

# ***Parent-Child Assistance Program (PCAP)***

UNIVERSITY OF WASHINGTON ADDICTIONS, DRUG & ALCOHOL INSTITUTE  
SEATTLE, WASHINGTON (206) 543-7155  
<http://pcap.psychiatry.uw.edu>

## **PCAP Safety Guidelines\***

PCAP staff members are home visitors who may find themselves in situations in which their personal safety is at risk. The guidelines below were developed to help staff avoid risky situations, and respond to problems if they arise. Some of the details in the Safety Guidelines are specific to Washington State PCAP, but the information and recommendations can be generalized to PCAP sites elsewhere. PCAP sites affiliated with local, individual agencies or institutions should, in addition, seek guidance and assistance from their own risk management or law enforcement agencies.

### **POLICY**

PCAP values highly the personal safety of every staff member. PCAP staff members should never proceed into a situation she/he thinks may be dangerous. If a staff member senses a problem, she/he is expected to step back from it and get consultation from a supervisor or assistance from law enforcement. PCAP staff members are not law enforcement officers and are not expected to perform the roles or functions of law enforcement.

Personal safety begins with common sense, attention to risks, and prevention. Staff members should listen to their instincts; if things “feel wrong,” they probably are. Staff members should anticipate that the unexpected may happen and develop a tentative plan of action. Safety precautions should be taken from the beginning.

The PCAP clinical supervisor is responsible for taking all reasonable steps to protect and support staff in their day-to-day work and in situations they feel may be dangerous. This includes providing training and assuring that every staff member has picture identification identifying her/him as an employee of the Parent-Child Assistance Program within the local agency with which PCAP is affiliated. This may also include obtaining restraining orders, security services for the office, or taking other measures as appropriate.

### **TRAINING**

PCAP clinical supervisors are responsible for:

- Reviewing these PCAP Safety Guidelines with staff annually.
- Assuring that every staff member has picture identification identifying her/him as an employee of the Parent-Child Assistance Program within the local agency with which PCAP is affiliated.
- Developing relationships and renewing agreements with local law enforcement regarding PCAP staff safety. This may include clarification of expectations for help, and protocols for direct communications with law enforcement.
- Planning and arranging for safety training from local training resources for PCAP staff.

**Personal safety training resources** may include law enforcement, mental health professionals, or local drug enforcement agency officials. Safety training components may include: an overview of violent/aggressive behavior profiles; causes and factors that may contribute to aggression and violence; safety risks and prevention steps in the street, the vehicle, the client’s home and neighborhood, the office; intervention and limit-setting for a home visitor; verbal and non-verbal communication relating to violence and personal safety.

\*Adapted from Washington State Dept. of Social and Health Services Division of Children and Family Services Policy Manual; and Frontline, Fall Newsletter of CPS Workers’ Association, Inc.

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### **Special Equipment**

PCAP sites should provide every home visitor with:

- A mobile cellular phone (with GPS tracking capability if possible), chargers, batteries.
- An employee ID badges with name and photograph.

**Opioid Overdose Response.** PCAP staff should be knowledgeable about opioid overdose risks and response measures. PCAP agencies may want to consider providing Naloxone kits to staff. For more information, see: [http://depts.washington.edu/pcapuw/inhouse/FAQs\\_Naloxone\\_for\\_Community\\_Agencies.pdf](http://depts.washington.edu/pcapuw/inhouse/FAQs_Naloxone_for_Community_Agencies.pdf)

### **Health Risks and Precautions**

Staff members are susceptible to certain health risks because of their close and frequent contact with a high-risk population. Take the following steps to reduce risk:

- At hire, staff should have current Hepatitis B vaccinations, tuberculosis screening, and Tetanus boosters; these should be monitored and kept up to date.
- Take precautions to prevent exposure to transmittable parasites such as lice and scabies.  
[http://pediatrics.about.com/od/headlice/ht/08\\_prevent\\_lice.htm](http://pediatrics.about.com/od/headlice/ht/08_prevent_lice.htm)  
[http://hair.lovetoknow.com/Preventing\\_Lice](http://hair.lovetoknow.com/Preventing_Lice)  
[https://www.everydayhealth.com/search/scabies/?iid=gnav\\_head\\_search](https://www.everydayhealth.com/search/scabies/?iid=gnav_head_search)
- Ask your local public health officials for recommendations for additional immunizations and other precautions that may be unique to your area.
- One of the most effective infection control measures is frequent hand-washing. Wash hands before and between home visits, and before returning to the office.

### **FIELD SAFETY: BEFORE YOU LEAVE**

*Field safety starts with prevention.*

- Avoid clothing that restricts your movement. Do not wear high heels.
- Make sure your cell phone is fully charged before going on a home visit. If you use a pager, always keep an extra battery.
- Put gas in the tank. Never let the gas tank get below ¼ full.
- Don't carry a purse. Lock it in your trunk before you leave the office. Carry your keys and cell phone separately.
- Think about hiding a spare key behind the license plate, affixed with duct tape. (Car thieves know where to look for magnetic key hidiers.)

**Potentially dangerous situations** require careful assessment by the clinical supervisor before sending case managers or other staff into the field. These situations may include: when the client is unknown; documented or rumored history of domestic or physical violence, weapons in the home, or drug laboratories and/or drug dealing in the home; geographic locations that are very isolated, are high-crime areas, or are known to be dangerous; visits made late at night or very early morning; transporting a child when the risk of accusation (e.g. of sexual victimization) is present; if client is known or rumored to be physically aggressive. In potentially dangerous situations, PCAP staff should:

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- Request to double-team, i.e., make a home visit accompanied by a fellow worker. She/he should not go into unsafe areas alone, and should travel in pairs whenever there is any question of safety.
- Discuss the situation with the clinical supervisor, and get approval for double-teaming prior to the visit.
- If another staff member is not available, the PCAP staff member should request that the client come to the office or meet her at a neutral location.
- Eliminate or minimize situations where the potential for abuse might occur. This includes situations in which the PCAP staff member believes she could be abused by a client or someone else, or situations in which the case manager could be wrongfully accused of abusing or inappropriately touching a client or her child. Double-team if there is the potential for abuse to occur, or meet with clients only in places where credible witnesses are present.

**Before leaving the office always tell the clinical supervisor or other staff specifically where you are going and when you plan to return.** Every PCAP office should have a system for keeping track of staff whereabouts on a daily basis. Use a field itinerary sheet, a whiteboard, a smart phone system, or another method and let a designated person know your planned destination (client or agency name, address, phone) and anticipated return time. If this plan changes for any reason, staff should call or text the office or the clinical supervisor to update destination and return time information. It is okay to leave a voice mail message; the important point is to let your colleagues know where you are.

**Keep client addresses and phone numbers current and updated in the client file and in the PCAP Client Access Tracing database.** If a PCAP staff member fails to return from a field visit, and we have only outdated client contact information in the file, it will be very difficult to locate the staff person.

### **FIELD SAFETY: AT THE HOME**

*It is critical that staff members always be alert and attentive to their surroundings.*

- Park your car facing an exit route.
- Keep your car keys accessible.
- Know your resources and have a plan of action.
- After knocking at the door, step aside.
- Make note of all exits as soon as you enter a home.
- Be alert if things don't seem normal. Lots of little things out of place may indicate a big problem. Listen to your instincts. If things "feel wrong," they probably are. Take action to protect yourself.
- State clearly who you are and why you are there. Always use the client's name to personalize the interaction.
- Acknowledge everyone in the room. Say hello, and make eye contact.
- Encourage client participation in solutions by asking for opinions and suggestions. Never slur or challenge clients or others at the home.
- Allow only one person to talk at a time.
- Keep your arms free.
- Convey an attitude of alertness and caring, but keep your eyes moving, and watch your "360."
- Stay composed and professional at all times.

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- If there are others present, try to get the client to meet with you alone (e.g., ask her to step outside, or ask if she would like to go with you to get coffee, etc.). Otherwise, you may have to reschedule the home visit.
- If there are two staff members on the home visit, have your partner sit quietly watching.
- Physical intrusion may trigger defensive or violent behavior. Never unnecessarily touch a client.
- Allow people to blow off steam; ventilation saps energy and diffuses intensity. Use verbal ploys such as asking for a glass of water to create cooling-off time. Watch for signs indicating potential violence. Non-verbal indicators might include: Flaring nostrils, dilated pupils, teeth grinding, fist clenching. If the situation escalates, leave. Under no circumstances turn your back on a disturbed client. Don't allow her/him to walk behind you.

### **Toxins and Drug Use in Client Homes**

Clients usually protect PCAP case managers from their drug-use behavior and from others who are using, but not always. A case manager may arrive at a home and suspect that drugs have been cooked or used (e.g., smoked/vaped) recently based on these signs:

- The smell (e.g., “like bad incense”)
- Client appearance (e.g., eyes bulging, scratching everywhere)
- Client behavior is different from usual
- Someone else seems to be present in the house (and using), although you may not see them
- Case manager beginning to feel disoriented, nauseous, feel like passing out, itchy, have a head ache

PCAP case managers never have to stay in a questionable or sketchy situation, or prove themselves by staying in harm's way. Case managers should honor their instincts. After leaving a situation like this, the case manager should always and immediately contact her PCAP supervisor (or team members) to describe the situation, be specific about how she feels and where she is, and get direction. The supervisor may, for example, advise the case manager to not drive due to risk of passing out. A case manager may not recognize that she is incapacitated, and should contact her team regardless of her ability to pinpoint the problem.

**PCAP sites should have “Red Flag” smart phone text systems in place. Red Flag means HELP!**

### **Methamphetamine (Meth/Crystal) Labs**

PCAP staff members should avoid having contact with or entering homes that are being used as meth labs. However, if you unexpectedly find yourself in a meth lab, you should leave immediately, call law enforcement and inform them of the problem. If children are in the home, law enforcement—not PCAP—is responsible for removing the children and having them evaluated.

Some indications of meth or other drug manufacturing are: glassware and equipment such as one might find in a high school chemistry class; batteries, empty Sudafed containers; other drug paraphernalia. *The contaminants from the manufacture of these drugs are highly toxic; if you are exposed to them, bathe in warm soapy water, wash clothing separately, and possibly seek medical evaluation.*

### **When Protective Child Custody Is Anticipated**

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A child welfare social worker, police officer, client, or client family member may ask a PCAP staff member to go to the house when a child is going to be removed from family custody. Under no circumstances should a PCAP staff member accompany a worker or go to a home when a child is being removed. *This is not a PCAP role or responsibility, and the PCAP worker may be in danger if the client or family member attacks the child welfare worker, or decides to blame the PCAP worker for having the child removed.* If a distraught client calls while the child is being removed and asks her PCAP worker to come to the house to support her, *the PCAP worker must say no*, but can talk with the client on the phone, and make arrangements to see her on another day at the PCAP office to determine next steps to take. Consider double-teaming on the next home visit if you believe there is the potential for danger, or meet with the client in an office or other public place.

### **Dangerous Dogs**

At intake, ask the client if she has dogs that might present a danger to PCAP staff doing home visits.

*Develop ground rules* in the beginning for how the staff member can approach the home for visits. For example, a case manager may ask a client to come out to the car when she arrives on a home visit, rather than having the case manager go into the yard/home where a dangerous dog is present.

*Note a safety warning* in the front of the client file in a prominent place, about dogs or any other potentially dangerous environmental situation in the home. The purpose for this is to immediately alert another staff member who may do a home visit in your absence.

*Inform the clinical supervisor* about dangerous dogs as soon as possible, so she can pass that information along to others who may do a home visit there.

*Do not try to make friends* with dangerous dogs, e.g., by carrying doggie treats.

### **OFFICE AND BUILDING SAFETY**

PCAP staff should have a secure internal work environment, including limited access by others to the work areas. PCAP clinical supervisors are responsible for assessing the safety/security of the general work areas, reception room, interviewing rooms, restrooms, and parking lots to ensure that the work area is safe. These preventive measures are recommended at all times:

- Office entrance doors should be kept locked at all times, even when staff are there.
- If you're the second to last person to leave the office, let the remaining person know.
- Entry doors should have windows or peep holes so visitors are visible.
- Hallway restrooms that are accessible to the public should have entry codes.
- Parking lots should be well-lighted.
- Stay alert when leaving and entering the office. "Watch your 360."

### **Office Break-Ins or Thefts**

- Client files, PCAP personnel files, and PCAP budget and financial materials must always be kept locked in file cabinets or drawers at night and during the day when not in use.
- If clients visit the PCAP office, staff members should lock their own purses in a cabinet.
- Keep a checklist reminder by the exit door with a sign-out sheet so the last person out of the office each night is reminded and can verify that cabinets are locked.

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- Cash or personal items of value (including jewelry, radios, posters, coats, or decorations) should not be kept at the office or in office vehicles. Most agencies do not have insurance to cover reimbursement for personal items that are stolen or damaged.

### **Active Shooter**

Become familiar with how to respond in an active shooter situation. For guidelines, go to:

<https://www.dhs.gov/publication/active-shooter-how-to-respond>

Staff members should bring office space safety concerns and requests for security measures to the clinical supervisor. The clinical supervisor will explore security alternatives, make necessary changes, or provide recommendations to building management. Office security measures should be addressed whenever new space is built or leased, or when an office is remodeled.

### **Domestic Violence (DV)**

When a PCAP client is involved in domestic violence, steps should be taken to increase security for staff in the PCAP office. PCAP may be at risk if a perpetrator attempts to get information from or retaliate against a PCAP staff member. In addition to the office and building security measures listed above, these preventive measures should be taken:

- If a staff member becomes aware of a DV situation, tell the clinical supervisor immediately, who will in turn notify all staff.
- Discuss DV cases at PCAP staff meetings, and when possible, describe or show a photo of the DV perpetrator.
- Keep supervisor and staff informed of any changes in DV situations.

### **Weapons**

PCAP will interpret any incident where a weapon is brought onto PCAP property (other than by a law enforcement officer) as a threat to the safety of employees. If a PCAP employee believes her/his safety or the safety of co-workers is in immediate danger, she/he should leave the office, notify law enforcement, and request assistance. PCAP does not permit employees to carry weapons at any time while they are conducting official business.

### **Threats Against Employees**

If a staff member is physically threatened, or receives a threat by letter, telephone, or indirectly through a third party in relationship to the job responsibilities, the staff member should: notify the clinical supervisor; and notify law enforcement if a threat is believed to warrant immediate action/protection. Following a threat or incident, PCAP staff should: document the incident and all responses; debrief with the supervisor and agency leadership regarding the staff member's needs and next steps for the client; debrief with another professional if necessary.

### **Emergency Calls from Clients**

PCAP staff members are not law enforcement officers and are not expected to respond in person to dangerous or potentially dangerous situations. An emergency call from a client should be assessed to determine whether to call law enforcement or emergency medical assistance (911).

The PCAP staff member who answers the phone should assess the situation. The client may be with someone who is threatening her, so ask questions that can be answered with a simple "yes or no," such

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as: Are you hurt? Are you bleeding? Are you in danger? Is anyone looking for you to hurt you? Is there a weapon involved? In addition, try to ask these questions: Where are you? Who is with you? If you decide that law enforcement or medical assistance is necessary, either:

- Tell the client to hang up and dial 911, or
- Call 911 yourself from another phone while keeping the client on the phone line.

PCAP staff should consider deciding on a **code word** or phrase to use when calling each other to indicate that they are in danger.