In-Home Care Safety

Management & De-Escalation

Webinar
12/4 ✔ 12 noon

co-presented by: Home Care Association of America CONNECTICUT | CONNECTICUT ASSOCIATION FOR HEALTHCARE AT HOME

HCAOA & CT Association for Healthcare at Home Membership Welcome

Jason Lee, HCAOA CEO
Tracy Wodatch, RN, BSN, President & CEO, CT Healthcare at Home

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CT Chapter Update & WC Trust Introduction

Marlene Chickerella, CT Chapter Chair

In-Home Care Safety - Workplace Violence: Management Training & Safety Controls

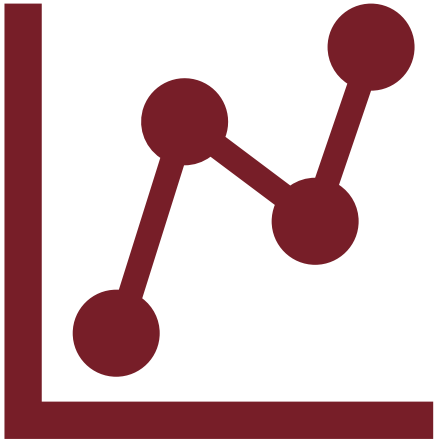
Pamela Hunter, Ph.D., CSP, Senior Loss Control Consultant, WC Trust

Workplace Violence Prevention:
Management Training & Safety Controls

Pamela A. Hunter, PhD, MS, CSP

Senior Loss Control Consultant

Statistics



Significance of the Problem

As early as 2002 OSHA noted that 2 million workers are victims of WPV each year

Workers in Healthcare experience 73% of the injuries with lost time days

Workers in Healthcare are particularly vulnerable

Working alone/small #'s

Working in the community

Working with patients with psychiatric illnesses, dementia, developmental disabilities, brain injuries

American Nurses Association Study

2014 – 2016

14,000 Registered Nurses

25% of respondents assaulted by a patient or patient's family member

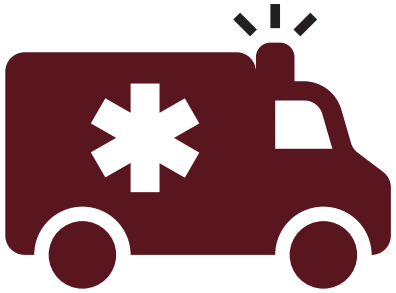
Currently no Federal (OSHA) Regulation specific to WPV

Injury Data

According to the BLS in 2020 workers in private industry:

- 20,050 workers experienced trauma, with days away from work
- Of those victims who experienced trauma from workplace violence:
  - 76% worked in the healthcare and social assistance industry
  - 73% were female
  - 62% were aged 25 to 54

Workplace Violence



Workplace Violence Defined

According to OSHA, workplace violence is:

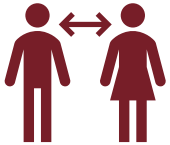
- Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site
- It ranges from threats and verbal abuse to physical assaults and even homicide

Source: OSHA.gov

Four Types of Workplace Violence

Type 1: Violence by strangers

Type 2: Violence by client/patient



Type 3: Violence by co-workers

Type 4: Violence personal relations

Workplace

A *workplace* may be any location either permanent or temporary where an employee performs any work-related duty.

- Parking lots
- Field locations
- Client, individual, or patient homes
- Traveling to and from work assignments

Universal Precautions

Every worker should understand the concept of “universal precautions for violence”— that is, that violence should be expected but can be avoided or mitigated through preparation. In addition, workers should understand the importance of a culture of respect, dignity, and active mutual engagement in preventing workplace violence.

From OSHA’s “Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers.”

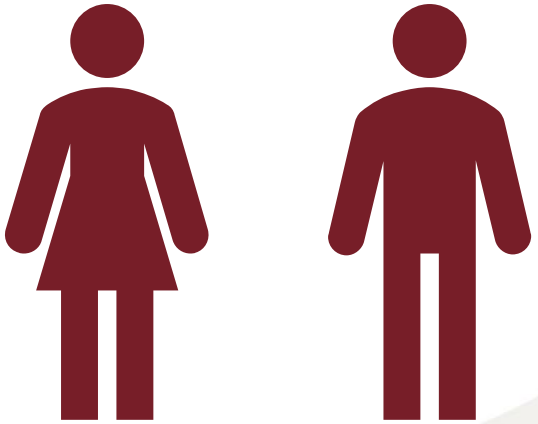
From the Urban Dictionary

Spidey sense

Derived from the “Spidey sense” of the comic book superhero Spiderman, it is generally used to mean a vague but strong sense of something being wrong, dangerous, suspicious, a security situation.

He looked like a student, but something about his dirty shoes and the way he tried to open a locked door totally set off my Spidey sense, so I called campus security.

Risk Factors



Risk Factors in Workplace Violence

OSHA notes the following ten risk factors:

- **Contact with the public**
- **Working with people in the health care, social services or criminal justice**
- **Delivery of passengers or goods**
- **Having a mobile workplace**
- **Working in community-based settings**
- **Working alone or in small numbers**
- **Working late at night or during early morning hours**
- Working in high-crime areas
- Exchange of money
- Guarding valuable property or possessions

Prevention Strategies

Intake

To the extent possible, determine:

- What is the individual's medical diagnosis?
  - Dementia
  - Mental illness
  - Traumatic brain injury
  - Other
- Has the individual ever assaulted anyone?
- Are there any triggers that employees should avoid?
- Are firearms or weapons in the household?
- Are there pets in the household?

Mobile Personal Safety Devices

- Numerous systems available
- Pricing varies by company and seems to be monthly
- Cost could be an issue
- Can also have your own check-in and out system
- At minimum, end of day check out

Comprehensive WPVPP Components

- Intake: as much information about clients as possible
- Written Program includes zero tolerance for violence
- Workplace Violence definition includes threats
- Comprehensive training for ALL employees
- Employees report threats

Most Important

- Management must embrace the Workplace Violence Prevention
- Employee involvement is crucial
- Employee training at hire and annually
- Encourage employees to report threats
- Contract with client / family must set expectations and boundaries
- Employees report all incidents
- Take immediate action

Written Program

- Purpose
- Who is Responsible?
- Definitions
- Zero Tolerance
- Prohibited Behavior
- Procedures

Written Program Components

- Purpose
- Policy
- Definitions
- Prohibited behavior
- Domestic violence
- Reporting procedures
- Prevent future occurrences
- Incident investigation
- Training and education
- Employee assistance

Definitions Must Be in Policy

- Assault
- WPV
- Zero-Tolerance
- Intimidation
- Threat

Standardized Protocols

- A zero-tolerance policy towards workplace violence
- Policies and rules on the safety of workers in the field
  - Regular cell phone contact or check-ins
  - Conducting home visits in pairs
  - Using security escorts
- Strategies related to visits where violence has occurred in the past
- Management commitment to home healthcare worker safety
- Safety committees with workers participation and input
- Require clients to secure firearms and weapons during visit

Source: https://blogs.cdc.gov/niosh-science-blog/2021/09/02/hhc-violence/

Training Components

Definition WPV	Awareness	De-escalation techniques
Reporting ALL incidents	Travel plan	When to leave

Training

- Providing comprehensive training to employees on workplace violence including; content specific to their job and work environment
- Teaching employees to assess the work environment and surroundings for safety including the presence of drugs of abuse, drug paraphernalia, weapons and aggressive pets
- How to recognize signs of imminent violence, including verbal abuse and aggressive body language and/or posturing
- How to employ verbal de-escalation techniques
- How to utilize escape and egress techniques

Clothes, Footwear, Egress and Objects

- **Do** wear shoes that you can move easily in
- **Do not** wear items that may be grabbed, such as:
  - Scarves
  - Ponytail is easier to grab than loose hair
  - Jewelry that dangles – hoops, necklaces
  - Badge – always use breakaway or clip
- **Do not** have an exposed back (turn your back on someone)
- **Do not** have a blocked egress
- **Do not** leave heavy or point projectiles lying out

In The Environment

ASK ABOUT PARKING

ALERT LEVEL

GUT INSTINCT

KEEP KEYS HANDY

EXACT LOCATION

KNOW WHO IS HOME

CONSIDER SEAT SELECTION

WHO AND WHAT IS IN THE ROOM ?

Travel Plan

Know where you're going, careful of GPS

Check google earth

Have plenty of gasoline

Do your homework!

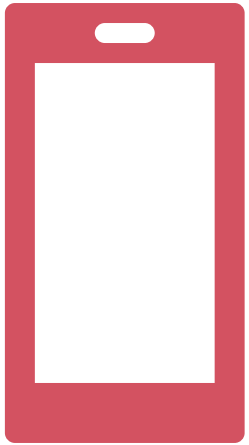
What are you wearing & carrying?

- Purse
- Laptop

Travel light, if possible

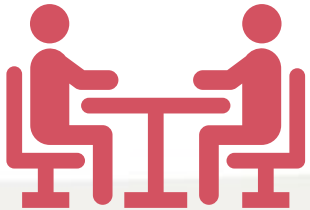
Be Prepared

- ALWAYS take a cell phone
- Have numbers programmed
- If the area is not safe, don’t get out of your car
- Leave a situation if it becomes volatile
- Employees cannot provide care if they are injured

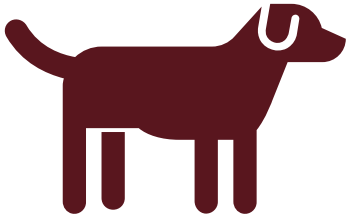


Incident Reporting

- Encourage employees to report all incidents
- Ensure that employees know how to report incidents
- Ensure Supervisors and Managers know what to do
- Keep a record of incidents
- Keep a record of injuries
- Employees understand that you will not retaliate



Beware of Dogs



- Dog bites are a common occurrence in home visits
- Dogs can be unpredictable
- Dogs are protective of their family
- Nice dogs bite, and little dogs bite too
- Prevention: ask that the dog be moved to another room

Why Employees May Not Report Incidents

After an Incident

- Employee reports to Supervisor or Manager immediately
- Report to Human Resources/CEO immediately
- Notify the authorities, if necessary
- Debriefing is important
- What could have been differently?
- How to prevent a similar incident

De-Escalation Techniques – An Overview

DHS Definition of De-Escalation

The use of communication or other techniques during an encounter to stabilize, slow, or reduce the intensity of a potentially violent situation without using physical force, or with a reduction in force.

Department of Homeland Security

Policy Statement 044-05

Source: CISA.gov

Purposeful Actions

- **Remain Calm**
  - Have a purposeful demonstration of calmness and composure
  - This can de-escalate the situation
- **Change the Setting**
  - If possible, remove other people from the area
  - This could involve parties to the conflict and onlookers
- **Respect Personal Space**
  - Maintain a safe distance
  - Avoid touching the other person

Purposeful Actions

- **Listen**
  - Give your full attention
  - Nod, ask questions
  - Avoid changing the subject or interrupting
- **Empathize**
  - Present genuine concern
  - Exude a willingness to understand without judging
- **Position Yourself**
  - Respect their personal space
  - Give yourself space
  - Position yourself to leave
  - Don’t get backed into a corner

Verbal Communication

- **Tone:** speak calmly to demonstrate empathy.
- **Volume:** monitor your volume and avoid raising your voice.
- **Rate of Speech:** slower can be more soothing.
- **Inflection:** be aware of emphasizing words or syllables as that can negatively affect the situation.

Verbal Communication

Instead of:

- “Calm down.”
- “I can’t help you.”
- “I know how you feel .”
- “Come with me.”

Say...

- “I can see that you are upset...”
- “I want to help, what can I do?”
- “I understand that you feel...”
- “May I speak with you?”

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Body Language

Instead of:

- Standing rigidly directly in front of the person
- Pointing your finger
- Excessive gesturing or pacing
- Faking a smile

Try…

- Keeping a relaxed and alert stance off to the side of the person
- Keeping your hands down, open, and visible
- Using slow, deliberate movements
- Maintaining a neutral and attentive facial expression

When to Abort

- Situation continues to escalate
- Behavioral limits are breached
- Person will not calm down
- Actual threats
- Violent acts

In Conclusion

- Develop Comprehensive WPVPP's
- Include threats in definition & training
- Train employees including de-escalation
- Implement procedures
- Encourage employees to report threats

Resources

CDC/NIOSH

Home Healthcare Workers: A Growing and Diverse Workforce at High Risk for Workplace Violence
https://blogs.cdc.gov/niosh-science-blog/2021/09/02/hhc-violence/

Home Healthcare Workers How to Prevent Violence on the Job
https://www.cdc.gov/niosh/docs/2012-118/pdfs/2012-118.pdf

Online Workplace Violence Prevention Course for Nurses
Free, interactive course for nurses on the scope and nature of violence and steps to prevent it.
https://www.cdc.gov/niosh/topics/violence/training.html

Resources

Crises Prevention Institute
Top 10 De-escalation Tips
Free guide for tips on defusing difficult situations.
https://institute.crisisprevention.com/Refresh-De-Escalation-Tips.html/

Department of Homeland Security
De-escalation Series
RECOGNIZE How You Can Notice the Warning Signs of Violence
ASSESS How To Navigate the Risk When Someone is Escalating
DE-ESCALATION How You Can Help Defuse Potentially Violent Situations
REPORT How To Engage Your Organization and Community
https://www.cisa.gov/resources-tools/resources/de-escalation-series

Resources

OSHA

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers
https://www.osha.gov/sites/default/files/publications/osha3148.pdf

Workplace Violence
https://www.osha.gov/workplace-violence

Nursing World

ANA Position Statement on Incivility, Bullying, and Workplace Violence
https://www.nursingworld.org/~49d6e3/globalassets/practiceandpolicy/nursing-excellence/incivility-bullying-and-workplace-violence--ana-position-statement.pdf

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Questions

HCAOA National Legislative Update

Eric Reinarman, VP of Government Relations

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Connecticut Delegation

Two U.S. Senators: Richard Blumenthal (D) and Christopher Murphy (D)

5 U.S. Representatives: all Democrats

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Elizabeth Dole Home Care Act (S.141, H.R.542)

- S.141: 27 co-sponsors (18 Ds, 7 Rs, 2 Is)
  - Includes Sen. Blumenthal but not Sen. Murphy
- H.R.542: 76 co-sponsors (63 Ds, 13 Rs)
  - Only one Representative from CT: Rep. Jahana Hayes (D-CT-5)
  - Revised CBO Score: Only $174 million over 10 years.
  - Expands community-based services for aging veterans
    - Currently, the VA can only spend up to 65% of the cost of institutionalized care on home care. This bill lifts the cap to 100%.

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Veterans' HEALTH Act of 2023 (S.1315, H.R.3520)

- S.1315: 6 co-sponsors (5 Rs, 1 D)
  - Neither Sen. Blumenthal nor Sen. Murphy have co-sponsored
- H.R.3520: 33 co-sponsors (All are Rs)
  - No Representatives from CT
  - Expands timely filing of VA claims from 180 days to 365 days.

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Homecare for Seniors Act (H.R.1795)

- Rep. Adrian Smith (R-NE-3), Rep. Katie Porter (D-CA-45)
  - 17 Cosponsors – 11 Rs, 6 Ds
    - No CT Representatives!
- Allows tax-exempt distributions from health savings accounts (HSAs) to be used for qualified home care.
  - Qualified home care means a contract to provide 3 or more of the following services:
    - Assistance with:
      - Eating
      - Toileting
      - Transferring
      - Bathing
      - Dressing

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Medicaid Proposed Rule

- Partnered with NAHC for our comments
- Focus: 80/20 Rule
- Met with CMS Administrator
- Met with President's Special Assistant for Health Care – Jessica Schubel
- Senate Aging Committee

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Legislative Action Network

- https://www.hcaoa.org/legislative-action-network.html

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State Advocacy Update & Legislative Discussion

Matthew Hallisey, HCAOA Connecticut Chapter Lobbyist
Tracy Wodatch, RN, BSN, President & CEO, CT Healthcare at Home

2024 Legislative Session

What is on HCAOA Connecticut's and Lawmakers' Agendas for Home Care

HCAOA Connecticut Chapter Meeting
Monday, December 4, 2023

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Public Policy Priorities

HCAOA Connecticut Chapter.

- Support industry standards that improve delivery of in-home care to clients.
- Protect HCAs, owners, caregivers and clients.
- Increase Medicaid reimbursement rates.
- Address the caregiver shortage.
- Monitor and participate in development of plan to transfer registration and oversight of HCAs from DCP to DPH.

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Medicaid Reimbursement

Update and status report.

- Governor's proposed budget adjustments.
- Department of Social Services HCBS Unit.
- Keep pace with minimum wage increases and determine when corresponding reimbursement increases will occur.
- Minimum wage increases to $15.69 per hour Jan. 1, 2024.

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Workplace Safety

Protecting caregivers.

- Safety protocols for caregivers working in the home.
- Education.
- Training.
- Oversight.
- State responsibility.
- Enforcement and liability.

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Transition Plan

Process and Chapter participation.

- Chapter advisory committee review.
- Subcommittees.
- Collaborating with CT Association for Healthcare at Home and other industry organizations.
- Stakeholder participation.

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Timeline to Develop Plan

Action	Date(s)
Proposals in response to RFP due to OPM	Nov. 30, 2023
Selection of consultant	Jan. 12, 2024
Consultant commences work	Feb. 1, 2024
Stakeholder interviews	Feb.-April 2024
Final report to OPM	June 15, 2024
OPM reports plan to legislative committees	Aug. 1, 2024

2024 Legislative Session

Policies Governor and lawmakers may consider.

- Safety and security of home health care workers.
- Adjustments to state budget.
- Phasing out gasoline-powered automobiles for zero-emission electric vehicles by 2035.
- Bail reform.
- Development of additional affordable workforce housing.
- Making Connecticut more affordable: additional tax relief vs. funding for social programs.

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