

DAIL Home and Community-Based Field Visit Guidelines
 Drafted by: DAIL Security Committee
 Finalized: November 5, 2018. Updated April 24, 2023.

Purpose

The Department of Disabilities, Aging and Independent Living (DAIL) is committed to providing exceptional service, while taking all necessary steps to increase safety for our staff and for the public with whom we interact. This document serves to enhance staff awareness of suggested best safety practices for staff who are carrying out field tasks including assessments, investigations, home visits, or other field work within the community and within the homes of individuals whom DAIL staff visit over the course of their work. It is not intended to be an all-inclusive manual.

General Information

Employee safety is a primary consideration for the State of Vermont. The Agency of Human Services maintains a [Facilities and Employee Safety intranet page](#), including vital resources available to staff. Additionally, VT Alert and SOV Alert are available for notification of important events.

If a safety related issue arises at work, DAIL staff are to consult with their supervisor (call 911 first if an emergency) and an incident report must be filed here: [Submit Incident Report](#).

Additionally, DAIL Security Committee members serve as a valuable resource for consultation on any safety or security related issues.

DAIL Security Committee Member List

| Name and Title | Contact Info | Unit |
|-------------------------------------|---|--|
| Brian Guy Director of Operations | Brian.Guy@vermont.gov 904-3403 (cell) | Commissioner’s Office |
| Paula Brown Nurse Administrator | Paula.Brown@vermont.gov 585-9245 (cell) | Adult Services Division |
| Kathy Stubbing APS Investigator | Kathleen.Stubbing@vermont.gov 793-3296 (cell) | Division of Licensing & Protection – Adult Protective Services |
| Renee Cioffi Public Guardian | Renee.Cioffi@vermont.gov 595-5016 (cell) | Developmental Disabilities Services Division – Office of Public Guardian |
| Hib Doe Field Services Manager | Hibbard.Doe@vermont.gov 498-4935 (cell) | HireAbility (formerly Division of Vocational Rehabilitation) |

Guidelines

1. Pre-Visit Assessment

DAIL staff should conduct a pre-visit assessment of the meeting location (home, other) to the extent possible and appropriate. Staff may consider gathering the following information from the individual, their family, or other resources:

Pre-Visit Assessment Checklist:

- a. How many people live at the residence?
- b. Who will be there during the scheduled visit?
- c. Do people smoke in the house?
- d. Is there parking available?
- e. Is there cell service at the location? Is there a land line?
- f. Are there animals in the home? If so, are they running free, are they aggressive? Can they be isolated from the meeting area? Are they vaccinated?
- g. Does anyone make anyone else feel unsafe in the home?
- h. Are there firearms or other weapons in the house?
- i. Have there been any issues with neighbors that could impact the visit? (e.g., disputes, history of abuse, suspected or confirmed drug activity)
- j. Is the property easy to find? What are some markers (road signs or color of houses) to look for, so I don't get lost?
- k. Are there concerns about substance use (alcohol, other drugs) in the household?
- l. Are there any concerns about the mental health of anyone in the household?
- m. How many cars should I expect to see when I pull in? What color(s) and make(s)?
- n. Does the home have good lighting in the doorways, walkway, and main areas?
- o. Are there any environmental hazards?
- p. Is anyone in the residence sick? Including, but not limited to, COVID, influenza, a common cold, or other contagious condition. Determine the following:
 - Has anyone in the household traveled from an [affected country or region](#)?
 - Has anyone in the household been in contact with a person with a communicable disease in the past 14 days?
 - Has anyone in the household had any of the following symptoms in the past 14 days?
 - Felt unwell?
 - Had respiratory symptoms, including cough, high temperature, shortness of breath, difficulty breathing?

If any of these topics are cause for concern, and you are not comfortable visiting the location, consult with your supervisor to discuss an alternate arrangement (e.g., setting the meeting up elsewhere, bringing another colleague with you, or working with BGS Security or law enforcement personnel if appropriate).

Staff should set up appointments during regular business hours when possible; ideally, the end of the visit should remain within normal business hours.

2. Dealing with Concerns and Possible High Risk Safety Issues

DAIL staff may identify specific concerns about conducting home or community-based visits, based on the information initially gathered. If staff have concerns, they should talk with their supervisor. It is normal to have some apprehension going to a new residence for the first time. Staff should feel confident that all preparatory steps have been taken to assure they can conduct their job in a safe environment. Thoughtful planning for the home or community-based visit can help alleviate many adverse situations.

Once a staff member and supervisor have met to discuss possible next steps, a follow up call to the location to discuss alleviating identified concerns may be necessary and appropriate (ex: address hazards, remove concerning animal(s), etc. There may also be occasions when calling to gather additional information the day of the visit may provide helpful information before a decision to visit is made.

Sudden, or recent life events, can increase an individual's or family member's stress levels. Increased stress can lead to stress-induced behaviors, including hostility, self-medicating, and violent behavior. Some examples of stressful life events include:

- Job loss, financial difficulties.
- Loss of housing or unstable housing.
- Loss of benefits.
- Other state or local agency involvement.
- Substance abuse.
- Legal issues.
- Change in custody status.
- Change in who resides at property.
- Divorce or separation.
- Death or serious illness, including COVID.
- Victimization or traumatic event.

In many cases, staff concerns can be alleviated with discussion, investigation, and further communication with the impacted individuals. Staff have an entire team available to assist with making the right decision when there are concerns about staff safety. If a concern is not alleviated, the supervisor and staff should consult with management to find a mutually agreed upon solution.

3. Making the Home or Community Based Visit

Once a home or community-based visit is scheduled, staff should consider the following:

- Situational awareness is a critical facet of safety. Awareness of people's behavior during a visit is important. Paying attention to tone of voice, body language, eye contact, word choice, etc., can help staff continually assess behavior and potential actions.
- Much of human communication is subtle, and non-verbal. Awareness of an individual's

non-verbal cues can help better assess people. We often ignore intuition, but this is also an essential factor in continuing to assess individuals and circumstances.

- Make time to read [AHS Safety protocols and resources](#), located on the AHS Intranet. Ask your supervisor about anything that isn't clear to you. Know when to ask for help and know when to leave a situation to protect yourself.

Action step considerations before arriving at a home or community-based visit:

- Set up a communication plan with your supervisor, or other office staff, that includes:
 - Development of a formal process (e.g., on your calendar) for alerting supervisor or colleague of the date, time, and address of the visit.
 - Establish a check-in and check-out time with your office. Plan for when you will check in post visit (consider cell phone reception).
 - Establish a plan of action when a check-out call (i.e., leaving residence) does not occur (e.g., supervisor calls residence or staff member).
 - Establish a plan of action when staff have not checked out and cannot be contacted.
- Make a plan regarding travel and transportation that includes:
 - Ensure your vehicle is appropriately outfitted for weather and road conditions for all season travel.
 - Leave the make, and license plate number, of the car you are using, with your supervisor, or office staff.
 - Familiarize yourself with resources in the area that can help if an emergency occurs.
 - Make sure you have enough gas. Be aware of vehicle maintenance and possible issues with the vehicle. If a vehicle is having a problem, make other arrangements.
 - Assess roadway conditions (e.g., steep, unmaintained road) that could impact travel. Be aware of weather patterns and forecasts. When possible, have a back-up plan in case of severe weather or poor driving conditions.
 - Lock valuables in the trunk of your vehicle before you arrive at the residence.
 - If you are using a State car, familiarize yourself with the Fleet Car Safety Kit, and contact the DAIL Director of Operations if replacement supplies or a new kit are needed.
- Attire
 - Don't wear excessive jewelry.
 - Take your ID with you, but do not wear your ID around your neck.
 - Wear functional shoes which would facilitate rapid egress if needed.
 - Remove or cover religious or political symbols, if possible.
 - Bring weather appropriate attire as needed (umbrella, gloves).
- Arrival
 - Observe the safety of the home and neighborhood before stopping or pulling into

- the driveway.
 - Be alert.
 - Park in the open, and near a light source that offers the safest walking route to the location.
 - If possible, consider parking on the road or street rather than the driveway and in the direction in which you will leave.
 - When possible, locate the home or building, before exiting the car.
 - When possible, back your vehicle into parking spaces.
 - When you leave your vehicle, know where you are going. Be aware of your surroundings.
 - Do not enter the location without a safety plan in place when:
 - Individuals are present who appear intoxicated or impaired.
 - There is any type of aggression or violence.
 - There are indications of danger or environmental hazards.
 - Trust your instincts, leave the location if you feel unsafe.
 - If denied entrance, do not attempt to persuade the individual. Leave and contact supervisor, and police if necessary.
- Entering the Residence
 - Take only the items necessary for the home visit into the client's home.
 - Observe and listen before knocking on the door.
 - Do not enter if an adult is not present.
 - Leave the home or location if you feel unsafe.
 - Ask who else is there when you arrive.
 - Position yourself so that you have a clear path to an exit.
 - Identify possible exits.
 - Do not enter the basement, attic, or enclosed spaces.
 - Always be aware of your surroundings.
 - Keep your phone readily available.
 - Have your keys readily available so you don't need to search for them if you need to leave quickly.
 - Know your location in case you need to call 911.
 - Use non-threatening body language, remain calm and professional.
 - If possible, attempt to deescalate in order to facilitate a hasty exit. Listen to your instincts and feelings.
 - Be aware of personal space and creating distance.
 - The best practice is for dogs or other pets to be kept in another space or room where they do not have access to you, or to the client, during the visit.
 - The best practice is to not accept food or beverages.
 - When there is a choice, sit in a hard chair rather than upholstered furniture. Or potentially stand.
 - Be cautious and use common sense.
 - End the visit and leave immediately if you feel threatened, or if you notice unlawful or concerning behavior.
 - Establishing Rapport
 - Establishing rapport is at the root of effective communication. One of the easiest

and best methods for establishing rapport is to listen to what a person is saying. Below are tips that will help facilitate communication:

- Show respect and compassion; use the preferred name and title.
 - Be empathetic.
 - Be sensitive to cultural and disability etiquette:
 - [Communicating across cultures](#)
 - [Disability communication toolkit](#)
 - [Use people-first language](#)
 - Use self-disclosure sparingly to communicate understanding and to build trust.
 - Maintain confidentiality.
 - Acknowledge what is being said (e.g., I understand what you are saying; tell me a little more about that, etc.).
- Exiting and Ending a Visit
 - Be alert for hazards or obstacles.
 - Go directly to your vehicle, lock doors and start the engine, don't open trunk, or rear doors first.
 - Upon leaving have your car keys in hand. Do not linger at the residence to make phone calls or write notes; leave immediately.
 - If unable to leave in the vehicle you arrived in, contact help immediately.
 - Have a plan before you are faced with making an emergency decision.
 - Additional Considerations
 - When doing a home or community-based visit on the weekend, or outside of normal business office hours, make a plan with a designated support person who will be available by phone at the time of the visit.
 - Consider if interpreters may be needed and make a plan before you visit.

4. Safety and Health of Staff

Despite engaging in all the best practices of risk mitigation, an event can occur that will create unease, or a dangerous situation, for a staff person. DAIL staff are empowered at all times to make whatever judgment calls they feel are appropriate to ensure their own safety. DAIL management encourages all staff to trust their instincts and will support all decisions to leave a situation if it feels unsafe at any time. Below are some suggestions for conduct in circumstances where a client or family member is acting aggressively or agitated:

- Respond calmly with "I" statements.
- Acknowledge what was or is being said.
- Try to redirect using matter of fact, simple and direct statements.
- Try to maintain a three-foot distance away from the agitated person.
- Do not touch the person.
- Do not turn your back, or stand in front, of the person.

If you are attacked, or in an unsafe situation, use whatever defense techniques you need to remove yourself from the situation. Once you are at a safe location call for help.

Additional Health Considerations when doing home or community-based visits include:

- **Smoking**
If you are sensitive to cigarette smoke, plan ahead of time a comfortable strategy for offering to step outside or asking the person not to smoke during the visit.
- **Lice and bed bugs**
As a precaution, if you are able, stand up during your visit, and do not carry bags or jackets into the home, if possible. If you must sit, when there is a choice, sit in a hard chair rather than upholstered furniture. If you are aware that a home has a lice or bed bug infestation, contact your supervisor to discuss an alternate plan prior to scheduling a visit.
- **Illness**
Before a visit, if you are sick, or are concerned that a member of the family may be exposed to your illness, determine if it is best to reschedule the visit, or if one of your colleagues could make the visit.

During a visit, if you suspect that someone in the home is sick with a communicable disease, immediately end the visit and reschedule at a later date. If you are concerned that you may have been exposed to an illness over the course of your work, you must report it immediately to your supervisor.

- **Final Tips**
 - Keep disinfectant wipes and hand cleaner (e.g., Purell) in your car or pocket.
 - Clean and disinfect frequently touched objects and surfaces (including those in State fleet cars) using a regular household cleaning spray or wipe.
 - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; after blowing your nose, coughing, or sneezing; and in between each visit or in a home.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.