate physical danger and you are unable to separate family members, leave the home and call the police before calling your supervisor. Use an “I” message to tell the family of your need to call the police only if you think it would not escalate matter to say so.

If a weapon is involved:

1. Try to get the person to voluntarily put the weapon down-preferably put away in another room or locked in the trunk of a car.
2. Do not try to physically take the weapon from the person.
3. If the person refuses to put down the weapon, request to leave, to call your supervisor if you are not permitted to leave, or to take the person out for a drink/coffee if all attempts to leave fail.
4. If the person refuses to put down the weapon but allows you to leave, call police from the nearest phone before calling your supervisor.
5. Use “I” messages to present alternative behaviors.
6. Try to eliminate challenges or control issues.
7. Model and/or suggest peaceful alternatives and reinforced family members doing the same.
8. Use “I” messages to propose consequences of someone getting hurt.
9. If the weapon is locked away and is no longer an issue, follow other guidelines for threat of physical violence against family members.
10. Debrief incident with supervisor from the nearest phone in a safe location after leaving family.
11. Debrief the incident with team members in the next staff meeting or case consultation.

After the crisis passes and physical violence is no longer threatened:

1. Help the family remove or secure weapons or potential weapons.
2. Help individual family members structure activities which reduce likelihood of conflict, e.g., child staying overnight with a friend, adult engaging in a leisure activity, etc.
3. Encourage family members to stay away from “hot” topics until you have a chance to work further with them.
4. Schedule telephone check-ins between sessions.

## ANGRY PARENT THAT HAS JUST HURT THEIR CHILD

1. If the injuries need medical attention, call 911.
2. Use lots of active listening.

3. If you think it is safe for the child and yourself, use an “I” message to state your obligation to contact the referral worker and give the parent the opportunity to report first.
4. If you do not think it is safe to discuss a (fill in required reporting mechanism) report in the presence of the parent, call your supervisor from a phone in a safe location.
5. Before leaving the home, help the individual parent or child reduce the likelihood of conflict by:
  - a. Structuring activities such as the child staying overnight with a friend (or in receiving home care), the parent engaging in a leisure activity, etc.
  - b. Encouraging the family members to stay away from “hot” topics until you have a chance to work further with them.
  - c. Helping the parent(s) identify calming self-talk and contract to call you when he/she feels the beginnings of escalation.
  - d. Schedule telephone check-ins between sessions.
6. If you do not think it is safe to leave the home with the child still there:
  - a. Arrange to have the child relocated to a safe place or to go with you and call your supervisor from a phone in a safe location.
  - b. If the parent will not permit the child to leave or be taken out of the home by a family member nor permit you to leave with the child, call your supervisor from the home (Begin your contact with your supervisor with “I am calling from the home of \_\_\_\_\_”).
  - c. If the parent will not permit you to call from the home and if you do not think it will further escalate matters, use “I” messages to state your concerns and the consequences of having to leave the home without being able to ensure the safety of the child, e.g., “I am very worried because you’ve been having a very difficult time and that something might happen again that results in Billy being hurt. If I can’t take Billy with me while I consult my supervisor and you won’t let me call my supervisor from the home, my agency’s policy requires me to call the police.
7. If you still have to leave the child:
  - a. Call the police (911) from the nearest phone to express your concerns. If you feel unsafe, consider asking the police to meet you to accompany you back to the home.
  - b. Return to the home if you are reasonably sure you are safe. If there’s some doubt, consult with your supervisor first.
  - c. If returning to the home is unwise, call the parent from a nearby telephone and attempt to keep him/her occupied.
  - d. Call your supervisor as soon as possible.

**UNKNOWN PEOPLE IN AND OUT, DRUG USE IS  
SUSPECTED AND WEAPONS MAY BE PRESENT**

1. Using “I” messages, discuss concerns with the client: “I am concerned that so many interruptions may not be helpful to our work together. I don’t feel

- comfortable with people coming and going. Is there another time we could schedule a meeting that might be more private?"
2. Discuss with the client your concerns regarding drugs and/or their substance use. Attempt to actively listen to the client's concerns.
  3. If the situation appears to be escalating, either because of your concerns of some external element in the home, LEAVE. If children are present, request permission to have a session with the children so you can remove them from danger.
  4. From a safe phone, consult with your supervisor.
  5. Prior to the next session, explore whether weapons are in the home and negotiate a secure plan, meet outside the home, or meet at a safer time.
  6. If weapons are present in the home, review weapons section of this manual.
  7. If the clients talks about feeling unsafe with the people in the home:
    - a. Determine whether the client feels safe. If not, relocate to a safer place.
    - b. Mentally review your self-protection skills.
    - c. Help identify escape routes.
    - d. Have sessions at safer times or outside the home.
    - e. Determine the pattern of traffic, e.g., time of day, entrances, relationships, etc.
    - f. Help the client get a phone if they don't have one.
    - g. Help identify safe neighbors and get to know the neighbors yourself.
    - h. Help the client develop a safety plan.
    - i. Help the client get a self-protection device.
    - j. Discuss with client options regarding moving.
    - k. Consult with your supervisor and team.

## YOU FIND CHILD HOME, BUT NO PARENT

INTAKE: Finds children under the age of 12 present put no parent.

1. Do not enter home even if the children invite you in, unless the children are so young that you fear for their safety if left unattended.
2. Inquire as to whether the parents had left a message for you with the children, e.g., they called and said they would be ten minutes late or they just stepped out for a couple of errands.
3. Inquire as to how long parents have been gone and kids have been alone.
4. See if the children have a number to call for supervision, e.g., aunt, grandmother, neighbors. Have them call and request someone to supervise them.
5. Assuming the children are old enough to be safely in the home, wait in the car 30 minutes for the parents to arrive. If no show, call and inform your supervisor.
6. If no one can watch the kids and there's no indication of when the parent(s) will return, call ( ) and request possible emergency placement.

REGULAR SESSION: Ongoing relationship with family, but finds children under age of 12 with no parent.

1. Consider the risks of entering the home. Weigh questions like whether you expected parents to be gone, whether danger is present for the child. It can be risky to be in the home without another adult present.
2. Inquire as to whether parents had left a message for you with the children.
3. Inquire as to how long the parents have been gone and the kids have been alone.
4. Take the child to a public place for the session if your agreement with the parent allows for this. Be sure to leave a note for parents including the exact time you'll return. Without prior permission to take the child away from the home for this session, meet on the front porch.
5. When the parents return, address your concerns regarding the child's safety. Assess the child's ability to refuse to answer the door for strangers; ability to call 911; other supervision resources; the child's ability to follow emergency procedures; the child's compliance regarding non-use of oven or other potentially dangerous appliances.
6. Work with the parents to develop a more comprehensive childcare plan if this situation is routine.
7. If the children are very young, consult with your supervisor; report, if necessary, to family services, and/or inform the family of the mandate to report them.

## WHEN WEAPONS ARE PRESENT IN THE HOME

1. Discuss with the referring worker whether there have been past reports of violence.
2. Gather information from family members regarding their numbers, use, and storage condition.
3. Consult with your supervisor.

If there are past reports of violence and you feel uncomfortable.

1. Use "I" messages to express your concerns.
2. Provide the client with alternatives such as:
  - a. Removing the pin from the gun.
  - b. Keeping the weapon in a different room.
  - c. Keeping the gun in the trunk of their car—even if just during sessions.
  - d. Utilizing the police's safe-keeping storage for the gun.
  - e. Having a family member monitor mood changes of the person with the weapon and checking by telephone with the family member before going to the home.
  - f. Asking the client to come to the door unarmed.
3. Consider meeting outside the home if the client refuses to reconsider his weapon storage.
4. If an option, carry a cellular phone.

If there are past reports of violence and someone appears impaired.

1. Meet outside the home.

2. Reschedule session.
3. If you are concerned for the safety of other family members, use an “I” message to express your concerns.
4. Discuss a temporary weapon-storage plan and/or possibility of children staying overnight at a friend’s homes.
5. If you need to leave and are still concerned regarding the safety of family members, arrange a telephone check-in.
6. Consult with your supervisor from a phone in a safe location.

## IMMEDIATE RISK OF SUICIDE

1. Stay calm/assess your own safety.
2. Use “I” messages: I’m concerned, I care, I’m taking this seriously.
3. Talk to the person about his/her thoughts/plans.
4. Unless you feel your own safety is in jeopardy, stay with the suicidal person as much as possible.
5. Get help from family members to structure environment (hide car keys, knives, pills, weapons).
6. Continue to talk, show interest and support.
7. Reflect feelings, discuss and emphasize the client’s cognitive inhibitors that decrease the risk of suicidal behaviors (Against religious beliefs, etc...).
8. Try to contract a safety plan five minutes at a time until help arrives.
9. Call someone the client feels is a support like immediate family members or clergy.
10. Consult with your supervisor.
11. If the client refused all help, call the agency responsible for emergency hospitalization in your area for next steps. If you can’t get advice from this agency, call 911.

### If an adolescent is at risk of suicide:

1. Same as above.
2. Talk with your supervisor to assess your need to tell the parents.
3. Dispel myths with the parents (see below).
4. Review the warning signs with the parents (see below).
5. Get help from people like your supervisor, the child’s family, or the referring social worker.

### Warning signs:

1. Suicide threats.
2. Statements revealing a desire to die.
3. Previous suicide attempts.
4. Sudden changes in behavior (withdrawal, apathy, moodiness).
5. Depression (crying, sleeplessness, loss of appetite, hopelessness).
6. Final arrangements (giving away personal possessions).

Myths:

1. People who talk about suicide don't really do it.
2. Talking about suicide encourages it.
3. Only a certain type of person commits suicide.
4. Suicide is a lower class phenomenon or occurs in only certain ethnic groups.
5. Suicide is inherited and runs in certain families.
6. Suicidal people are mentally ill.
7. People under a psychiatrist's care rarely commit suicide.
8. An unsuccessful attempt at suicide is not to be taken seriously.
9. When an adolescent attempts suicide or commits suicide, it usually is an impulsive act.
10. If an adolescent has been depressed and the depression starts to lift, he/she is finally out of danger.