This document expresses the views of the authors and does not necessarily represent the official policy of the Government of Ontario.

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# PREFACE

Women's Initiatives for Safer Environments (WISE) is a community-based, bilingual organization that was established in 1992. We receive core funding from the City of Ottawa with a mandate to promote women's safety in public spaces, to create safe physical and social environments for women by working with both local government and communities, and to analyze public safety issues from a women's perspective and provide consultation services to the City. WISE also undertakes special projects, such as this one.

Much of the material in this document reflects the testimonies and the wisdom of more than fifty front line workers, who came forward from many different rural agencies to talk about their experience with violence and the changes that could be made to make their work environment safer. For many, this was the first opportunity they had ever had to share experiences and openly discuss their safety concerns, on how violence, or the threat of violence, impacts on their work and their personal lives.

Through their involvement, interviews and research, we have created a document that is very informative and that lays the *necessary* groundwork for the development of safety policies, procedures and guidelines to assist organizations address these important issues.

This is a working document; *one* that will now require the involvement of employers, managers, board members and Health and Safety Committee members in order to continue the work already begun.

We hope this document will raise the level of awareness to violence in this workplace*,* environment and encourage organizations to consider personal safety as an important health and safety issue that needs to be addressed in a comprehensive and systematic manner.

Wishing you all the best in this continuing endeavor,


Madeleine Marier

# INTRODUCTION

Service providers in rural areas perform their duties in many different settings. Their "workplace" may include the office or the client's home or a variety of community locations.

In addition to traditional occupational hazards associated with this kind of work, the rural setting adds important risk factors such as isolation, lack of communication devices, solo work with no back-up or means of obtaining assistance rapidly, large territories to cover, traveling to and from clients' homes, the weather and more.

Front line workers confirmed that they often felt unsafe while performing their work and agreed that workplace policies and guidelines, procedural changes and training could help improve their safety. They also believed that a management commitment to safety and the involvement of employees in the creation of a safe workplace were essential elements in addressing these issues effi6iently.

Overall, participants believed that a comprehensive workplace safety program combined with a demonstrated management concern for employee emotional and physical well-being as well as a commitment to training would result in increased awareness and confidence, and lead to a reduction in assaultive incidents and a safer, calmer environment for client and staff alike.

This project is aimed at identifying the personal safety concerns and support needs of rural community service providers and developing tools that could be adapted and used by organizations on an ongoing basis to address safety issues. It is important for organizations, management and staff to be aware of the hazards associated with the work they perform so that preventative measures can be explored, implemented and tested.

During the information gathering stage of this project, we invited front-line workers from many different social service agencies to participate in focus groups. We also conducted interviews and topical research. This allowed us to draw a current picture of the workplace environment of rural community service providers, and focus our efforts in the most needed areas. We compiled and analyzed the information gathered, and organized it thematically in this document.

The information gathered in this document should provide useful and necessary data for organizations who wish to address the concerns and needs of their workers in a systematic and comprehensive manner, and should assist them in the development of safety policies, procedures and guidelines to enhance the health and safety of their workers.

# OVERVIEW

Health care and social service workers face a significant risk of job-related violence. This is not a new phenomenon as a certain level of violence and abuse has traditionally been viewed and accepted as "part of the job" in this industry. These workers are at risk because they are in direct contact with clients, patients or other individuals who may be angry, confused, disturbed or dangerous. They are also the most immediate target of frustrated consumers, angry clients or generally abusive and violent individuals.

*"Workers who enforce unpopular rules, who must relay disappointing or frustrating information, or who must deal with frightened or grieving families, often find themselves on the receiving end of abuse."*

The information gathered through discussion groups and interviews confirms that violent incidents do happen. Some workers are more at risk than others depending on the nature of their job. But even though violent incidents or near miss situations do not necessarily happen every day, all these workers have to cope with the fear of violence. They have to be "on their guard" constantly. Participants reported having experienced many kinds of physical abuse such as being raped, punched, choked and pounded against walls and floors, tripped, kicked and spat on, attacked with weapons such as knives, and with equipment such as I.V. stands and chairs. They have suffered injury to their bodies and also damage to their personal property, such as torn clothes, broken glasses and damage to their cars. Verbal violence has also had a devastating effect on the morale and mental health of workers. Because the effects are not as observable as those resulting from physical violence, the problem is not readily recognized and not often reported.

*"Health care workers have been stressed by the ongoing fear of physical injury, threats to their own well-being and that of their*

*families. They have been subjected to verbal attacks, sexual harassment and attempts to humiliate and intimidate them, which displays a general lack of respect for their worth and dignity as human beings.*

In addition to traditional occupational hazards *asso*ciated with this kind of work, the rural area setting adds important risk factors such as isolation, lack of communication devices, solo work with no backup or means of obtaining assistance rapidly, large territories to cover, traveling to and from clients' homes, the weather and more.

Other compounding factors further influence this situation. Organizations and communities are experiencing and seeking to respond to major economic and social change. The deteriorating economy, the increase in poverty and substance abuse, the increase in demand for services at the same time as governments are cutting back spending on social services, the under-funded and under-staffed social services ad the massive structural changes in service delivery all play a part in the increased risk to community service providers.

We must keep in mind that he word "workplace" for this frontline staff has to reflect the different scenes where they perform their duties, such as in the client's home, in the office, in the community and as they travel to and from visits.

*"All workers, no matter what particular job they* do, *have a right to a safe and healthy workplace. The responsibility for providing, and maintaining, this safe place belongs to the employer. An important part of this responsibility involves protecting workers from workplace violence. Violence at work is not simply an issue of criminal behaviour. It is a serious health and safety issue."* ®

In fact, employers have a responsibility under Health and Safety legislation in

Canadian jurisdictions to provide a safe workplace and to take both remedial and preventive action.

What is slowly bringing this issue to light despite a generalized tendency to "snuff it out", may be attributed to the fact that violence against these workers continues to increase, that studies and statistics are beginning to reveal the true extent of the problem, that more workers are speaking out, or that a growing awareness and understanding of violence in the workplace is nudging it out in the open. For whatever the reasons, it is now an issue that organizations and governments can no longer allow themselves to ignore.  And Canada is not alone, as other countries such as  the U.S., Australia and Great Britain are also attempting  to address a similar situation. The same groups of workers are at risk in all these countries and organizations are equally reluctant to treat the problem as a health and safety issue for which they have responsibility.

As long as organizations continue to be allowed to shift the responsibility away from themselves by individualizing the causes of workplace violence and blaming the individual, they can avoid dealing with it as a workplace health and safety issue. The fear is, that if they have to recognize it as a workplace problem, a host of other responsibilities will then fall onto their shoulders.

*"As long as we allow the problem to be individualized, we get caught in the search for individual solutions.  The problem, however, is a collective one. It has the potential to affect everyone in this type of workplace.  The solution also has to be collective."* ®

In 1996, the U.S. Department of Labour issued its National Guidelines for Preventing Workplace Violence  for Health Care and Social Workers.  *These are "advisory in nature, informational in content and intended for use by employers in providing a safe and healthful  workplace through effective violence prevention program,  adapted to*

*the needs and resources of each  place of employment" 6*
"The *British experience is closer to Ontario's.  Handguns are not readily available, or commonly used. Problems of unemployment, poverty and taxation were made worse in Britain during the 1980's. The government pioneered an agenda of privatization, deregulation and social service cutbacks that would be followed by governments of other industrial nations, including Canada."*

In 1994, the British Health and Safety Commission tackled the difficult task of defining violence in the health services by analyzing incidents and attempting to develop a way to categorize them in order to facilitate record-keeping and assist in the development of strategies to prevent and control the violence in this workplace.

It is interesting to note that most of the research into the causes and effects of workplace violence has been conducted in either Britain or the United States.

This project, funded through the Ontario Women's Directorate and with the assistance of partner organizations, is aimed at identifying the personal safety concerns and support needs of rural community, service providers and developing training tools that could be adapted and used by organizations on an ongoing basis. Through consultation and research we also wanted to draw a current and accurate picture of the workplace environment of rural community service providers.

The safety concerns identified through this project,  along with the training and support needs, are all  connected and often co-dependent on each other in  their resolution, and this means that, individually,  they cannot be dealt with efficiently. Furthermore, organizations must provide an environment where management recognizes the importance of workplace safety and is committed to helping workers address their concerns in a non-judgmental and supportive manner. Therefore, a certain level of awareness and acknowledgment s

required from employers, organizations and employees before safety issues can be addressed in a comprehensive and systematic manner.

Studies have shown that there are four main and essential components to any effective safety and health program that also apply to preventing workplace violence; (1) management commitment and employee involvement, (2) work-site analysis, (3) hazard prevention and control, and (4) safety and health training. 8)

While we did find some organizations that demonstrate a serious and consistent commitment to a worker-supportive environment, unfortunately, many did not.

*"Many* are *reluctant to acknowledge the extent of the problem and continue to view violent and abusive attacks on workers as isolated incidents, random in nature and totally unpredictable events*

Also,

*"Many employers do not accept any responsibility for controlling and/or preventing these occurrences and certainly do not place them among the health and safety issues requiring immediate attention"*

This was confirmed by participants in the focus groups. They also noted that in general, employers exhibit a reactive approach to violence on the job rather than a preventative approach.

Also of great concern was a persistent perception that assaults are part of the job, and a consistent under-reporting of incidents.

*'Workers...have been allowed and in fact, encouraged to believe that it is inevitable, a part of the job. They have been concerned that if they complain they may be considered incompetent, as if it were their fault it was not prevented, or regarded as weak and without stamina. Blaming the victim adds to the injury."*

*"Because of inadequate reporting we do not have a true picture of the hidden violence and abuse experienced by workers"* (')

*The under-reporting reflects a lack of institutional reporting policies, employee belief that reporting will not benefit them, or worker fears that the employer may deem assaults the result of their own negligence or poor job performance.*

"Staff may be reluctant to report incidents of violence for fear that they will be labeled "provocative" and be blamed for the occurrence." (2)

The majority of the participants in our discussion groups maintain that too often management dismisses incidents or blames the worker. They have come to expect reactions like "What did you do to provoke it?" or "if you were acting professionally this wouldn't have happened" or, "If you can't take the heat, get out! ".

*"Most workers in the social or public service professions have an emotional stake in their jobs. Apart from their physical vulnerability, they develop an emotional vulnerability. They care for the people they are employed to help.*

*They should not be made to feel guilty when they ask for help. They should not be made to feel uncaring if they ask for protection from the people they serve. They should not be made to feel professionally incompetent if their working environment makes them feel insecure."*

Employers should be encouraged to accept this responsibility and assist in establishing and implementing comprehensive workplace safety programs aimed at addressing the concerns and needs of their workers in a systematic way. Where hazards are recognized, they should seek to establish guidelines to prevent or abate them.

Considering the extent of the problem and its effects on workers, and with a majority of community service providers being female,

personal safety has to emerge as a key policy area.

Although not every violent incident, near miss situation or threat can be prevented by implementing a workplace safety program, many could. Studies have shown that workplace adaptation, procedural changes, and employee training can make a big difference. A comprehensive workplace safety program combined with a demonstrated management concern for employee emotional and physical well-being as well as a commitment to training results in increased awareness and confidence and leads to a reduction of assaultive incidents and a safer, calmer environment for client and staff alike.

The information gathered through our research and our consultation process dearly establishes the need for organizations to address violence in the workplace as an important health and safety issue.

We believe that a positive corporate culture coupled with active safety leadership would have a significant effect on the number of assaults, lost workdays' and general job satisfaction of these caring and dedicated workers.

*"Being assaulted, physically or verbally, is not in any one's job description"*

# ENDNOTES

1.  Prieur, D. and Raules, M. *Taking Action; A Union Guide to Ending Violence Against Woman,* a joint publication of the B.C. Federation of Labour and the Women's Research Centre.
2.  (Ontario) Workers Health and Safety Centre, *Health Care Violence, p. 4.*
3.  (Ontario) Workers Health and Safety Centre, *Violence: Not In Our Job Description,* p. 23.
4.  Dillon, S., *Social Workers: Targets in a Violent Society,* NY Times, AI; A18, November 1, 1994.
5.  (Ontario) Workers Health and Safety Centre, *Violence: Not In Our Job Description,* p. 22
6.  U.S. Department of Labor, *Guidelines* for *Preventing Workplace Violence for Health Care and Social Service Workers,* OSHA 3148, 1996.
7.  (Ontario) Workers Health and Safety Centre, *Violence: Not In Our Job Description,* p. 11.
8.  U.S. Department of Labor, *Guidelines for Preventing Workplace Violence* for *Health Care and Social Service Workers,* OSHA 3148, 1996.
9.  (Ontario) Workers Health and Safety Centre, *Violence: Not In Our Job Description, p. 4,.*
10. (Ontario) Workers Health and Safety Centre, V*iolence: Not In Our Job Description, p. 6.*
11 .'*Safety and the Myth of* Worker *Carelessness,*
   Chapter 9, WHSC Level I Training Manual.
12. Public Service Alliance of Canada,

*Stopping Violence at Work,* 1992, p. 6.

13. (Ontario) Workers Health and Safety Centre, *Violence: Not In Our Job Description,* p. 10.

14. (Ontario) Workers Health and Safety Centre, *Violence: Not In Our Job Description,* p. 23.

# SITUATIONAL RISK FACTORS

(Arising from the surroundings, the circumstances, etc.)

| When and Where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| Approaching a farmhouse when dogs are running loose and look aggressive | I could get injured<br><br>The dogs could damage my clothing, my car, etc.<br><br>Allergies | If dogs were tied or secured before my arrival |
| Inadequate lighting in home | Cannot perform work safely (health care workers)<br><br>Could trip and get injured<br><br>Harder to assess safety of surroundings | If proper lighting was installed and maintained in the client's home while under active care (health care workers cannot perform their work safely in poorly lit environment) |
| Doing evening and late nights visits | Inadequate lighting in parking areas, driveways and porches walking can be hazardous, visibility is reduced<br><br>Not exactly sure of where I am going or if I will have difficulty finding the home - disorientation<br><br>Cannot contact office after hours leading to feelings of isolation<br><br>Unpredictable road conditions and weather conditions<br><br>Lack of easy access to emergency help | If I had a cellular phone<br><br>If clients were instructed to turn lights on before my arrival<br><br>If I had a good flashlight with me<br><br>If the office provided us with good maps and directions, including landmarks, and the location of public telephones and washrooms<br><br>If I had emergency equipment in the car<br><br>If I could contact someone after hours to alert them that I feel at risk and give them my exact location |
| | Emotional state of client and family can be unstable (distress, anger, depression, etc.)<br><br>Other basic necessities may not be met. Hunger is a risk indicator of violence<br>Knowing that the hydro has been cut off | Being in contact with other service providers that are involved with the same client<br><br>Knowing that they have access to emergency food supply. (Where there is no public transportation, it may be impossible for clients to get to a food bank) |

| When and Where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| | Lack of hydro or phone service in homes can be an indicator of abuse<br><br>Inadequate lighting | If abuse is suspected, I would prefer to meet somewhere else<br><br>*Note: Some front-line workers have told us that they will not do visits in homes with no hydro or telephone service since the risks are too high* |
| Feeling isolated from emergency assistance | Situations are often unpredictable<br><br>Knowing it can take an hour or more before the police will arrive<br><br>There is no public transportation to fall-back on if my car breaks down<br><br>Having to drive long distances to find a public phone<br><br>Having to accept help .from strangers for road assistance | Knowing I have the skills to handle potentially dangerous situations<br><br>Knowing I have the confidence I need to handle situation<br><br>Knowing someone knows where I am<br><br>Knowing I have a contact person to call if needed<br><br>Knowing I have access to a cellular phone for emergencies |
| When client is under influence of drugs or alcohol | Unpredictability<br><br>Escalated risk of violence or abuse behaviour | Clear policies outlining under what circumstances service is not to be provided<br><br>Knowledge of how to handle someone who is under the influence<br><br>Knowing self-defense techniques |
| When in isolated areas | No back-up, far from emergency assistance<br><br>Being stranded on roadside<br><br>No-one knowing exactly where I am | If I had cellular phone<br><br>If I had emergency phone numbers on me (local fire departments, police, etc.)<br><br>If I was covered by CAA<br><br>If I had emergency equipment in car<br><br>If I had a contact person to |

| When and Where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| | | alert if necessary<br><br>If someone knew exactly where I was |
| Other people being present or dropping by during visit | Being caught in a gang situation<br><br>If they are all men<br><br>Confidentiality is at risk<br><br>Escalated risk of violence<br><br>Cars in driveway can block my exit<br><br>Keeping alert to activities and whereabouts of everyone | Calling beforehand to find out if any other persons will be present<br>Parking where no-one can block my exit<br><br>Having a cellular phone knowing I have the confidence and the skills to handle a potentially dangerous situation<br><br>Knowing some self-defense techniques |
| When visiting women in abusive households | The possibility that neighbors will report your presence to the abuser<br><br>The abuser could enter<br><br>The possibility that your license plate number will be noted and given to the abuser<br><br>The possibility of being followed and stalked<br><br>Concerned for the safety of my family members | Check beforehand - it may be better to meet elsewhere if possible<br><br>Have a "who I am" story ready that's been agreed to with client |
| Feeling unsafe when entering a client's home | Unpredictability<br><br>A gut feeling<br><br>If I can hear yelling or fighting from outside the door<br><br>Not having much or not having any information on client<br><br>Potential use of drugs or alcohol<br><br>Presence: others/gang members | Knowing that my employer/supervisor will support me if I decide not to enter the client's home<br><br>If I had a cellular phone, I could alert someone of my whereabouts and my safety concerns. I could also phone the client and assess the situation prior to entering<br><br>Having access to information about the client, especially risk indicators |

| When and Where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| | | Knowing how to identify risk indicators |
| Having no easy access to public washrooms | Having to drive long distances to find a washroom - being late for next appointment<br><br>Having to use client's bathroom<br>- Hygien issues if unclean<br>- Being boxed in a small confined space<br>- No lock on door, or no door.<br>- Poor lighting - or no lighting<br>- unaware of activities while in washroom<br><br>Health concerns resulting from constant bladder retention | Knowing where public washrooms are located in the communities<br><br>Carry tissue paper and moist wipes<br><br>Access to a cellular phone<br><br>Being able to schedule some extra time between clients to drive to and use public washrooms.<br><br>Having access to washrooms in other agencies |
| Difficult access to public phones | Unknown location of public phones when in unfamiliar areas<br><br>If using client's phone to call next client:<br>- Difficult to assess situation properly for confidentiality reasons<br>- Call display features are a hazard<br>- Often there are long distance charges<br><br>When there is no phone service in client's home<br><br>Having to drive long distances to reach a public phone, often out of my way<br><br>Not having access to a phone in an emergency or if stranded on road<br><br>Not being able to call client for clarification on directions<br><br>Not being able to call client to inform of delays | Having a cellular phone |

| When and Where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| | Not being able to contact office to debrief after a stressful encounter or to report an urgent situation | |
| Driving in unfamiliar and isolated area | Unfamiliarity<br><br>The darkness<br><br>Disorientation<br><br>Being alone<br><br>Car break down<br><br>Bad weather<br><br>Not being able to contact someone<br><br>Getting lost (often happens when roads are closed for construction and having to take detours) | Having a cellular phone (to contact client and ask for directions, contact someone if feeling unsafe or in need of assistance)<br><br>Not having to meet clients in unfamiliar and isolated area in evening or night<br><br>Not being alone for these visits<br><br>Have a strong light in car to be able to read house numbers or names on mailboxes<br><br>Accurate maps<br><br>Emergency equipment in car |
| Being caught in bad weather | Having to drive long distances<br><br>Hazardous road conditions<br><br>Unpredictability of weather<br><br>Poor visibility<br><br>Arrive at client under stress and tired from the drive | Being able to schedule extra time to accommodate poor driving conditions<br><br>Being able to schedule extra time to decompress after a hazardous drive and before meeting with next client<br><br>Having good tires on my car<br><br>Having extra clothing in my car, i.e. mitts, hat, over-boots, poncho, scarf.<br><br>Carrying sand, shovel (useful when the plow passes and blocks the driveway, or if you get stuck)<br><br>Having a cellular phone to call for assistance<br><br>Have an emergency light or flashlight in the car |

| When and Where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| | | Have a "Call Police" sign |
| Working after office hours | No more support<br><br>No backup<br><br>Noone to alert in an emergency<br><br>Noone knows exactly where I am<br><br>Could be hours or not until next morning before someone is alerted<br><br>Puts a lot of stress on my family if I come in much later than expected<br>or if I did not come home<br><br>Not having easy access to a phone | If arrangements were made with another agency that is open in evening or at night. They could be our main contact when needed<br><br>Having a cellular phone |
| Having to go back into a client's home when I know I am putting myself at risk (I have been assaulted there before or abused verbally or sexually, or I know the bad reputation of that address, etc.) | Could be *assaulted* or abused again<br><br>I am more nervous and unsure I will have the confidence to handle another potentially *dangerous* situation<br><br>Not being able to hide my fear puts me more at risk<br><br>Not being allowed to make other meeting arrangements (not going alone, having the client come to office, etc.) | Being able to report violent incidents or near-miss situations and be supported in my decision not to go back to a client's home<br><br>Have training on how to diffuse or recognize escalating situations<br><br>Have self-defense skills<br><br>If agency had policies on these and other safety issues that concern employees |
| Unkept properties, litter everywhere<br><br>Homes with an abandoned look and feel<br><br>Animal excrement in home<br><br>Violent/sexual/pornographic posters or graffiti on walls<br><br>Children look neglected | Gut feeling I may be at risk<br><br>I could get injured (broken rails or steps, or I could step on something or trip)<br><br>Hygiene concerns<br><br>Possibility of meeting with circumstances that are personally offensive | Being able to leave if I feel unsafe<br><br>Having appropriate footwear<br><br>Not having to use their washroom<br><br>Having a *cellular* phone |

| When and Where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| Pets are abused or neglected | Having to control or block my own distaste and or revulsion | |

# RISK FACTORS WHILE WORKING WITH CLIENTS

| I feel unsafe when? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| First visit with a client | Entering the unknown<br><br>Unfamiliarity<br><br>Finding the home<br><br>Feel unprepared<br><br>Little or no information on client | Assess by phone beforehand<br><br>Ask if they are receiving other services and contact these other service providers to enquire about risk indicators<br><br>If concerned, call police to enquire about past offenses, jail time, probation, etc. |
| When client has been drinking or is under the influence of drugs | Unsure my services will be welcomed<br><br>Unpredictability<br><br>Risk of violence is increased<br><br>Fear for personal safety<br><br>Not knowing how much has been consumed | Training on how to approach and handle someone who is under the influence<br><br>Being able to leave and not provide service<br><br>Calling ahead to detect intoxication<br><br>Cellular phone |
| When a client is becoming agitated and aggressive and/or abusive verbally | Fear for personal safety<br><br>No agency policies I can fall back on to set limits or consequences<br><br>If I set limits or offer consequences myself I may not be supported by my agency | Having agency guidelines on how to handle abuse situations and set limits and give consequences<br><br>Being able to leave if I feel at risk and be supported by my agency and coworkers |
| Having to reach my client who lives in an abusive relationship and the abusive partner answers the phone | Could jeopardize the safety of my client<br><br>Call could be traced | Pre-arrange what to say in that situation with the client so she will know it was you calling (example: leave your first name and a story of why you were calling) |
| Going into homes of clients with mental illness | Have they been taking their medication?<br><br>Inappropriate behavioral boundaries<br><br>Difficulty in leaving | Have a family member or friend present<br><br>Know the client's trigger points<br><br>Know how to diffuse |

| I feel unsafe when? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| Client or other person(s) present is under the influence or not sure if the client is under the influence | Unpredictable<br><br>Unprepared<br><br>Anything can happen | Knowing how to quickly assess<br><br>Knowing where your exits are<br><br>Knowing how the person reacts (patterns)<br><br>Knowing how to diffuse |
| When met with a weapon | How do you leave safely<br><br>Threat to my personal safety and of others present, including client | Having self-defense skills<br><br>Having enough confidence<br><br>Knowing how to diffuse |
| Suicide threats | Unable to leave<br><br>May be difficult to call for backup<br><br>Not knowing client's trigger points<br><br>How serious is the client | Have training on how to handle suicidal clients<br><br>Have a cellular phone so I don't have to leave the client to call for backup |
| Person hovering in personal space | Invasion of personal space<br><br>Intimidation<br><br>Fear for personal safety | Setting client/worker contract<br><br>Have agency support in setting limits and consequences<br><br>Having access to a "blocker" to protect my personal space (table, counter, etc.)<br><br>Sit on a chair rather than a couch |
| Not having a "window" of time before and after each risky visit | Stress of previous visit spills over onto the next<br><br>Cumulative stress<br><br>Not as alert driving to next client<br><br>No access to a "safe heaven" to decompress<br><br>No immediate debriefing | Being able to schedule "time windows" between clients<br><br>Identify possible "safe heavens" where I can go to decompress, use the phone, the washroom, etc |

| I feel unsafe when? | What makes you feel unsafe in these situations? | What would make you feel safer? |
| --- | --- | --- |
| | possible | |
| When threats or sexual remarks are made | Don't know if they are going to act<br><br>Do you ignore them and go on with your business or do you confront them | Knowing how to respond assertively. (example: Letting person know what you can address and what you feel is "off limits")<br><br>Knowing how to set clear limits<br><br>Know what consequences I can use<br><br>Knowing I can report, share risk factors with other workers, and work up a plan on how to handle this client in the future |
| Being asked personal questions<br><br>Being compared to another worker or someone else | Threat to personal privacy<br><br>Intimidation attempts<br><br>My competency is questioned | Being able to answer assertively |
| When client puts down my service or my agency | Client is not cooperative<br><br>My presence or my services may be unwelcomed<br><br>Possibility of verbal abuse and threats | I'm sure I could learn a lot about handling these situations from other workers, but we rarely or never have the opportunity to share experiences<br><br>Knowing how to take the focus away from myself |
| Sexual acts, touches, looks, insinuations, comments or questions | Invasion of privacy<br><br>Fear of assault<br><br>Unsure of how to handle situation without harming the client/worker relationship<br><br>Client is bigger and stronger than worker | Knowing the client well or having access to information from other service providers<br><br>Having agency policies and procedures to fall-back on<br><br>Ability to report, discuss and share with supervisor and coworkers<br><br>Knowing what my legal rights are as an individual<br><br>Knowing that my agency will support me if legal action is needed |
| | | |

| I feel unsafe when? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| Argument and fighting between couple or others present | Being caught in the middle<br><br>Concerned for personal safety if I intervene<br><br>Concerned for the safety of people present | Knowing how to diffuse and control situations<br><br>Knowing what limits and consequences I can use<br><br>Knowing how to protect myself and others |
| Racial comments and discrimination | Intimidation<br><br>Fear<br><br>Feeling of inadequacy<br><br>Language and or cultural barriers | Find out prejudices beforehand<br><br>Have access to a knowledgeable person on cultural differences (example: shelters for immigrant women)<br><br>Have a family member or friend that can help you communicate |
| Client uses his/her position in the community to control | Intimidation | If I could put responsibility on agency policy or guidelines instead of myself |
| When the client has a hard time letting the worker leave- threats of suicide, constraint, blocks exits, etc. | Fear of being detained<br><br>Not having easy access to assistance<br><br>Fear of assault<br><br>Noone knows my exact location | Having a cellular phone to call for assistance and to report and to debrief immediately after incident |
| While visiting with a client in a abusive relationship, risk of spouse coming home | Fear of confrontation<br><br>Fear for safety of client and children<br><br>Fear for my personal safety<br><br>Access to help unknown<br><br>Fear and confusion of worker might show | Prearrange with client a story of "who you are"<br><br>Having a cellular phone<br><br>Confidence and skills to handle situation |
| When there are objects close by that could be used as weapons or constraints (kichen knives on counters, fireplace equipment, presence | When client won't stay sitting, stands and walks about<br><br>If client is distressed/anxious/angry | Knowing how and what boundaries I can set<br><br>Not having to go back to that client's home (or not alone) |

| I feel unsafe when? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| of guns, horse-riding equipment, etc.) | If client hovers in personal space, shouts, etc. | Not meeting in the kitchen if knives are on counters or table |
| When you go to see one client and there are others present | Feeling overwhelmed and unsafe especially if all men<br><br>Having to remain aware of all people present<br><br>Being caught in a gang situation<br><br>Fear for personal safety<br><br>My whereabouts are unknown<br><br>My exits being blocked | Having agency policies and guidelines<br><br>Knowing someone knows where I am<br><br>Being able to leave and not provide service and be supported by my agency |
| Dogs or other pets in house | Allergy concerns (I will be less alert)<br><br>Threat of attack | Find out beforehand and give instructions to secure pets in other room or outside |
| Having to transport a potentially violent person | Difficulty paying proper attention to both, driving and client<br><br>Isolated roads - difficult access to assistance rapidly<br><br>Having to stop for client to use washroom<br><br>Unsure of possible safety procedures | Not being alone<br><br>Make sure client has used washroom before departure<br><br>Cellular phone for quick assistance |
| When client does not answer door and I have to look for him on the property, barn, etc. | Is client alone?<br><br>Risk of assault | Having a cellular phone - I can call ahead to inform of delays and time of arrival |
| Going in homes where the setting is not secure (having to go through kitchen, bedroom to get to living room, for example) | Being trapped<br><br>Exit is far | Letting the person lead the way<br><br>Client first in staircases, worker follows |

# SAFETY CONCERNS

Through focus groups, interviews and research, the following personal safety concerns were identified. We have outlined them in a table format, and have included the employee needs they reveal as well as some recommendations. This is useful background information for organizations, employers or safety committees who wish to address the concerns and needs of their workers in a systematic way. Participants in our focus groups confirmed that they often felt unsafe while performing their work and agreed that workplace policies and guidelines, procedural changes and training could help improve their safety. They also believed that a management commitment to safety and the involvement of employees were essential elements in addressing these issues efficiently. Participants believed that a comprehensive workplace safety program combined with a demonstrated management concern for employee emotional and physical well-being as well as a commitment to training would result in increased awareness and confidence, and lead to a reduction in assaultive incidents and a safer, calmer environment for client and staff alike.

| SAFETY CONCERN | NEEDS IDENTIFIED | RECOMMENDATIONS |
|---|---|---|
| **Difficult access to telephones** | • Public phones are few and far between and a worker could have to travel a very long distance to have access to one<br><br>• Employees often work in isolated areas where assistance is not readily available<br><br>• Employees travel long distances to visit their clients and could be in need of assistance while on the road<br><br>• Some clients do not have phone service<br><br>• Employees need to contact their clients to give time of arrival, to assess situation and plan visit, to detect intoxication and other risk factors, to give instructions regarding pets, etc | • Consider making cellular phones or other communication devices available to workers, such as the Audiovox phone, which functions on 3 watts rather than .6 watts for regular cellular phones<br><br>*Note:*<br>*Telephones and other communication devices are essential tools for service providers in rural areas in order for them to perform their work effectively and safely.*<br><br>*Having quick access to telephones and other communication devices greatly enhances the provider's sense of safety and security*<br><br>**Warning**<br>There are sporadic areas where communication by cellular phone is not possible. Workers must be aware of this in order not to develop a false sense of security. We recommend exploring the line of "Bag Phones" that function on a full 3 watt rather than .6 watt |
| **Call identification features** | • Need for confidentiality to | • Use of a cellular phone |

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| **on phones**<br><br>When providers call clients from their home or another client's home, call identification features jeopardize the confidentiality associated with these private phone numbers | be maintained | should be encouraged as numbers cannot be identified through call display<br><br>• Promote awareness of call display system and current mechanisms for blocking call identification feature, ie. pressing #67 before the number blocks the name and number of caller. |
| **Unkown whereabouts of workers**<br><br>• Long period of time could elapse before anyone is alerted<br><br>• Not knowing exact location of worker prevents rapid assistance being provided | • Need someone to know the whereabouts of workers<br><br>• Need an agreed upon plan for alerted person to follow. Example: Call police, give location and description of worker's car, license no., call client(s) to track worker's possible whereabouts if unknown, etc.<br><br>• Need a contact person after office hours<br><br>*Note: Employers should keep current information on workers car, i.e. colour, make, year, license no.* | **Policy**<br>• That agencies, management and staff recognize the importance in terms of safety of someone knowing the whereabouts of the provider while he/she is on duty (day, evening and night)<br><br>**Scheduling**<br>• That agencies evaluate their scheduling methods to determine how the safety concerns of staff can be better addressed.<br><br>**Guidelines and Procedures**<br>• Establishing how and when assistance is to be provided<br><br>**Protocol**<br>• Establish protocol with other agency or service with evening or 24hour access to permit worker to call before/after a risky visit, or where worker can alert someone if they find themselves at risk or in need of assistance outside of office hours. These protocols should include response procedures |
| **Lack of reporting of violent incidents, near-miss situations, and abusive** | • Being aware of past incidents could help flag danger and assist workers | **Policy**<br>• Agencies should recognize that record-keeping is |

| behaviour | respond quickly | essential to the success of a workplace violence prevention program. Good records help determine the severity of a problem, evaluate methods of hazard control and identify training needs. |
|---|---|---|
| | | **Guidelines and Procedures**<br>• Management should encourage employees to report any incidents and suggest ways to reduce or eliminate risks<br><br>• Agencies should institute appropriate mechanisms for reporting incidents<br><br>• Incidents of abuse, verbal attacks or aggressive behaviour- which may be threatening to the worker but do not result in injury, such as pushing or shouting or acts of aggression - should be recorded, perhaps as part of an assaultive incident report. |
| **Workers feel they can't verbalize concerns to their supervisor**<br><br>• Fear of repercussions<br><br>• Fear that they will be blamed for the occurrence (negligence, poor job performance)<br><br>• Knowing that reporting will not benefit them or change anything | Need to debrief after stressful incidents<br><br>Need to discuss case, plan and find solutions<br><br>Need to learn from the experience of other workers<br><br>Need management to validate feelings and concerns<br><br>Need management to act upon concerns<br><br>Need management to recognize the risks and effects<br><br>Need to feel that safety of workers is important | **Policy**<br>• Agencies should recognize the importance of workplace safety and should aim at providing an environment where management is committed to helping workers address their concerns in a non-judgmental and supportive manner.<br><br>• Agencies should address safety issues in a comprehensive and systematic manner with employee involvement<br><br>• Agendes should encourage and demonstrate a serious and consistent commitment to |

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| | | a worker-supportive environment<br><br>**Guidelines and Procedures**<br>• Create debriefing and reporting procedures |
| **Management and Board Members not giving an appropriate level of attention to safety issues and concerns** | • Need for a demonstrated organizational concern for employee emotional and physical safety and health<br><br>• Need for management to recognize and acknowledge the risks and their effect on workers | **Policy**<br>• Agencies should commit to examining safety issues and concerns of staff and place them among the health and safety issues requiring immediate attention<br><br>• Violent and abusive attacks on workers should not be seen as isolated incidents, random in nature and totally unpredictable events. Employers should accept some responsibility for controlling and/or preventing these occurrences.<br><br>*Note: Employers have a responsibility under Health and Safety legislation in Canadian jurisdictions to provide a safe workplace and to take both remedial and preventive action* |
| **Insufficient guidelines, policies and procedures to guide and support workers in a variety of situations** | • When dealing with a disruptive person<br><br>• How visits will be conducted<br><br>• When a worker feels a real threat to her/her personal safety and security<br><br>• When worker is being detained<br><br>• When being stalked, harassed by client or friends/family of client | **Policy**<br>• Develop policies, guidelines and procedures to guide and assist workers in response to safe issues identified.<br><br>Examples:<br>Guidelines and procedures covering home service providers such as contracts on how visits will be conducted, the presence of others in the home during the visit and the refusal to provide services in a dearly hazardous situation<br><br>Policy that states that for any |

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| | • In the event worker is threatened or actually assaulted<br><br>• When worker witnesses illegal acts or a crime while in a home visit or suspects illegal activities | reason, when a worker feels a real threat to his/ her personal safety and security, leave the client's home and report in. Do not worry about leaving any material in the client's home.<br><br>**Guidelines and Procedures**<br>*How to deal with a disruptive person*<br>example:<br>• Maintain a calm and professional tone of voice<br>• Inform the individual that you have a genuine interest and concern in the issue and that his/her anger can be understood<br>• State that theconversation is over but may continue at a later time when the anger that is causing this unreasonable behaviour has subsided<br>• Leave the situation<br>• report to supervisor and document event<br><br>*Develop procedures to follow if you want to leave but are being detained*<br>example:<br>• Keep calm and polite<br>• Talk softly<br>• Tell client you are expected at a pre-arranged appointment<br>• Advise the aggressor you are expected back at the office<br>• After you have left, notify supervisor and document event<br><br>*Develop guidelines and procedures to follow if you are being stalked or harassed identifying steps to take to discourage this behaviour*<br>example:<br>• Telling the person to stop very clearly<br>• Threaten to get a restraining order |

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| | | • Say you will report too organization and police<br>• Report to organization and plan next steps<br><br>*Develop clear procedures and guidelines to follow in the event a worker is threatened or assaulted*<br>example:<br>• Report to supervisor<br>• Ensure that appropriate medical attention is received<br>• Document incident for future reference<br>• File a critical incident report<br>• Outline support that can be provided by agency to worker<br>• Develop guidelines and procedures in the event a worker witnesses illegal acts or a crime or suspects illegal activities<br><br>*Develop guidelines and procedures to follow when a worker witnesses illegal acts or a crime while in a home visit or suspeds illegal activities.* |
| **Attitude that violence and abuse is "part of the job" and is unavoidable** | • Recognition that violence should be expected but can be avoided or mitigated through preparation and by establishing and implementing a comprehensive workplace safety program<br><br>*Note: A potentially violent situation is an unsettling experience for everyone involved. The worker is subjected to a tremendous amount of stress and even fear for his/her personal safety.* | **Policy**<br>• A comprehensive workplace safety program combined with a demonstrated management concern for employee emotional and physical well-being as well as a commitment to training results in increased awareness and confidence and leads to a reduction of assaultive incidents and a safer, calmer environment for client and staff alike.<br><br>• Agencies should address violence in the workplace as an important health and safety issue. They should |

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| | | establish and implement comprehensive workplace safety programs aimed at addressing the concerns and needs of their workers in a systematic way. |
| **Attitude that violence and abuse is "part of the job" and is unavoidable (con't)** | | • Where hazards are recognized, they should seek to establish guidelines to prevent or abate them.<br><br>• An effective safety and prevention program could include:<br>− Managementcommitment and employee involvement<br>− Work-site analysis<br>− Hazard prevention and control<br>− Safety and health training<br><br>• Supervisors and managers should ensure that employees are not placed in assignment that compromise safety and should encourage employees to report incidents<br><br>• Supervisors and managers should ensure that a range of scheduling options be available to providers when they feel unsafe working with a client or in a client's home<br><br>• Supervisors and managers should acknowledge the risks involved in this type of work and validate the workers feelings and concerns.<br><br>• Workers need to be able to debrief after a tense situation, relieve stress.<br><br>• Managers and supervisors need to be aware of and |

| | | watch for signs of cumulative fatigue that can lead to burnout, depression, health problems, etc. |
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| **Not knowing the risks associated with a particular client** | • Need for better information sharing between workers and between agencies regarding the potential risks associated with a particular client<br><br>• Need for increased communication and followup within agencies around incident reports<br><br>• Need to ensure that information of risk potential is transmitted when referring client to other services<br><br>• Need procedures for incident reporting<br><br>• Need risk assessment tools and mechanisms to communicate | **Guidelines and Procedures**<br>• Develop procedures to report, record and follow-up all reports of assault or threat<br><br>**Protocols**<br>• Consider standardized processes and procedures for intra-agency communication and incident reporting (clients often receive services simultaneously from many agencies) |
| **Lack of acknowledgment of the additional stresses associated with performing work in rural areas.**<br><br>• Long distance driving<br>• Bad roads<br>• Weather<br>• Isolation<br>• Few safe public facilities<br>• Far from emergency assistance<br>• Difficult access to phones<br>• Solo work<br>• Rushing against the clock to meet next client, etc. | • Need time to decompress after long stressful drive (bad weather, poor road conditions, disoriented etc.) before meeting with the next client<br><br>• Need to know where public facilities are located and need time to get to them<br><br>• Need to feel that these stresses are acknowledged by management<br><br>• Need to know that government funding bodies are aware and acknowledge the additional stress factors and the additional cost factors of functioning in | **Networking and lobbying**<br>To increase funding to meet the additional costs of providing services in rural areas<br>• Identify ways to reduce the stresses, e.g. work practices, scheduling, providing or making cellular phones available, etc.<br><br>• Acknowledge the stress that staff members have to cope with in concrete ways when possible<br><br>• Ask the staff to suggest ways that management or agency could assist workers<br><br>• Monitor the stress levels of staff members and |

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| | rural areas<br><br>Need to know that government funding bodies will begin to take these additional stresses and cost factors in consideration when allocating funds. | intervene to prevent burnout and physical illness |

# TRAINING TOOLS

Over the course of this project, many pressing training needs were identified by workers. Through research and consultation, we addressed some of these, although very briefly.

The following training documents were not meant to replace other forms of training; they were designed as summary sheets that can easily be distributed to workers and have an impact immediately.

These documents could also be used as a springboard for further discussion and sharing and could be included in information packages for new employees.

**Nobody can accurately predict whether a given individual will become violent or not but several factors put someone in a high-risk category; of these, the strongest is  probably previous history of violence. Alcohol and substance abuse, as well as mental illness and trauma, are other important predictors of violence.\***

**A gut feeling of fear on your part that the individual is about to become violent should be a good warning sign. It is important to take threats of violence seriously. Never assume that a threat is idle.**

# RISK INDICATORS

**History of Past Violence**

What was the individual's most recent violent episode? Look for reoccurring incidents, patterns.

**Drug or Alcohol Abuse**

Studies reveal that 25 to 35% of substance abusers have committed violence within the past year.\*

**Mental Illness**

Look in particular for evidence of:

- ✓ Trauma
- ✓ Psychosis
- ✓ Delusional disorder
- ✓ Mania
- ✓ Antisocial, narcissistic or borderline personality disorder
- ✓ Impulse disorder
- ✓ Displays of paranoia
- ✓ Past compliance with treatment

**Precipitating Factors**

- ✓ Loss of personal power
- ✓ Need to maintain self-esteem
- ✓ Fear
- ✓ Failure
- ✓ Attention seeking
- ✓ Displaced anger

**Criminal Record**

**Violent Peer Group**

**Evidence of Gang Affiliation
or Activity**

**Military History**

**Ownership or
Mention of Weapon**

**Actual Threats of
Violence**

**Reference to
Previous Violent Acts**

**Job Loss or Erratic
Work History**

**Unstable Family**

**Poverty**

**Client Frustration,
Distraught Family
Members**

*4, Number*

*\*Journal of Practical Psychiatry and Behavioral Health, Jan 1998,*

# HANDLING INTOXICATED PERSONS

**Distinguish the Signs of Intoxication  From Other Medical Conditions**

Intoxication generally produces a readily observable set of physical and behavioural indicators, such as a strong smell of alcohol, slurred speech and poor balance. Their presence can warn workers of possible irrational and dangerous behaviour.

In addition to recognizing the obvious signs of intoxication, you should also look for more subtle clues, including soiled, disarrayed clothing; inappropriate or extreme emotional displays, such as laughing or crying for no apparent reason; and poor motor skills.

Generally speaking, the more indicators present in an individual, the stronger the evidence of intoxication. Nonetheless, do not overlook the possibility that injury, illness, or other factors, such as drug overdose or mental problems, may have produced the indicators.

**Expect the Unexpected**

Remain alert and prepared for unpredictable conduct. Remember that all inebriates possess the tendency for sudden mood swings and aggressive behavior. Clients laboring under the judgment-numbing effects of alcohol may not respond rationally to a given set of circumstances.

**Keep Your Message Short and Simple**

Be clear and direct in your message. Avoid jargon and complex options. The person may not be processing information very well. You may have to explain repeatedly to the inebriate what a sober person could comprehend on the first try.

**Remain Calm and Exercise Patience**

The extra effort may pay off in a defused confrontation that ends without violence.

**Avoid Sounding Judgmental**

An emphatic, non-judgmental approach can reduce tension and alleviate the anxiety of the person.

**Watch Your Body Language**
- Be aware of your space, posture and gestures.
- Respect the client's personal space.
- Adopt a non-threatening posture, and keep your hands out in plain view.

**Don't Assume you are Safe**

**Take all Threats Seriously**

**Above all else, the word "unpredictable" accurately describes intoxicated subjects.\***

# PRACTICAL APPROACH FOR MANAGING ANGER (1)

**The key to defusing anger is to follow the client's agenda, not yours.***

**ANGER LEVEL**
The individual is noticeably angry, may show high level of anxiety but is still rational and in control of their behaviour.

**BEST APPROACH**
Be supportive and non-judgmental, give individual undivided attention, and most of all, be ready to listen emphatically.

**DO:**
- ✔ Listen
- ✔ Remain calm
- ✔ Use non-threatening body language
- ✔ Use their name
- ✔ Use clear and simple language
- ✔ Remain professional
- ✔ Respect his/her personal space
- ✔ Be aware of para-verbals
- ✔ Watch for cues of escalation

**DON'T:**
- ✔ Take things personally
- ✔ Threaten or swear
- ✔ Engage in a power struggle
- ✔ Assume you are safe

**Empathic Listening:**
- Be nonjudgmental
- Give undivided attention
- Use re-statements to clarify
- Allow and use silences
- Listen for the "real message"

**Look beneath the mask of anger**
- Take a few moments to imagine what might be fueling the client's anger

- Begin by addressing the underlying feelings, ie.,"you sound worried, Mr. Jones"

- Validate the client's feelings

- Invite individual to express their immediate needs

- Encourage collaboration

- Develop a contextual understanding of the presenting problem

- Look for the person's perception of the problem. It may be different from yours

- Listen to the person and try to understand {hem better. This information can give you clues as well as the basis for developing defusing strategies should the situation escalate

- Stay in the here and now in order to understand the person's point of view. What you want, initially, is not history, but enough information about what matters to the person and begin cultivating his/her trust

- Focus on competence. If you are looking for problems, you will easily find them, but competence, too, can be discovered, if you seek it

# PRACTICAL APPROACH FOR MANAGING ANGER (2)

## ANGER LEVEL
The individual is losing rationality and begins to give you cues, verbally and nonverbally, indicating the beginning of loss of control.

## BEST APPROACH
Be directive, set behavioural limits and give options and consequences. This will allow you to take control of a potentially escalating situation.

*The supportive approach is not very productive when a person becomes irrational and is testing limits. The individual needs, and at times, is actually seeking, structural limits to regain rational control.*

### Maintain Professional Attitude
This is a critical time during the crisis development, if the individual's "button pushing" and irrationality affect you to the point where you lose your professionalism and become irrational, you have little chance of defusing the situation.  If the person senses you are not  in control of your behavior, it will serve as further fuel for the fire.

**Maintain Rational Detachment** Do not take acting out behavior personally. Do not get "sucked into" the problem.

### Set  Limits
You cannot force an individual   to act appropriately. When   you set limits, you are offering choices, as well as stating consequences of those choices.

Explain which behavior is inappropriate and why. Give reasonable choices or consequences and give the person the time and the    opportunity to make a decision.

Issue the limits positively and inform the, person of the positive consents resulting from their compliance.

The "do it this way or else" ultimatum can be the spark which ignites the dynamite in a volatile situation.

**"Acting out" does not happen in a vacuum. Your behaviors affects his/her behaviors and vice versa***

**Have an emergency**

**kit in your car:**

- Extra clothing (scarf, mitts, over-boots, poncho)

- Emergency light

- Salt or sand, shovel, tire grips (or use floor matts)

- Water or juice box

- Can of tire sealer/inflater

- Spare tire

- First aid kit

- Jumper cables

- Washer fluid

- Emergency sign (Call Police)

- Blanket

# TIPS: CAR SAFETY

- Ensure your car is in good repair- so it starts and runs reliably

- Keep the gas tank over half full at all times and check the battery and electrical system regularly

- Use steel-belted radial tires to reduce the chance of a flat

- If you suspect you are being followed make it obvious you are noting the license plate number and drive to the nearest safe public space. Do not lead whoever is following you to your home

- When you are returning to your car, have your keys in your hand - don't put yourself in the position of having to fumble through your pocket or purse

- Before getting in your car, check inside carefully - especially the back seat

- Once inside, lock the doors immediately

- Have the number of a reliable tow truck company

- Always keep a handful of quarters in the car so you can call from a payphone

- Keep a map in the car at all times

- Park in well-lit areas whenever possible

- Always lock your doors while driving

- Make sure your employer has up-to-date information on your car: licence no., color, make of car

# SAFETY TIPS

- Trust your instincts; if a situation does not "feel" or "look" safe, then it probably is not - consider leaving

- Don't put yourself at risk if you can avoid it

- Remember that valuables can be replaced. It is not worth risking personal injury for property

- Know your limits

- Do not take safety for granted

- Orient client beforehand to your boundaries, agency policies, etc.

- Always be aware of your surroundings

- Always know your exits and plan your escape route

- Learn when to say "no"

- Be confident in your approach

- Make eye contact

- Park car facing road - easier exit

- Be aware and alert at all times

- Do not eat or drink at people's homes

- Have an emergency kit in your car

- Arrange for dogs to be tied

- Have a good map and be equipped

- Carry a cellular phone

- Call the client ahead to:
  - ✓ Detect intoxication
  - ✓ Assess situation and mental state of client
  - ✓ Enquire about who will be present
  - ✓ Give instructions for pets to be secured

- Assess situation before getting too far into house

- Spend time thinking about what you might encounter and plan response

- Have emergency numbers available

- Let someone know where you are

- Use landmarks when noting or giving directions

- Don't diminish incidents

- Share your concerns - someone might have a solution

- Sleep at night

**Remember, you need to maintain your sense of safety, security, control, competence, confidence, power, trust and mastery.**

# SAFETY TIPS continued

**Dogs and Other Pets**
- ✓ Do not assume that a dog/pet is not dangerous
- ✓ Always ask the owner for permission to pet animal
- ✓ If you are uncomfortable with house pets or have allergies, ask that they be secured in another room before your arrival
- ✓ If greeted by dogs, remain in your car until they are called and under control by the owner
- ✓ Do not put yourself at unnecessary risk of being injured or having your property damaged
- ✓ Keep a flea spray bottle in your car (especially in the fall). If you suspect you have been in contact with fleas, spray your lower legs and feet.

**Be Aware of Safety Hazards**
- ✓ Inadequate lighting
- ✓ Absence of phone service damaged, defaced or littered property
- ✓ Isolation
- ✓ Hazardous stairs or railings
- ✓ Clutter

**Dress Appropriately**
- ✓ Dress appropriately for the situation and the environment
- ✓ Wear light-colored clothing during evening. Consider not wearing nonessential jewelry and clothing that could cause you harm (e.g. necklaces, earrings, scarves)

- ✓ Do not carry a purse. Do not lock your purse or other valuables in trunk as you arrive. The whole neighborhood will know where your valuables are. Consider carrying a joggers pouch, containing only identification, emergency numbers and a small amount of cash

- ✓ Wear flat rubber soled shoes or boots for moving quickly - carry shoes to change into in client's home. If the client does not want you to wear shoes, mention that you have to wear them because of Worker's compensation policies

**Service Identification**
- ✓ Health care workers that travel in identified cars are more at risk of having their cars broken into for drugs, needles, etc. Consider posting a sign stating there are no drugs or equipment in car

- ✓ For Health care workers carrying a removable service identification card - use judgment as to whether it is advisable to use it or not, depending on the area and the general environment. Some workers feel they are more at risk of break-ins if they use their identification card

# SAFETY TIPS: WHEN WORKING WITH CLIENT

- Be confident and positive in your approach. Make eye contact. If you  appear frightened or nervous, you  look like an "easy target"

- Do not place responsibility for unwelcome decision solely on yourself.  Explain that they come from agency policy and/or legislative  regulations

- Do not avoid dealing with or identifying the client's resistance or aggressiveness immediately or you  may appear to be condoning their  behavior

- Keep yourself between the client and  the door so that you have an escape  route if needed

- Be aware of any  objects that may be  used as a weapon or to detain you (e.g. kitchen knives, fireplace tools, horse-riding equipment etc.)

- Chose to  sit  on a straight-back chair  rather than on  the couch

**When risk indicators have been identified:**

- ✓ If possible arrange to meet elsewhere where you can better control your safety and your environment
- ✓ Arrange for someone  to accompany you

- If the address is known to be at risk, schedule your home visit for  the morning when many of those who  might pose a risk are sleeping

- Remember that government cheques are received on the last  couple of days of the month except before Christmas. Incidents related to substance abuse and inappropriate behavior may be increased at these times

- Recognize that abused women  minimize risk levels

# DEVELOPMENT TOOLS

The following tools were developed to gather information for this project, Many organizations suggested we include them in this final document as they could be used and/or modified by individual organizations to identify and address their specific safety concerns in more depth.

**STRESS AUDIT**

**Personal or family life:**
How does your work affect your personal/family life?

_____

Do family members worry for you at times?

_____

Do you do a lot of overtime? Shift work or evening work?

_____

Have you ever been stalked or followed?

_____

Have you or a co-worker ever had to change your home phone number ?

_____

Have you or your family members ever been threatened ?

_____

Do you sometimes feel stressed-out to the point where it changes your behaviour with your children or other family members ?

_____

Other effects on personal and family life:

_____


**Traveling:**
Do you feel you are rushing against the clock to see all your clients ?

_____

Do you ever feel that you have to drive over the speed limit to meet your schedule ?

_____

On average, how many hours do you spend traveling to and from client's homes (per week or month) ?

_____

Do you have access to a cellular phone ?

_____

Are road conditions, bad weather a stress factor

_____

When driving in bad conditions to see clients is there time for you to decompress before you interact with the client? Is time to decompress important to you?

_____

Do you fear getting stuck on the road (car break down, slide off road etc.)?

_____

Is your car equipped with "call police" signs, flashlight, blanket, shovel, tire grips, sand and extra winter clothing?

_____

Are there "safe places" you can get to in various communities where you can use the bathrooms, the phone, decompress etc. ?

_____


**Personal safety:**
Have you ever been subjected to verbal attacks, sexual harassment and attempts to humiliate and intimidate you ?

_____

Have you ever felt shaken or feared for your well-being?

_____

Do you fear for your personal safety? Often, sometimes, never?

_____

To remain safe, do you feel you have to be on your guard, alert and aware?

_____

Is abusive behavior from clients "part of the job"?

_____

Are abusive or violent incidents and near-miss situations discussed ? With who ?

Are there debriefing opportunities after a stressful incident ?

Are safety concerns in general discussed, and when hazards are recognized are safety measures implemented and tested?

Are there incident reporting procedures in your organization?

Have you ever had your personal property such as clothing, glasses, car damaged ?

Were you compensated by your employer?

Have you ever taken your sick leave or accumulated overtime to overcome the effects of stress ?

Do you feel that your work has or is affecting your health ?

Have you ever suffered from short or long-term psychological trauma, depression, fear of returning to work or fear of certain situations, feelings of incompetence, guilt, powerlessness as a result of an assault or a "near-miss" situation ?

**Scheduling**

Does someone in the organization know of your whereabouts fairly accurately ?

Do you do pre and/or post-visit phone calls to the agency ?

What communication tools are available to you to call for assistance or to report to the agency ?

What communication tools are available to you to call for assistance or to report to the agency ?

When you feel unsafe to visit a client in his/her home, can other arrangements be made ?
Have you ever scheduled a visit to a potentially violent client jointly with another service provider involved with that client ?

How long could it take before someone in the organization notices that you are, for example, being held against your will in a client's home and in need of assistance, or stuck on the road ? Would they have enough information to find you ?

Is there information sharing between agencies involved with a common client ?

Is information on potentially abusive or violent clients or incidents shared and noted?

When you refer a client to another service, do you warn them of potential risks?

When calling clients from your home or from a client's home, are you aware that call identification features on some phones jeopardize the confidentiality associated with these private phone numbers?

## TRAINING AND PROFESSIONAL DEVELOPMENT NEEDS

Does your organization offer training and or make training opportunities available to staff?

_____

Would you like the opportunity to learn more about:
– Recognizing warning signs of dangerous situations
– How to maintain control in crisis situations
– De-escalate situations
– Prevent aggressive behavior
– Self-defense
– Provider/client contracting
– Verbal resolutions and tension reduction
– How to deal with your own feelings during a crisis and how to reduce stress afterwards
– How to re-establish worker/client relationship after the client has acted out verbally or physically

_____

_____

What other training would you like to receive?

_____

Do you discuss potential safety risks and strategies for minimizing unsafe situations during staff meetings?  With co-workers?

_____

_____

What training style works best for you ?
    Written material
    Role-playing
    Workshops/discussion groups
    Information sessions

Other:

_____

_____

_____

Has your training and experience equipped you to deal with all violent situations that may arise in your working environment ?

_____

_____

_____

_____

Have you ever received any formal training on how to  recognize and deal with potentially violent clients ?

_____

_____

_____

# SITUATIONAL RISK FACTORS

(Arising from the surroundings, the circumstances, etc)

| When and where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| example:<br>Approaching a farmhouse when dogs are running loose and look aggressive | • I could get injured<br>• The dogs could damage my clothing, my car, etc. | If the dogs were tied before my arrival |
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| | | |
| | | |

| When and where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
| | | |
| example:<br>A client is becoming agitated and verbally abusive | • Fear of being assaulted<br>• No-one knows exactly where I am<br>• Can I get assistance if required<br>I'm unsure I have the ability to diffuse the situation and protect myself | • Not being alone<br>• Confident I have the knoledge and practical skills to handle the situation<br>• If someone knew exactly where I was and would be alerted if I don't report in within a pre-determined time |
| | | |
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| | | |
| | | |
| | | |

| When and where do you feel unsafe? | What makes you feel unsafe in these situations? | What would make you feel safer? |
|---|---|---|
|  |  |  |

# I WOULD FEEL SAFER WHILE ACCOMPLISHING MY WORK IF:

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· Prescott-Russell Con3munity Services
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· People Helping People Project
· Gloucester Centre for Community Resources
· Visiting Homemakers (VHM)
· Community Care Access Centre
· St-Elizabeth Health Care
· Naomi's Family Resource Centre, Winchester
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