



# SAFE HOME VISITING FOR CHWS

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# Learning Objectives

- List preparations needed for effective home visiting
- Describe potential risky situations during home visits
- Name infectious disease home visiting precautions
- Practice skills for home visiting using case studies

# Quick poll:

- Do you currently do home visits?
- Do you find home visits to be a valuable part of your job?
- Have you encountered uncomfortable or dangerous situations when conducting a home visit before?



WHY MAKE  
HOME  
VISITS?

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**Why do we make home visits?**

① Start presenting to display the poll results on this slide.



# PLANNING FOR HOME VISITS



# Steps to Prepare for a Home Visit

1. Is a home visit the right choice?
  - *Are there other options? Does the client consent?*
2. Discretion – protect your client’s privacy
  - *Ask if others will be present, how to introduce yourself, etc.*
3. Plan for travel and accessing the home
  - *Are they housed? Do you need a code? Is there a dog? Is the number clearly marked?*
4. Prepare for care tasks
  - *Review files, goals, strengths, etc.*
  - *Make blank copies of forms*
  - *Review notes from clinical care team*
5. Organize and pack
  - *Use a standardized checklist*

# Pre-Visit Considerations

- Set your goals for the visit
- Patient history:
  - *Stability of behavioral health issues*
  - *History of aggression toward others*
- What other appointments will you have?
  - *Plan for running late*
  - *Group visits by geography*
- Consider your clothing
- Do you need an interpreter?





# Courtesies and Guidelines

- If they aren't home, leave a note (respecting privacy)
- Announce yourself and introduce yourself warmly - set the tone
- Be respectful and positive
- Practice cultural humility
- Speak clearly
- Maintain healthy boundaries



# Courtesies and Guidelines

- Respect their time
- Stay on topic
- Overcome distractions
  - *Media*
  - *Pets*
  - *Other people*
  - *Substance use*



# Possible reasons for patient hesitancy, resistance

- Previous experience with protective services, police home visits, or other traumatic interactions with government agencies
- Don't want to talk
- Embarrassed about living situations
- Concerned about privacy
- Nontraditional families or cultural concerns
- Fear of exposure of losing benefits
- Active drug use



# GENERAL SAFETY PRECAUTIONS


# REMEMBER:

**Most home visits will be totally safe!**


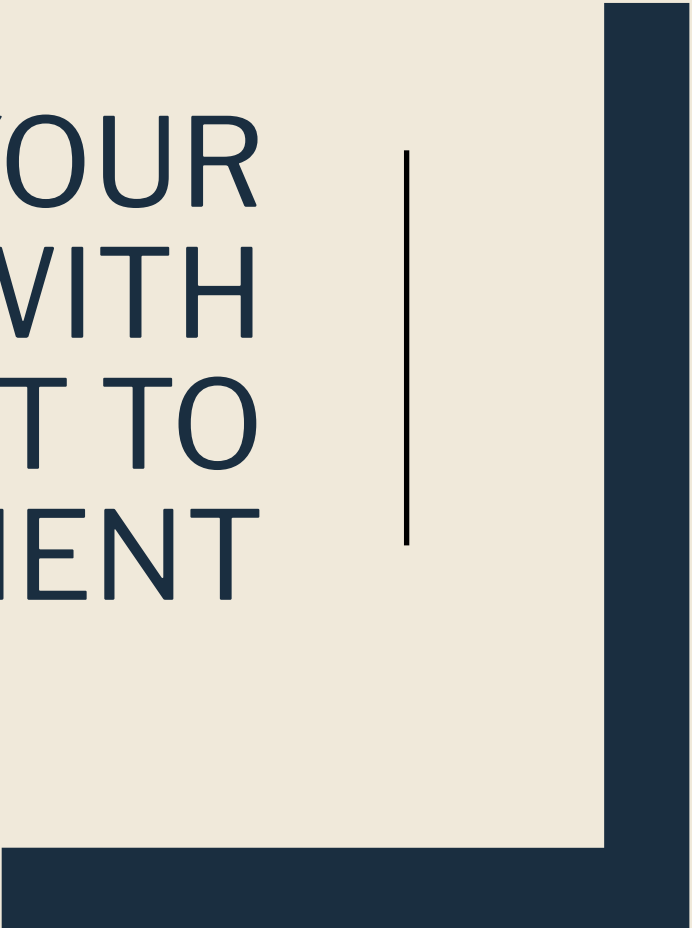
It's important to prepare well to:

- Avoid dangerous outcomes
- Reduce anxiety
- Better serve clients and patients





ALWAYS BALANCE YOUR  
PERSONAL SAFETY WITH  
YOUR COMMITMENT TO  
SERVING YOUR CLIENT



WHAT ARE COMMON  
SAFETY CONCERNS  
YOU HAVE HAD OR  
ENCOUNTERED?



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**What are common home visiting safety concerns you've encountered?**

① Start presenting to display the poll results on this slide.



# Examples of safety concerns

- Witnessing violence or illegal activities
- Car damage or property theft
- Unintentional involvement in police actions
- Threats and assault
- Aggressive animals/pets
- Need to report abuse/neglect
- Patient under the influence



# Safety Tips – Be Prepared



What do you know about the client and their home situation, pets, etc.



What do you know about the neighborhood?



Have a plan and be prepared



Consider working in pairs



Make sure your team knows where you're going and when



Dress appropriately – don't draw attention or wear expensive items



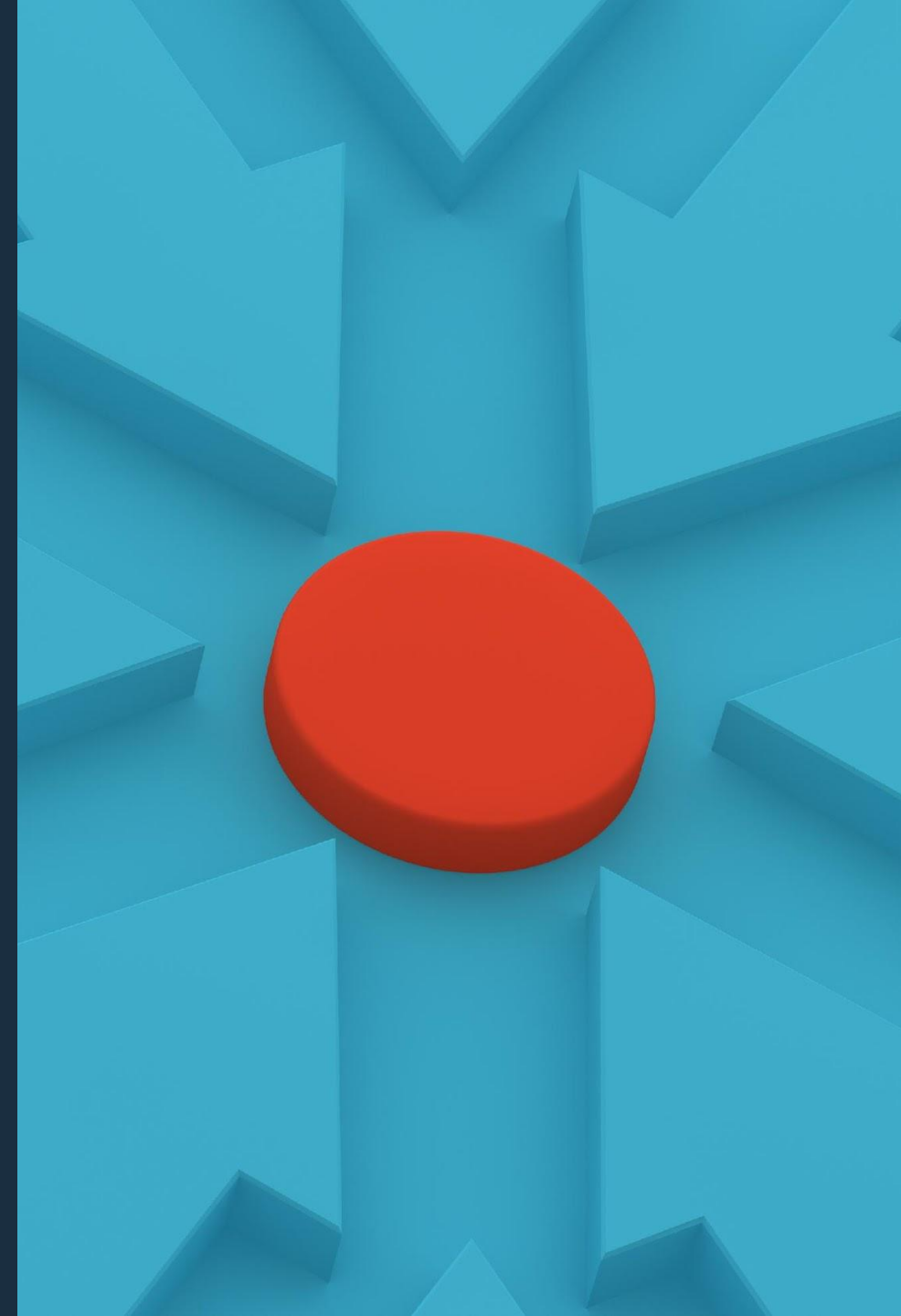
Always carry your cell phone - make sure it's charged!



Be aware of your surroundings, carry yourself with confidence

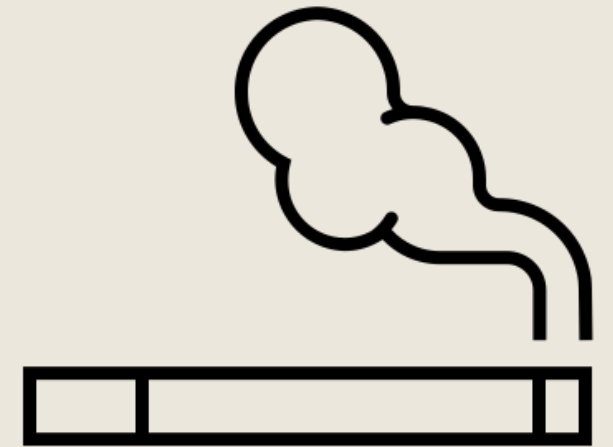
# Arriving at the home visit

- Assess environment for safety-loitering, drug deals, unlit areas
- Gather supplies from vehicle
- Keep valuables locked in trunk
- Park close by and ensure you can leave quickly and easily
- Keep your car keys easily accessible
- Center yourself
- Mute cell phone
- Focus on this visit



# Environmental Concerns

- Negotiate with patients regarding:
  - *Hoarding*
    - Offer to clear area for visits with patient
    - Clear areas close to heaters/stoves
  - *Smoking in home*
    - Could offer clinic visit or public/outdoor space as an alternative
    - It is OK to request patient not smoke during your visit
  - *Insect infestation of dwelling*
    - Discuss resources to help patient
    - If renting, they may have legal recourse





# If Conflict Arises

- De-escalate the conflict
  - *Be patient*
  - *Stay calm*
  - *Stay respectful, professional and polite*
- Apologize
- Leave if you don't feel safe
- Report and document
- Only call the police if it's absolutely necessary



# INFECTIOUS DISEASE PRECAUTIONS

# COVID-19 Precautions

- COVID-19 spreads from person-to-person through air particles
  - *Proximity and time are key to transmission*



# COVID-19 Precautions

- Follow your organization's masking and testing policies
  - *Bring extras masks for household members*
  - *Stay home if you feel sick*
  - *Consider telephone screening patients for COVID symptoms before visit*
- Maintain social distance, as possible
- Open windows if able
- Consider meeting outside
- **Follow precautions, even if you and/or your patients are vaccinated!**

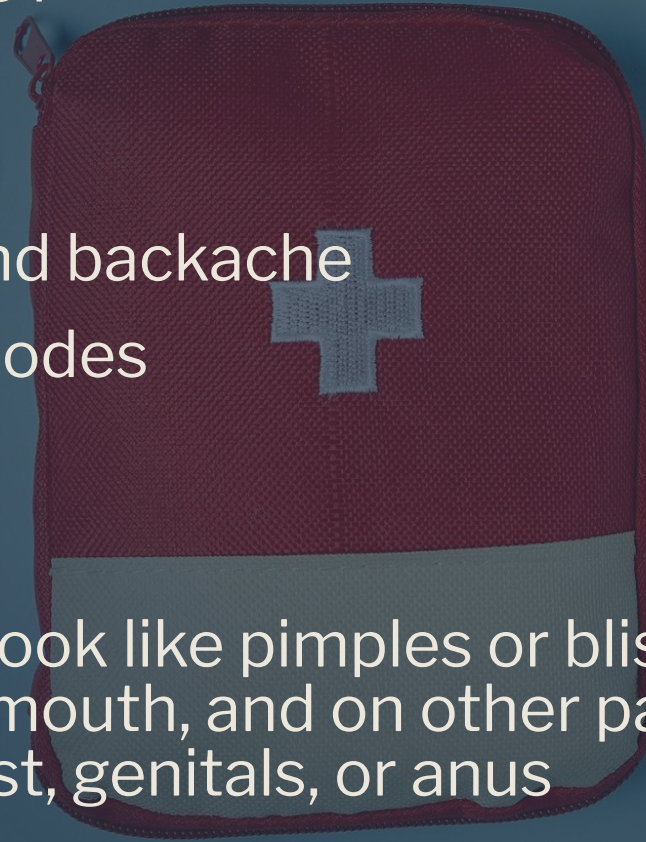




# Monkeypox

Consider screening patients/clients for monkeypox symptoms.

- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus





# Monkeypox Precautions

If they do have symptoms, be sure to follow these precautions:

- Avoid close, skin- to- skin contact
- Do not touch their rash or scabs
- Do not share eating utensils or cups
- Do not handle or touch their bedding, towels, or clothing
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer.

Source: CDC Monkeypox FAQ  
(<https://www.cdc.gov/poxvirus/monkeypox/faq.html#Prevention>)

# Reminders

- Set boundaries – sobriety during visits, limit distractions, punctuality etc.
- Reschedule visits if conditions are not met
- Call supervisor if needed or 911 when appropriate
- Follow your organization's mandatory reporting guidelines
- Listen to your instincts!



# Case Study / Role Play 1

## **For the CHR:**

- Carlos lives in an apartment that is very cluttered and it is difficult for you to walk through the entryway into the kitchen, where they are sitting. You can't find a clean, uncluttered surface to sit on or to put your things and it is making you very uncomfortable. You are uncertain about drinking from the dirty water glass that Carlos brings you. You have brought him a refill of his medication for chronic obstructive pulmonary disease (CoPd) and want to see if you can schedule a time for him to come in to the clinic to meet with the doctor.

## **For the Client:**

- You live in an apartment that is very cluttered and it is difficult for the CHR to walk through the entryway into the kitchen, where you are sitting. You are a bit defensive about your home, because relatives have criticized it and called you a hoarder. To show your hospitality, you offer the CHR a glass of water. You are worried that they will judge you or tell you to clean up your apartment. For you, the real issue is your chronic obstructive pulmonary disease (CoPd) and your increased difficulty sleeping and breathing. You have been waiting for a refill of your CoPd medication.

# Case Study / Role Play 2

## **For the CHR:**

- May lives under a tarp strung between shopping carts beneath an overpass among a small group of people who are unhoused. You feel a bit uneasy being in the area, knowing that you have medications and other items of value in your backpack. The area is dirty and loud, but the client's living space is dry and well-organized. May is resting on a blanket on the ground. You are there to discuss her needs regarding her diabetes management and support her with getting a new ID card.

## **For the Client:**

- You live under a tarp strung between shopping carts beneath an overpass among a small group of people who are unhoused. The area is dirty and loud, but your living space is dry and well-organized. You are resting on a blanket on the ground and welcome the CHR warmly. You have many questions about getting a new ID after your last one was stolen.

# Case Study / Role Play 3

## **For the CHR:**

- Roger is 44 years old and living with HIV and Hepatitis C. You have been providing Roger with case management services for the past nine months but recently, he missed two appointments with his doctor and has not been to your agency for over a month. You called this morning and were able to get him on the phone, but he sounded very weak and very ill. Roger's sister, Mandy, opens the trailer when you arrive. When you try to talk with Roger, Mandy jumps in to answer your questions, dominating the conversation. She makes critical comments and jokes about Roger, his drinking, and his inability to care for himself. Soon she starts picking a fight with Roger and becomes belligerent when you try to intervene.

## **For the Client:**

- You are living with HIV and Hepatitis C and have been very sick for the last month and unable to care for your basic needs. Your sister has been caring for you but she is often angry and verbally abusive. You want the help the CHR can provide but are embarrassed about your sister's treatment of them.

# Citations

- *Foundations for Community Health Workers, Second Edition* – Tim Berthold
- CDC Monkeypox FAQ  
(<https://www.cdc.gov/poxvirus/monkeypox/faq.html#Prevention>)



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