

Safety Tips for Human Services Workers

The following are guidelines and suggestions for social workers, case managers, and others who serve the community. These are not rules one must absolutely follow to be safe, nor are they the only rules. Job specifications, agency policy, various situations, and the people being served may influence what is required or permitted to maintain personal safety on the job.

Environmental Awareness

- Visually check parking lot when you arrive
- Park in a space that is not visually or physically obstructed—not next to van or truck
- If you need help, ask someone. Be careful of unsolicited offers of assistance
- Identify who is at the door before unlocking it
- Sound horn if menacing stranger remains around your vehicle
- Be alert and aware of surroundings
- Have key or swipe card ready

Office Visits

- Plan an emergency escape route
- Arrange furniture in office to prevent entrapment
- Avoid seeing clients alone after hours
- Notify someone if working late and keep all exterior doors locked
- Have a coworker attend meeting when interviewing possibly threatening clients or if you feel your personal safety might be threatened
- Keep desk and office clear of objects that could be used as a weapon

Traveling

- Keep valuables out of sight in car
- Lock purse or valuables in car prior to leaving for visit
- Keep car in working order and at least a half tank of gas
- Park in well-lit, visible area and lock the car doors
- Park down the street instead of in the driveway or directly in front of the house
- Observe the premises for suspicious activity
- Trust your instincts, if you feel unsafe—leave
- Carry as little as possible into home, only those things you are willing to leave behind in an emergency
- Stay in your car until you can get into the building safely

During The Visit

- Be aware of others present during visit
- Assess person's emotional state
- Avoid sitting in the kitchen, there are many potential weapons there
- Be aware of possible exits
- Avoid positioning self so that you become trapped if needed to make quick exit
- If situation escalates—leave
- Visually check the surrounding area or parking area when leaving
- Have car keys in hand when leaving

Meeting Clients Outside the Office

- Notify office of your destination with the name, address, time of visit, and expected time of return
- Notify client you are coming and purpose of the visit, when possible
- Have 911 on speed dial of your cellphone
- Try to conduct visit in pairs, if possible
- Wear clothes that allow freedom of movement

Deescalation

- Try to keep calm and listen attentively
- Avoid sudden movements
- Clarify their feelings, invite discussion
- Avoid confrontation
- Maintain eye contact and personal space
- Change/modify your voice
- Set behavioral limits and physical boundaries
- Maintain two arms length distance between you
- Use calm tone when speaking
- Avoid getting drawn into arguments

Important consideration if you work at an agency:

- Have an agency personal safety policy that every worker is trained on

Deescalation of Emotional States

In most situations, a person who is very agitated is acting out of either, fear, frustration, anger, or some organic cause. The four states listed below are ones that are likely to pose a potential safety risk.

Frustration

Frustration is typically the result of being prevented from accomplishing some goal or objective, or meeting a specific need in a timely manner. Signs of frustration include impatience, verbal signs of agitation, such as swearing, self-degrading statements, such as “I can’t do anything right”, blaming of others, and making demands, or threats. Frustration may change to anger if not dealt with effectively.

It is important when dealing with a person acting out of frustration to be cautious, but also to do everything you can to determine what the person needs or where the basis of their frustration lies. It is quite possible that if the need is within reason, you can assist the recipient in meeting that need and avoid any kind of confrontation. Listen and be supportive. Help the recipient to clarify feelings of frustration.

Behaviors of people expressing frustration:

- roll eyes
- sigh
- furrowed brow
- repeat self
- pace
- fidget
- blame; “you/they/them”
- threaten
- cry
- cuss/swear
- make fists
- clench jaw
- pound, slam
- stare
- glare
- name call
- reactive
- rude/sarcastic
- argumentative
- “always/never”
- tall posture
- look away
- arm/hand movement
- shake head “no”
- “I don’t understand”

Intervention for frustration:

- ▶ Ask a question about unmet goals to reveal the source of the frustration.
- ▶ Identify the goal as:
 - Reasonable
 - Lofty
 - Impossible
- ▶ If the goal is reasonable or lofty, work on ways to obtain it. Lofty goals tend to take longer to achieve.
- ▶ If the goal is impossible, be honest, unless it compromised your safety.

Fear

Fear is brought on by the expectation of danger that is real or imagined, and actual pain, whether physical or emotional. A recipient may also be afraid in unfamiliar situations. Some may react to fear by withdrawing, becoming quiet, and backing away from the situation. Others may make a rather exaggerated and loud display such as verbal threats, posturing, shaking of fists, etc., and maintaining a safe distance from whatever is causing the fear.

It is important when dealing with someone acting out of fear to give the person both physical and psychological room. If a person is challenged and forced into a corner, physically or psychologically, he or she is quite likely to strike out in self defense. It is important to provide support and reassurance to the person. By getting the person to talk, you may be able to determine the basis of the fear. If the verbal threats and posturing are of a defensive nature, give the person room and do not overreact.

Cooperative Communication

Behaviors of people expressing fear:

- move away
- hide (eyes)
- leave
- cuss/swear
- pale skin tone
- tremble
- sweat
- eyes widen
- pupils dilate
- heart rate up
- breathing up
- nostrils flare
- cry
- look around
- get quiet
- cower/slouch
- plead
- apologize
- “I don’t know”
- memory loss
- stammer
- furrowed brow
- no eye contact
- rocking back and forth
- negotiate
- easily startled

Intervention for fear:

- ▶ Ask a question about “discomfort” to reveal the pain (source of the fear).
- ▶ Do not move in toward someone who is in fear until you are sure you are not the cause of their fear or until you are invited to comfort them.
- ▶ Fear is often the result of a lack of information and the mind running away with itself. More information can help.
- ▶ Reassure and talk to them. Provide physical and psychological space.

Anger

Anger is a feeling of hostility or exasperation toward someone or something. It is usually caused by pain, whether of a physical or psychological nature, and is expressed by striking out at the source of the pain. Some indicators of anger include a flushed or red face and neck area, enlarged veins in the neck and forearms, loud verbal threats and swearing, and a moving toward or striking out at the persons or things nearby.

When an agitated person displays signs of anger, it is important to convey a message that feeling angry is okay, when the anger can be justified. It is the way that the anger is expressed and dealt with that needs to be focused on. Help the person to identify the anger and productive ways of dealing with it. If the level of agitation is increasing, it is necessary to set clear behavioral limits. In doing so, specify what outcomes are needed. Then allow the person to choose how to achieve that outcome. If you confront or challenge, it will likely increase his/her level of agitation.

Behaviors of people expressing anger:

- raise voice
- cuss/swear
- rant
- clench jaw
- make fists
- repeat self
- move in
- red skin tone
- tremble
- sweat
- eyes get small
- pupils constrict
- heart rate up
- breathing up
- stop listening
- threaten
- blame; “you/they/them”
- cry
- pound, slam
- glare
- get quiet
- point
- scowl
- make demands
- loss of humor
- sarcasm

Intervention for anger:

- ▶ If possible, validate the anger. Often their behavior is a means to convey how upset they are.
- ▶ Be aware of your own triggers. Are you reacting to their anger or your fear of their anger?
- ▶ Avoid confronting, challenging, or blaming them. This often occurs when we get triggered.
- ▶ Find the cause of the anger; usually some other emotion is driving the anger.
- ▶ Set clear behavioral limits: “It’s okay to be angry; not okay to threaten, yell, throw, etc.”
- ▶ Pay attention to their visual focus. People in anger tend to look at what they are angry at or going to vent on.

Organic and Psychological Causes of Aggressive Behavior

Organic and psychological causes of agitated and aggressive behavior are less prevalent than the other causes and may in fact appear as either fear or anger. Such disturbances are likely to develop quite rapidly, and it may appear that nothing triggered the episode. The episode may be a direct aggressive attack or it may be more of an undirected seizure. The causes of these episodes may be a reaction to medications that the recipient is taking or substances they are abusing. It is important to convey support and understanding to this recipient and at the same time maintain a safe environment.

Organic Causes

A naturally occurring imbalance (e.g., diabetes, neurotransmitters) or induced imbalance (e.g., medication, alcohol) in body chemistry.

Psychological Causes

A mental state or perception; may be diagnosable (found in the DSM) or a life adjustment worthy of counseling, such as grief.

Unusual, Unspecified Behavior (UUB)

Possibly yet to be diagnosed or assessed as an organic or psychological cause of challenging behavior. May just be eccentric behavior.

Listed below are behaviors associated with organic and psychological causes of challenging behavior. There is overlap in how these behaviors are exhibited. For instance, hallucinations can be a psychological event or drug induced.

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|----------------------|-----------------------|----------------------------------|
| ▶ slurred speech | ▶ slow movement | ▶ obsessive-compulsive disorder |
| ▶ odor | ▶ light sensitivity | ▶ dissociative identity disorder |
| ▶ glassy or red eyes | ▶ agitated movement | ▶ mania |
| ▶ gravity issues | ▶ belligerent/hostile | ▶ depression |
| ▶ sniffing | ▶ affective behavior | ▶ mood swings |
| ▶ itching/scratching | ▶ paranoia | ▶ change in sleep, eating, or |
| ▶ needle marks | ▶ delusions | hygiene |
| ▶ hyperactivity | ▶ hallucinations | |





In some instances, a person under the influence may not be a physical threat, as with marijuana. While these people may not be a safety at risk, they can be frustrating to work with.

Interventions for people under the influence or mental health issues:

- ▶ Assume they have a real concern and listen
- ▶ Offer assistance:
 - “What can I do to help?”
 - “Can you tell me what you need?”
- ▶ Do not threaten or challenge them
- ▶ Meet reasonable requests
- ▶ Allow them time to vent, possible more than you normally would
- ▶ Use non-threatening body language; keep your hands in plain view and no higher than waist level
- ▶ Use slow and deliberate movements
- ▶ Allow more personal space than the standard two-arms length
- ▶ Apologize for something that inadvertently upset them

The goal is to create a stable and respectful environment in which the person can take comfort and feel safe.

Personal Safety Template

	Awareness What information do I have? 	Assessment Am I in danger or threatened? 	Anticipation What is most likely to happen next? 	Action What do I need to do? 
Self	<ul style="list-style-type: none"> • What do I know about myself? • My strengths and weaknesses? • What triggers me? • What is the limit of my patience? 	<ul style="list-style-type: none"> • What am I feeling and thinking? • What mood am I in? • Am I triggered? • Am I aggravating the situation? 	<ul style="list-style-type: none"> • Are my attitudes/biases/ stereotypes creating more tension? • Can I reduce my risk? 	<ul style="list-style-type: none"> • Intervention • Wait for more information • Leave • Reassess
Environment	<ul style="list-style-type: none"> • What do I know about the environment? • What am I observing? • What resources are available? 	<ul style="list-style-type: none"> • Am I physically trapped? Are my options limited? • Am I physically threatened? • Do I sense danger? 	<ul style="list-style-type: none"> • If danger exists, can I leave if necessary? • Are my choices becoming fewer? • Is my risk of danger increasing? 	<ul style="list-style-type: none"> • Rearrange current environment, move to different environment • Leave • Reassess
Client/Other	<ul style="list-style-type: none"> • What do I know about the person(s) I am interacting with? • What am I seeing and hearing? 	<ul style="list-style-type: none"> • What emotional state is the person(s) in? Positive? Negative? Productive? Under the influence? • Do I sense danger? 	<ul style="list-style-type: none"> • If behavior is negative or dangerous, will it diminish? • Is it escalating? • Can I reduce my risk? 	<ul style="list-style-type: none"> • Intervention • Wait for more information • Leave • Reassess
Policy/Law	<ul style="list-style-type: none"> • What are the policies/laws that protect and support me? • What is expected of me professionally? 	<ul style="list-style-type: none"> • Am I protected by policies/ laws in this situation? • What is expected of me professionally? 	<ul style="list-style-type: none"> • Will my actions/choices reduce my risk/protect me legally? • Can I expect to be supported? 	<ul style="list-style-type: none"> • Exercise best option • Reassess

Self is the only tool that individuals always have with them. It is the only consistent, reliable tool for intervention and defense. Self as a tool includes not only skills, but also awareness and assessment of one's own values, beliefs, attitudes, stereotypes, judgment, and resources.

Environment is the *where* of potentially dangerous situations. Environment includes what to look for, as well as observations of what to be aware of.

Client/Other is the *whom* the worker is engaged with. Safety is most often a concern with particular types of emotional states.

Policy/Law is the overarching framework that serves to protect the worker. This can be the legal aspects of protecting oneself. The policy is the guideline for safety and reflects the core values of the organization. An effective policy requires a thorough understanding by all levels of the organization.