

## **Hazard Evaluation and Reduction for Health Care Providers in a Home-Based Environment**

**Christian G. Ross, CSP, OSDT  
NANA Training Systems  
Anchorage, Alaska**

Health care providers (HCPs) and social service providers are increasingly working out of the traditional facility environment and more in the homes of patients and clients. This environment entails special risks and hazards that can cause injury or even assault for the HCP. This session will review home hazard evaluation, personal risk management and mitigation techniques for home visits, and provide the home HCP with a tool box of injury-prevention techniques.

This paper will enable the reader to:

- Identify common risks and hazards in a home-based health care environment.
- Identify potential warning signals of violence or assaultive behavior
- Describe key elements of a personal workplace violence prevention program
- Identify steps to mitigate or eliminate workplace violence
- List various other health and safety concerns in a home-based environment

### **Workplace Violence—Facts**

According to OSHA:

- Over two million employees are assaulted yearly.
- Homicide is the leading case of workplace death for females, second for males.
- Over 1000 people are murdered at work each year: 15 people die weekly, 3-4 supervisors monthly.
- 42% of on-the-job fatalities among women are homicides.
- The number of employees who murder their supervisors has doubled in the last ten years.

According to the BLS, there were 724 workers killed in residences between 1992 and 2002. This does not include thousands of non-fatal assaults and unreported cases. Some examples of violence related to home visits, social workers and health care workers include:

- A 63-year-old real estate agent was raped at knifepoint in a vacant Coral Gables home
- A children's services agency caseworker was stabbed to death while interviewing a couple

- A nurse was killed after she discovered two victims shot in Girard, Kansas
- A 27-year-old social worker was raped by a father during a case discussion
- A child welfare worker was beaten with a hammer and suffocated during a home visit
- A Daytona Beach real estate agent was stabbed to death by someone posing as a customer

According to a Society of Human Resource Managers (SHRM) Survey, HR Managers were surveyed regarding violent incidents within the workplace:

- 33% of the managers experienced at least one violent incident
- 54% reported between 2 and 5 acts of violence had occurred within the five years prior to the survey

A recent University of Pittsburg study of social workers showed:

- 43 % of workers had their own or the agency's property damaged by clients
- 86% had been threatened by clients
- 42% experienced attempted or actual physical attacks by clients

In another study, one-third of the respondents became frightened on the job at least monthly. They feared not only for themselves, but that a family member might be a target.

Injuries Sustained by Victims:

- 22% of the incidents involved serious harm
- 42% of the incidents required medical intervention
- 41% of the organizations reported increased stress levels after the violent incident
- 20% reported higher levels of paranoia
- 18% reported increased mistrust among employees

Cost of Violence

- Assaults occurring in the workplace affect over 500,000 employees a year, causing about
- 1,751,100 days of missed work each year
- Violence costs employees over \$55 million in lost wages annually, not counting days covered by annual or sick leave
- Acts of violent crime cost employers in excess of \$4.2 billion annually due to lost time, medical benefits, legal expenses
- The cost to an employer of one violent incident averages about \$250,000

Facts About the Victim

- Government employees (local, state, federal) account for 38% of homicide cases yet make up only 17% of total work force
- 80% of the victims of workplace violence are male and 20% are female

Relationship of Victim to Perpetrator

	Female	Male
Strangers	48%	58%
Casual Acquaintance	35%	30%
Well Known	19%	10%
Intimate	5%	1%

### Definition

Workplace violence (WPV) is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. WPV is an abuse of power and control that can involve psychological and emotional abuse, threats and intimidation, or sexual assault and coercion.

A workplace may be any location, either permanent or temporary, where an employee performs any work-related duty. This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes and traveling to and from work assignments.

### Types of Violence

Violence can take many forms, and sometimes they are combinations of several different types. The most common types of violence include:

- Random—Victims are usually unknown to the perpetrator. This is usually a matter of being in the wrong place at the wrong time.
- Authority-directed—This can be directed against a specific person (e.g., the person who is perceived to be creating conflict for the perpetrator) or against a person who merely represents authority (such as a caseworker or peace officer).
- Vengeful—This is retribution for a perceived act of wrongdoing. This might be suspension of benefits, removing a child from custody or losing a job.
- Domestic—This is an extremely common form of violence that often spills into the workplace and it is one of the deadliest.
- Argument-driven—This is also a very common form of violence, especially in the workplace.
- Felony (during commission of crime)—This is what we typically think of in terms of a convenience store robbery.

## **Organizational Response**

Employers are responsible for developing a comprehensive plan to address the needs and concerns of workers who may be exposed to hazards in the home environment.

Many who have never experienced workplace violence say, “I don’t need to worry about this. It would never happen in my workplace.” Perhaps the home visitor is in an affluent neighborhood, or only has “nice clients.” Many workers feel that by “just being careful,” they can avoid trouble.

Unfortunately, trouble can come in many ways. Because the client lives in a nice home does not preclude mental illness or drug use. Aside from potential violence issues, home visitors are potentially exposed to bad weather, icy conditions, dangerous animals, vehicle breakdowns, medical emergencies, dangerous property conditions or fire.

### Risk and Hazard Assessment

The first step is to understand the nature and severity of threats and hazards that home visit workers are exposed to. This involves conducting a risk assessment, preferably using a team approach. The team should consist of home visit workers, supervisors, senior management,

human resources, risk management, safety and health, EAP (employee assistance) provider, union representatives (if applicable), and other knowledgeable experts (such as law enforcement or security experts).

The goal is to identify *any* potential threats to employees. This precludes using only agency/organization data, because there is every likelihood that an event has not yet occurred. Therefore, it is imperative that industry or broader data is used to determine threats and potential hazards. One of the most common pitfalls in preventing workplace violence is the misperception that “it cannot happen to me (us).”

There are a number of different methods and tools that can be used to conduct this risk assessment; the key is that the process is comprehensive enough to include all risks and hazards.

### Policy Statement

Once all of the potential hazards and risks have been identified, the organization or agency needs to develop specific written guidelines and hazard control procedures.

Workplace violence and safety guidelines should always begin with a policy statement from top management that should include roles and responsibilities; that the policy covers incidents involving coworkers and incidents involving individuals from outside the organization perpetrating violence against organization employees; and that the organization will respond appropriately to all reported incidents and will act to stop inappropriate behavior.

There are also several other key considerations while drafting the policy. The Guide for Agency Planners offers good advice for policy development:

*There are disadvantages to using definitions of terms such as violence, threats, and harassment in your written policy statement. Definitions can discourage employees from reporting incidents that they do not believe fall within the definition. The reporting system should not deter employees from reporting situations that frighten them. An employee knows a threat or intimidation or other disruptive behavior when he or she experiences it—definitions are not necessary.*

*Another consideration is that definitions are often restrictive and may create legal problems in the future when you are taking disciplinary actions against the perpetrators of workplace violence. Use of definitions can make it more difficult to defend a case on appeal.*

*Consider that there could be negative consequences from using the term “zero tolerance.” It could create legal problems in the future when you are taking disciplinary actions against the perpetrators of workplace violence. Use of the term could make it more difficult to defend a case on appeal because a third party could conclude, however mistakenly and inappropriately, that the agency has not considered a penalty appropriate for the particular offense.*

*There are other possible consequences. The term “zero tolerance” might appear to eliminate any flexibility an agency has in dealing with difficult situations even if this is not intended. Another undesirable side effect is that the appearance of inflexibility can*

*discourage employees from reporting incidents because they do not want to get their coworker fired—they just want the behavior stopped. This appearance of inflexibility also may discourage early intervention in potentially violent situations.*

An example of an old policy style that is problematic might start out:

*“ This organization has zero tolerance for intimidation, threats, harassment, etc. . . “*

This leaves the door open for denial by the perpetrator (“I did not harass that worker”), management stalling out (what is zero tolerance), difficult to prove intent, and many other thorny issues.

A far more worker friendly policy would be worded:

*“. . . any behavior that causes reasonable fear or intimidation response . . . ”*

This allows the organization to take appropriate action without argument or provocation—the alleged perpetrator cannot argue that their behavior caused a response, and you are not trying to prove intent or provide proof to meet a narrow definition.

#### Develop Written Operating Procedures

The complexity and depth of written procedures will vary according to scale of operations and types of risks, but should include each of these elements:

- Pre-visit and travel procedures
- In-home policies
- Worker training requirements
- Personal safety tactics
- Hazard checklists and prevention plan
- Reporting guidelines
- Threat evaluation process

#### Assemble a Threat Evaluation Team

Violence is a process, as well as an act. Because violent behavior does not occur in a vacuum, it is important to have a process in place to monitor situations at the earliest (and often imperceptible) signs of trouble. Violence is the product of an interaction among three factors:

- The individual who commits the violent action (perpetrator);
- The stimulus (or multiple stimuli) or triggering conditions that lead the perpetrator to the violent act; and
- A setting or series of circumstances that allows the violence to occur.

Most violent acts do not occur in reaction to a single event; rather, they are the culmination of long-developing conflicts—with many signs—if we are willing and able to correctly interpret these signs. Here are two examples.

From the *Sacramento Bee*: City of Sacramento, California, December 29, 1994: A social worker

who had been called by a foster father asking that the foster children under his control be removed because of family stresses he was experiencing. He had lost his job and was dealing with two injuries. A week later, the now angered caller made very clear that he wanted the foster children removed from his house. There was still no immediate response from the placement agency. Finally, a social worker was dispatched to the caller's house. Upon arrival, she was shot three times. A 16-year-old foster daughter was shot to death, and an extended hostage situation ensued. A hostage negotiator talked the foster father into surrendering without doing any harm to two remaining foster children.

An article appearing in the Fort Lauderdale Sun-Sentinel gave the following account: On January 27, 1993, at the Island Center Cafe, a cafeteria-style restaurant just off the Courtney Campbell Causeway on Tampa Bay...sitting at their usual table along the glass-framed wall on the south side is a group of four men and three women, all managers from nearby Fireman's Fund Insurance Company. "What's he doing here?" The answer comes in a blast of 10 shots from a Taurus 9mm semi-automatic handgun which Paul Calden aims at his victims, killing three and wounding two. "That's what you get for firing me" Calden was heard to say. Two hours later, Calden shot himself to death at a golf course not far from the carnage.

It is noteworthy that Calden was fired after a series of incidents that included making threats to other employees. His parting words prior to being fired was, "...You haven't seen the last of me..." He, by that statement, gave clear warning of his future intentions. To make things worse, Calden had been fired from his previous job at Allstate Insurance for a stormy work history where one supervisor even observed Calden carrying a handgun to work.

Far too many perpetrators have been allowed to come to full blossom right under the nose of their fellow workers, supervisors, managers, executives, case workers, family members and friends.

Experience has taught us that 85% of workplace violence incidents had clear warning signs. Real-world horror stories abound because the perpetrator's peers, as well as his supervisors and managers, either:

- Failed to check out the perpetrator's history in the first place and brought the problem into the organization;
- Ignored, or failed to take seriously, clear-cut warning signs that violence was going to occur;
- Did not recognize the perpetrator's warning signs while they were occurring; or
- Recognized the perpetrator's warning signs but failed to act on the information in a decisive and timely manner.

Interpreting these signs and warnings, evaluating threats and developing plans is the responsibility of the threat evaluation team. This should be a fairly high-level team, with representation from senior management, human resources, employee assistance, safety and risk management.

Once the team is appointed, they will need some training in threat evaluation, and they will also develop threat evaluation protocols.

The three major functions of a threat assessment program are to:

- Identify potential perpetrators;

- Assess the risks of violence posed by a given perpetrator at a given time; and
- Manage both the subject and the risks that he or she presents to a given target.

### Train Supervisors and Employees

Once all of the plan elements and procedures are in place, all employees must become knowledgeable regarding their roles and responsibilities. Employee training should include:

- Organization policies and procedures
- Hazard evaluation processes and tools
- Threat reporting procedures and phone numbers
- Ways of preventing or diffusing volatile situations or aggressive behavior
- How to deal with hostile persons
- Techniques and skills to resolve conflicts
- Security procedures, e.g., the location and operation of safety devices such as alarm systems
- Personal security measures

OSHA recommends that employees in health care and social services organizations should receive formal instruction on the specific safety and security hazards associated with their particular job or facility.

Supervisory training should include:

- Basic leadership skills, such as setting clear standards and addressing employee problems promptly
- Using the probationary period, performance counseling, discipline, and other management tools conscientiously
- General training on workplace violence and crisis management
- Ways to encourage employees to report incidents in which they feel threatened for any reason by anyone inside or outside the organization
- Skills in behaving compassionately and supportively towards employees who report incidents
- How to ensure that appropriate screening of pre-employment references has been done

Additional training will be required for others including threat evaluation team members (as noted above), crisis intervention team members and other emergency response personnel.

## **Hazard Checklist and Evaluation**

Home visits can present many risks for personal safety and injury. These hazards can run the gamut from musculoskeletal injuries, to fire danger, to motor vehicle safety on the way to the visit. Health care workers should use some type of hazard assessment for each visit or home. This is simply a process of identifying all potential hazards, then developing a plan to control the hazard effectively.

Client Name & Address:		
Accommodation Type (e.g. single family, apartment, assisted living):		
<b><i>Potential Hazard</i></b>	<b><i>Assessment</i></b>	<b><i>Control Measures</i></b>
Exterior/Entrance		
Potential hazards during non-daylight hours or weekends		
Chemical and/or biological hazards present in home or surroundings		
Fall hazards in the home or surroundings		
Fire hazards in the home (such as unattended cooking, smell of natural gas, flammable liquids, drug use, candles, etc.)		
Electrical hazards in the home (such as overloaded circuits, exposed wiring or boxes, frayed cords, excessive use of space heaters, etc.)		
Medicines and other hazards (dangerous drugs, use of oxygen, etc.)		
Hazards that may prevent you from responding in an emergency		
Medical and/or mental status of client or family members that might require special precautions		
Lifting hazards (including patient lift operations, transfers)		
Other personal safety hazards		
Additional Considerations:		
Is there a working telephone:		
Are there accessible exits from the home:		
Where is the nearest safe place of refuge:		
Completed by:		Date:

**Figure 1: Sample Hazard Assessment for Home Environment**

## Pre-Visit and Travel Procedures

Using checklists or guidelines for home visitors is a good way to ensure that potential hazards and risks are identified, provide guidance or policy to aid in decision-making, plus provide a quick reference for workers. There are many resources for developing checklists; the important key is to involve the team (workers, supervisors, safety and risk management professionals, HR and others) to develop specific lists to meet organization needs. Here are samples of various checklists:

#### Pre-Flight Checklist: Appearance and Communication:

- 1) Gather as much information about your client as possible before you go to his/her home.
  - a) Are there any guns or knives in the house?
  - b) Have there been previous reports of domestic violence?
  - c) Are there dogs present?
- 2) Wear your name badge. You may choose to have only your first name on your name badge.
- 3) Call patients in advance and alert them to the approximate time of your visit.
- 4) Make your call from a business or public phone to avoid the potential of patients being able to identify and trace your home phone number.
- 5) When planning a home visit, alert the office when you leave for the visit and when you leave the patient's home.
- 6) Plan to make home visits in the morning in areas you feel less comfortable in.
- 7) Check to be sure there is a map on the patient chart. If further clarification is needed, ask the patient/caregiver for clearer directions to the residence before leaving the office.
- 8) Keep change for a phone call in a shoe, pocket or fanny-pack. Do not carry a purse. Before leaving the agency, lock your purse in the trunk of your car or cover it with a blanket if it will be visible.
- 9) Do not hesitate to call police if you question your safety. Call before getting out of your car if at all possible.
- 10) Use the buddy system if you feel threatened.
- 11) Consider regular checks by another person (visit/walkthrough by employer, supervisor, security guard, another worker, and police).
- 12) Make periodic telephone contact during visits.
- 13) Consider use of mechanical/electronic surveillance (pagers, cell phones, two-way radios) or central monitoring of staff working alone.

#### Car:

- 1) Keep your car in good working order, with plenty of gas.
- 2) Store a blanket in your car in the winter, and keep a snack in the glove compartment.
- 3) Turn on the emergency flashers and wait for the police if you have car trouble. Do not accept rides from strangers.
- 4) Keep your car locked when parked or driving. Keep windows rolled up if possible.
- 5) Park in full view of the patient's residence (avoid parking in alleys or deserted side streets).
- 6) When you leave a patient's home, have your car door key ready to put in the lock. This can also be an effective personal safety device (see below).

#### Clothing/Walking:

- 1) Make a conscious decision on items of apparel such as high heels and jewelry.
- 2) Don't carry a purse. Leave it at home. Locking your purse in the car is not recommended, since someone may observe where you put your valuables.
- 3) Carry a briefcase or clinical bag for an interview. Put necessary valuables in the briefcase. If you need to carry valuables outside the briefcase, use a jogger's pouch.
- 4) Have your clinical bag/equipment ready when exiting the car. Keep one arm free.
- 5) Walk directly to the patient's residence in a professional, businesslike manner.
- 6) Cross to the other side of the street as appropriate, if passing a group of strangers.
- 7) Carry car keys in your hand when leaving the patient's residence. (The pointed ends of keys between your fingers may make an effective weapon.)

- 8) If you feel unsafe (use your sixth sense), don't go.

## **During Visits**

### Neighborhood/Site Evaluation:

- 1) As you drive through the neighborhood for a home visit, be aware of the surroundings. Notice the people on the streets and their reactions to you. There are different responses to types of cars, country/rural versus city, and types of neighborhoods. Be aware of facial expressions and body language of the persons you observe in the neighborhood. Many times making eye contact with a nod of recognition or expressive shrug can elicit support rather than hostility. However, if your instincts indicate hostility from the neighbors, assess the situation and consider alternatives, such as returning later, the buddy system, or meeting the client outside the house, etc.
- 2) Learn to recognize evidence of drug use and clandestine drug labs:
  - a) Drugs, drug paraphernalia (razor blades, syringes, scales, pipes)
  - b) Absence of food or food stored next to chemicals
  - c) Large amounts of garbage in the front or side yard
  - d) Evidence of violence (smashed doors/windows, furniture, kick marks, broken items)
  - e) Pornographic materials
  - f) Inoperable toilets, filthy sink/tub, excessive medicines, guns, knives
  - g) Sleeping areas with dirty sheets or blankets, stained mattresses
- 3) If there is any chance you are entering a methamphetamine lab, you must leave at once and notify the proper law enforcement authorities. You may be exposed to unhealthy toxins, the possibility of explosions, and/or exposure to the extreme paranoia of a meth user.

### Home Entry Procedures:

- 1) Pause for a few seconds when entering someone's home to assess the situation and plan a response.
- 2) Observe the environment for signs of used syringes, odors, clutter, other people present, etc.
- 3) **NEVER** enter a residence that appears unsafe. If the situation appears unsafe, go to a safe area and notify your director or designee.
- 4) Use common walkways in building; avoid isolated stairs.
- 5) Always knock on the door before entering a patient's home.
- 6) Do the following if relatives or neighbors become a safety problem.
- 7) Make joint visits.
- 8) Schedule visit time when they are gone, or
- 9) Discharge the patient.
- 10) Consider working in teams of two in high crime areas.
- 11) Request that pets be properly secured before making visits, if appropriate. Back away, never run from a dog.
- 12) Protect yourself against lice by not coming in direct contact with furniture or clothing in the house. Lice are not airborne, so if you don't come in direct contact, you are safe. Tie up long hair.
- 13) Use universal precautions to protect yourself from communicable diseases. If someone is coughing, they may have the flu, whooping cough or TB. Colds and viruses are spread through direct contact. Frequently wash your hands, and do not touch your mouth or face with your hands until you can thoroughly wash your hands.

- 14) Do not allow yourself to be cornered. Always leave an exit route or situate yourself between the client and an exit.
- 15) Sit where you have a good view of the bedrooms or the hall to the bedrooms. Listen for anyone coming from an outside door.
- 16) For an interview, stay in the living room or dining room.
- 17) Avoid the kitchen, as there are items in there that can be used as weapons (e.g., knives).
- 18) Sit in a hard-backed chair. You can get up faster from a firm chair than a soft sofa.
- 19) Consider leaving your shoes on. If a confrontation arises, you need to leave in a hurry. If you have to leave your outdoor footwear at the door, carry a pair of shoes for indoor use. If the client doesn't want you to wear them, mention that you have to wear them because of your employer's health and safety policy.
- 20) Recognize the first signs of change in a client's behavior or the behavior of others in the home.
- 21) Know when to leave:
  - a) If illegal drugs are being sold or used.
  - b) If there are any threats to you.
  - c) If there is a weapon present and you fear it may be used

#### Visits After Dark:

- 1) When visiting after dark, carry a flashlight and batteries.
- 2) Ask how to easily identify the home.
- 3) Ask the manager of a multi-home dwelling (i.e., apartment building) to go with you.

## **Personal Defense Strategies**

### Three Predictors of Violence

There are three basic predictors of violence:

1. Threat of violence—If someone says they are going to hurt you, believe them!
2. History of violence—Violent cycles tend to keep repeating.
3. Gut level feeling—Trust your instincts, they have served humans for thousand of years!

### Indicators of Potentially Violent Behavior

No one can predict human behavior and there is no specific “profile” of a potentially dangerous individual. However, indicators of increased risk of violent behavior are available. These indicators have been identified by the Federal Bureau of Investigation's National Center for the Analysis of Violent Crime, Profiling and Behavioral Assessment Unit in its analysis of past incidents of workplace violence.

These are some of the indicators:

- Direct or veiled threats of harm;
- Intimidating, belligerent, harassing, bullying, or other inappropriate and aggressive behavior;
- Numerous conflicts with supervisors and other employees;
- Bringing a weapon to the workplace, brandishing a weapon in the workplace, making inappropriate references to guns, or fascination with weapons;

- Statements showing fascination with incidents of workplace violence, statements indicating approval of the use of violence to resolve a problem, or statements indicating identification with perpetrators of workplace homicides;
- Statements indicating desperation (over family, financial, another personal problems) to the point of contemplating suicide;
- Drug/alcohol abuse; and
- Extreme changes in behaviors.

Each of these behaviors is a clear sign that something is wrong. None should be ignored. By identifying the problem and dealing with it appropriately, managers may be able to prevent violence from happening. Agency planning groups should ensure that the appropriate staff member (or an incident response team) is prepared to assist supervisors and other employees in dealing with such situations. Some behaviors require immediate police or security involvement; others constitute actionable misconduct and require disciplinary action; and others indicate an immediate need for clinical referral.

On the other hand, it is seldom (if ever) advisable to rely on what are inappropriately referred to as “profiles” or “early warning signs” to predict violent behavior. “Profiles” often suggest that people with certain characteristics, such as “loners” and “men in their forties,” are potentially violent. This kind of categorization will not help you to predict violence, and it can lead to unfair and destructive stereotyping of employees.

The same can be said of reliance on “early warning signs” that include descriptions of problem situations such as “in therapy,” “has had a death in the family,” “suffers from mental illness,” or “facing a RIF (reduction in force).” Everyone experiences stress, loss, or illness at some point in life. All but a very few people weather these storms without resorting to violence.

Trust your judgment. Become familiar with your messengers of intuition, such as nagging feelings, anxiety, gut feelings, hunches or doubt.

### Three Stages of Conflict

There are three stages of conflict:

1. Anxiety
2. Verbal aggression
3. Physical aggression

### Phase One - Anxiety Phase

This is a noticeable change in behavior or an involuntary reaction or response to something that happens.

The person struggles with strong feelings, but remains in control of his/her behavior. The worker must focus on helping the person talk about the person’s feelings so that he/she will not have to turn these feelings into behavior.

- Anxiety Triggers:
- Frustration/Anger

- Fear
- Hate
- Disappointment
- Sorrow

Strategies to deal with Aggressive Behavior:

Key = Support
---------------

### Phase Two–Verbal Aggression

This is the testing phase. At this point, the person begins to exhibit challenging or offensive behavior. The worker must become more active and attend to both feelings and behavior. This is also potentially the beginning of the acting-out phase.

*Managing Verbal Aggression (Initial Phase)*

Key = Assertive
-----------------

- The aggressor is testing - allow aggressor to vent
- Use the supportive stance
- Stand up. You do not want to be dominated by this person.
- If possible, move away from the person, so there is at least six feet between you. At this distance you are better protected.

*Managing Verbal Aggression (Secondary Phase)*

- Use an assertive stance
- Set reasonable and enforceable limits or consequences
- Enforce limits or consequences

### Phase Three - Physical Aggression

Physical violence, or losing control physically, occurs when dialog and counter signaling have failed. Predicting imminent danger is the best way to prevent an attack. Once in this phase, people have lost the ability to control their behavior.

*Managing Physical Aggression*

Key = Defensive
-----------------

- Use defensive verbal commands
- Diversions–Used to interrupt the aggressor’s focus or intent.
- Redirected Anger

- Mental preparation

#### Follow-Up:

Report every incident to your supervisor. Completely document when personal safety was threatened while on duty. Be sure to document your feelings, fears, relative body sizes/strengths, exact words, how you perceived threat, etc.

Complete a report form when employee injury results and turn in to the employee's manager or director of any type.

## **Bibliography**

#### Books:

Health Care Health and Safety Association of Ontario. *Health and Safety in the Home Health Care Environment*. Ontario: HCHSA, 2003.

Puls, C. *Protecting Yourself from Violence During Home Visits and Other In-Home Work*, Victoria, BC: Trafford, 2004.

United States Office of Personnel Management, Office of Workforce Relations, Interagency Working Group. *Dealing with Workplace Violence, A Guidebook for Agency Planners*. Washington: OPM, 1998

Ouellette, R. *Management of Aggressive Behavior: A comprehensive guide to learning how to recognize, reduce, manage, and control aggressive behavior*. Powers Lake: Performance Dimensions Publishing, 1993

#### Articles and Other References:

HCHSA. "Tips for Guarding Your Personal Safety on Home Visits." *Health Care Health and Safety Association of Ontario*, Undated

McPhaul, K. "Home Care Security." *American Journal of Nursing*. September, 2004: 96

National Institute for Occupational Health and Safety. "Violence in the Workplace." <http://www.cdc.gov/niosh/violdev.html>

OSHA. "OSHA Fact Sheet on Workplace Violence." Occupational Safety and Health Administration, 2002

\_\_\_\_\_. "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers – Publication OSHA 3148" Occupational Safety and Health Administration, 1996