

Environmental Health is Not Just About Control of Disease

In addition to following clear guidelines on cleaning, washing, food handling, and fire safety, shelters should think very broadly about what it means to create a truly “safe environment.” This means not only de-escalating violence when it happens, but also working to minimize the risk of violence in the first place. It means creating spaces and policies that decrease the likelihood of physical and sexual abuse, rape, and theft.

While this guide cannot offer all the advice necessary to accomplish such a task, we offer here several pieces, including a safety manual that was developed by the Wasatch Homeless Health Care Program (Salt Lake City, Utah) to help staff deal with potentially volatile situations.

The material below also draws attention to groups particularly vulnerable to violence—women, children, and sexual minorities.

Wasatch Homeless Health Care Program Safety Manual

Purpose

The purpose of this manual is to outline proper procedures for handling situations with aggressive patients that have the potential to further escalate into violence. Staff safety is our top priority at all times. It is also important to respond to aggressive or violent situations in a professional and sensitive manner. Our patients are individuals who deal with grave physical and emotional difficulties daily, and they should not be subjected to unnecessary suffering from interacting with clinic staff or volunteers.

Patient Stress and Special Extenuating Circumstances

When serving our patients, it is important to keep in mind the extremely adverse living conditions and backgrounds patients come from. Stressful living situations break down morale and social behaviors such as courtesy and patience. Under these circumstances, it can be challenging to deal with such a person. If the patient is involved with drugs or alcohol, suffers from a mental illness, or has a serious antisocial background such as a history of criminal activity or prison, they can be especially difficult.

Another factor exacerbating a patient's frustration is the fact that many of them frequently interact with a multitude of private and public agencies to get basic needs met. Consequently, during the process of waiting, answering personal questions and applying for various types of assistance, their frustration level often becomes elevated. By the time that they visit our clinic, they may be – understandably – in the mood to react negatively towards our requests or instructions.

Although a patient's negative behavior may appear unwarranted, this behavior may be a learned survival technique. Through hard living, some patients have found that an aggressive, demanding behavior will get their needs met no matter how inappropriate.

In addition, there are individuals who blame the system for everything that has happened to them. These patients give up very easily using passive-aggressive behaviors – such as walking out – to express frustration. It is important to remember not to take a patient's negative or aggressive behavior personally. There are reasons for this behavior, and most likely you are not the reason.

Regardless of the patient's actions, it is imperative that staff reactions not encourage further negative behaviors or responses. Instead, we can employ simple intervention strategies when a patient begins to act inappropriately within the clinic environment.

Guidelines for Addressing Aggressive Patients

Strategies for dealing with aggressive individuals are best formulated around the principle of least restrictive measure. This means starting with the least invasive tactic for subduing the aggressor and not advancing to the next level of restriction unless absolutely necessary.

The three levels of intervention are:

- Level 1: Prevention;
- Level 2: De-escalation of tension; and
- Level 3: Action aimed toward safety for all individuals involved.

Our goal of preventing violent behavior can be achieved by effectively employing these four basic steps:

- Observing,
- Skilled listening,
- Talking, and
- Actions.

LEVEL 1: PREVENTION

The first and best method for managing physically or emotionally assaultive behavior is to anticipate and prevent. Management can be achieved by early assessment of the patient. For example, what are his or her needs? Can we meet these needs? If not, what options can we offer the patient, e.g., *“Would you like to speak to a supervisor?”* Consider whether there is another facility that can assist the patient and ask, *“Can we make a referral for you?”* or *“Would another time be more appropriate?”*

Observation As you work, pay attention to the following warning signals that may hint of escalating tensions:

- Defiant attitude
- Excessive swearing
- Aggressive motions
- Unusual demands
- Increase or decrease in voice volume
- Challenging demeanor
- Tightening of jaws
- Deep sighs
- Fidgety movements
- Rapid pacing
- Clenched fists
- Advance or retreat actions

LEVEL 2: DE-ESCALATION OF TENSION

Listening The listening and attending skills of therapeutic communication are the most effective tools of averting violent behavior. Even though you may be having a busy, stressful day, remember to clear your mind and pay attention to what the other person is trying to tell you. Don't rehearse your response. Don't defend yourself verbally.

Practice reflective listening. This involves finding out information about what a person is thinking and feeling, and what may be done about a problem. Don't assume that you know. Ask open-ended questions to elicit more informative responses than a simple yes or no

answer. Listen carefully to what is said. Spending two or three minutes interacting with the patient may prevent an altercation. The more information you have, the better you will be able to work out a solution.

Steps for Effective Listening

- Tune in to your personal anxiety level. Assess your feelings and ask yourself if your feelings are interfering with your communication skills.
- Acknowledge the other person's feelings. Identify the anxiety or anger and acknowledge the potential for violence. You might say *"You seem very upset"* or *"I'm concerned that you might hurt yourself or others here."*
- Try to elicit the real issue and determine what is behind the anger.
- Demonstrate appropriate affect. Be sincere and assertive.
- Convey calmness, control and a willingness to help.

Talking Being able to talk down an angry, agitated patient is a valuable skill for anyone providing patient care services. It is a skill dependent upon having and demonstrating a positive regard and respect for others. While talking, be aware of your voice. The tone of your voice will have an immediate affect upon the patient. It is imperative that your voice remains calm and soft yet firm. If you become angry or aggressive like the patient, you will be giving away your control of the situation. Simply state the facts and if necessary, repeat them. Avoid using your title or authority. Do not offer lengthy explanations or excuses.

The Don'ts and Do's of Therapeutic, Effective Talking

The Don'ts – Verbal

- Don't threaten the patient or demand obedience.
- Don't argue with the patient about the facts of the situation. Both of you may be right, but this does not help ease the situation.
- Don't tell the patient that she or he has no reason to be angry.
- Don't become defensive and insist that you are right.
- Don't offer placating responses such as *"Everything will be OK"* or *"You're not the only one."*
- Don't make promises you can't keep.
- Never challenge the patient or call his or her bluff.
- Never criticize the patient.
- Never laugh at the patient.

The Do's – Verbal

- Do ask, *"What can I do to help?"*
- Do use simple, direct statements.
- Do ask opinions: *"In what way do you feel we may be of service to you?"* or *"How would you like to see the situation resolved?"*
- Do offer choices and alternatives: *"If our services are not appropriate, may we assist in referring you to another facility?"* or *"May we make another appointment for you at a more convenient time?"* Try to leave the patient with options.
- Do encourage verbalization of anger rather than acting out. Express your limitation with this verbalization, however, such as expressions or language that is too offensive and not necessary.

- Do provide reassurance while setting limits and identifying behavioral expectations in a kind manner.
- Do assume that the patient has a real concern and that she or he is understandably upset.
- Do recognize and acknowledge the patient's right to her or his feelings.

LEVEL 3: ACTION

Taking Action Everything that we have learned so far about interacting with difficult patients becomes part of the process and culminates when we take action. A key concept in violence prevention is to try to decrease the person's sense of powerlessness or helplessness in order to minimize his or her frustrations. Communicate verbally and behaviorally that the person is responsible for his or her own actions. The following steps promote successful interactions:

The Don'ts and Do's of Successful Interactions

The Don'ts – Actions

- Don't ignore the patient.
- Don't come too close to the patient or hover over him or her. Keep a comfortable, non-threatening distance between you and the patient that still allows you to hear and be heard.
- Don't make threatening physical gestures.
- Don't analyze or interpret the patient's motivation.
- Don't personalize the patient's anger.

The Do's – Actions

- Follow instinct and intuition. Use common sense.
- Detect danger signals.
- Keep everyone feeling safe:
 - Open the door to the room;
 - Identify an escape route convenient to you and the patient;
 - Position yourself closest to the room exit;
 - Keep furniture positioned with safety in mind; and
 - Assess the environment for potential weapons.
- Identify a code word that will alert the need for additional help. For example, clinic staff and volunteers are to say *Code Red* through the telephone intercom and identify the area where they are. At that point, designated staff are to respond.
- Protect others in nearby surroundings.
- Ask the patient to sit down.
- Establish and maintain eye contact.
- Observe social distance. Don't touch the patient.
- Decrease environmental stimuli by:
 - Minimizing the presence of staff and other patients,
 - Turning down any loud music, and
 - Minimizing distractions.
- Promote privacy.
- Attempt to meet as many of the patient's reasonable requests or demands as possible.

- Follow through with promises. Do not make promises that you can't keep.
- Remember who you are and practice professional behavior.

Summary

These principles, guidelines and procedures are basic suggestions to assist in averting abusive and violent behavior. They are for the express purpose of effectively serving our patients as well as protecting staff from dangerous and abusive behavior. When put into practice, these steps of observing, listening, talking and action can help achieve our goal of preventing violent behavior. Using common sense while practicing courtesy, concern and compassion will greatly enhance everyone's experience at our clinic.

Always keep in mind the adverse living conditions that our homeless patients deal with day and night. If we can be empathetic, and treat them as we would like to be treated, then we have not only provided good health care, but perhaps we have empowered them in their attempt to take control of their lives.

For the Women of Katrina and Other Disasters

Protection from Violence Against Women and Children

Following natural disasters there is often a sharp rise in violence against women and children, especially for those who have lost their homes and who are living in crowded shelters. Teenage girls, young women, and separated children, are at special risk.

Also, after natural disasters, men tend to take charge. Women's participation in decision making is often put down more than usual. Yet it's essential for everyone's healthy disaster recovery, that women's voices in decision making and women's concerns are heard at every step of the way. (All the above information comes from studies of natural disasters both in the US and around the world.)

What You and Others Can Do

1. Form a Small, Strong, Support Group with the Women Around You. Three or four women together make a strong, efficient team. Tell each other your stories, your needs, and your hopes. Take turns watching each other's children and doing other tasks so you can give each other breaks. Go together, and give each other support, when one or all of you need to make a complaint, report abuse, request rule changes, obtain medical help, join committees, or meet other emergency needs. Even if you have not formed a group, always try to find another women to go with you at these important times.

2. Talk Calmly and Often with Your Children about the Risks of Abuse. Inform your children calmly so you don't increase their fears. Tell them it's important that they tell you right away if anyone tries to touch them inappropriately, tries to get them alone, make deals with them, befriend them too much, or bother them. Ask your children about unexplained gifts, prolonged absences, and new relationships. Check into any job offers your teens may get. Also, while in the shelter, children and teens should always be accompanied to bathrooms, since abusive men tend to hang there.

3. Report All Violence and Abuse Against Yourself and Your Children. It's crucial for your recovery, for your children, and for the entire community that women are safe, strong, unafraid, and un-harassed. You are a vital part of the recovery effort. Remember, too, that if someone abused you, that person will keep on abusing other women and children unless he (or she) is stopped. So report the abuse! If one aide worker doesn't take you seriously, go to the next until you get the help you deserve. Put your complaint in writing. Take at least one other woman with you to make the complaint.

The kinds of violence that can occur are domestic violence, child abuse, prostitution, sex trafficking, and most of all, an increase of sexual violence and harassment. Be especially careful to verify all job offers before going to an unknown place. Sex traffickers often prey on homeless and displaced persons.

4. When You Are Not Being Heard - Put It in Writing! Go to the Person in Charge! Go to the Press! Don't let your needs and ideas get pushed into the background. Here are just three ways you and other women can put the pressure on when you need to. Get paper from an aide. Write your needs or ideas on one page. If you can, get other women to sign it with you. Find out who's in charge. Don't hesitate to go to the top. And remember, there are press people all around. Go to the press. Your voice needs to be heard.

5. Organize and Help Other Women. You may feel too overwhelmed right now to reach out to others. That's ok. But at some point you may find that it can help you feel more in control, or help get your mind off things, if you reach out to help others. Survey other women about their needs. Boost their spirits. Help them form a group, get their voices heard, their needs met, and their losses consoled.

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Making Shelters Safe for Transgender Evacuees

Transgender people identify as or express a gender that is different from their sex at birth. This includes people who are born male but live as female, or vice versa, and also people who are androgynous. All transgender people are at significant risk of harassment and physical or sexual assault by people who do not understand, are fearful of, or do not approve of transgender people.

Evacuation shelters must be safe places for transgender evacuees because, like other evacuees, they have nowhere else to go. They may also experience unique difficulties in this time of crisis. It is not difficult to ensure safe shelter for transgender people. Here are some guidelines:

Respect a person's self-identification as male or female. According to the National Coalition for the Homeless, if someone identifies herself as a woman, she should be treated as a woman in all circumstances, regardless of whether she was born male and regardless of whether she has had sex reassignment surgery. A person's stated identity should be recognized and respected, and shelter staff/volunteers should use the name and pronoun ("he" or "she") that the person prefers. If you don't know what terms to use, ask politely.

Understand that people may not have updated identification. Evacuees who fled their homes in crisis may not have identification that correctly identifies their gender or the name they use. The gender and name a person provides should be respected and used, regardless of the name and gender listed on their documents.

Respect a person's evaluation of what housing options are safe or unsafe for that person. Transgender people should be allowed to choose the housing option that they believe is the most safe for them. Generally, if shelters are sex-segregated, people who identify as men should be housed with men, and people who identify as women should be housed with women. This is true regardless of whether people have ID showing this name/gender, regardless of whether they look masculine or feminine, and regardless of whether they've had sex reassignment surgery. However, a person's own evaluation of his or her safety should always be respected. For example, transgender men (born female) may feel safer housed with women. Shelters should also offer transgender residents the ability to sleep within eyesight/earshot of the night staff to lower the risk of assault and harassment.

Respond to inappropriate behavior or harassment by any person. Harassment of any person, including a transgender person, should not be tolerated. Don't base policies or rules on untrue stereotypes about transgender people. It is not fair or correct to assume that just because a person is transgender or has male genitals they are a physical threat to others. Enforce/make rules based only on inappropriate behaviors.

Ensure safe bathroom and shower options. Transgender people should be welcome to use bathrooms and showers that correspond to their self-identified gender or the facilities that feel safest for them. It is rarely illegal for people to use the bathroom that corresponds to the gender they identify as. And, in many places, it may be illegal to deny them access to

the bathroom that corresponds to the gender they identify as. Other people's discomfort is not a valid reason to deny a transgender person access to facilities. If possible, gender-neutral bathrooms should be made available. It may be necessary to add a stall door or shower curtain to address valid privacy and safety concerns.

Understand that transgender people may not “look like” the people they feel they are. Evacuees are generally without their personal toiletries, clothing, make-up, shaving supplies and all of the other items they typically use to groom. For example, a transgender woman (born male) may be unable to shave facial hair without her toiletries. This does not mean she should be treated with disrespect or not seen as a woman.

Keep a person's transgender status confidential, unless he or she tells you otherwise. This minimizes the risk of discrimination and violence. Transgender status is personal health information that is no else's business.

Additional Help and Resources

For additional assistance with providing safe shelters, contact one of the **Lambda Legal National Help Desks in Dallas at (214) 219-8585 or in Atlanta at (404) 897-1880**. They can help with legal issues, provide information about local lesbian, gay, bisexual and transgender community centers that can help LGBT evacuees, and provide information relating to hormones and other prescription drugs including HIV/AIDS medication.

*For a more complete publication devoted to making all shelters safe for transgender people, see
Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People
<http://www.thetaskforce.org/downloads/TransHomeless.pdf>*

A Word about Animals and Environmental Health

Many people who become homeless grieve the loss of animal companions. Others bring animals with them into shelter environments. This is often a difficult balancing act for shelter providers who try to be sensitive to the emotional attachment people have to animals, while still looking out for the overall health and safety of all residents. The following article was developed by the Centers for Disease Control.

Animals in Public Evacuation Centers

As persons are displaced from their homes into evacuation centers, they often wish to bring companion animals with them. Having a pet nearby may serve as a source of comfort to someone who has lost their possessions and, perhaps, family members. Unfortunately, many disaster evacuation centers (and specifically Red Cross evacuation centers) **cannot accept pets** because of states' health and safety regulations. Pets kept at human evacuation centers can sometimes pose a risk of disease or injury to other shelter inhabitants. In fact, service animals that assist people with disabilities are currently the **only** animals allowed in some evacuation centers.

Animal evacuation centers and foster homes may accommodate animals while owners reside in temporary evacuation centers, but these services may not be available everywhere. The following Questions and Answers were developed to address health and safety concerns regarding animals kept in non-Red Cross public evacuation centers.

Q: What are the potential health risks of housing animals and people in one location?

A: Close contact between humans and other animals in evacuation centers may pose a risk for injury or illness. Scared and stressed animals may be more likely to bite or scratch their owners, other people, or other pets. In addition to injury and potential infection from bites and scratches, bites from dogs, cats, and ferrets may present a risk for rabies. Serious bite wounds may require surgical repair. Furthermore, proper care of the animal, such as collection and disposal of urine and feces, may be difficult in public evacuation centers. This poses an additional risk of infection for people, particularly the immunocompromised. People may also be allergic to furred or feathered pets. These problems may be more serious when people do not have access to their usual medications.

Q: What are some diseases that may be transmitted by contact with pets?

A: Routine contact with dogs, and especially cats, may pose a risk for ringworm, which is a skin infection caused by a fungus. Animal feces and fecal-contaminated skin and fur may pose a risk of diarrheal illness from *Campylobacter*, *Salmonella*, and some intestinal parasites. Although these risks are usually small, in the wake of natural disasters such as hurricane Katrina, physical stress and exposure to floodwaters and contaminated food and water may increase the risk for diarrheal infections. Most reptiles (lizards, snakes, iguanas, turtles) shed *Salmonella* in their feces; children younger than 5 years old are at high risk for this disease if they handle reptiles. Although people usually acquire toxoplasmosis by ingesting meat containing tissue cysts, young cats may rarely shed *Toxoplasma* oocysts in their stool. Prompt removal of stool from the environment minimizes this risk. Some pet rodents, such as hamsters, gerbils, and guinea pigs, can transmit lymphocytic choriomeningitis virus (LCMV). *Toxoplasma* and LCMV can cause birth defects in an unborn child if a pregnant woman becomes infected.

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Q: What are the risks associated with animal bites?

A: The consequences of animal bites, especially dog bites, can be serious. The risk of a bite injury may be greater in situations that promote close contact between people and unfamiliar animals. **Bites from dogs, cats, or ferrets carry a risk for rabies**, even if the animal has been vaccinated and appears healthy. If a dog, cat, or ferret bites a person or another animal, they must be confined and observed for 10 days to see whether they develop signs of rabies. If the biting animal shows signs of rabies or cannot be reliably confined and observed, that animal must be euthanized and tested for rabies. **Serious bite wounds require medical care, and surgical repair in some cases.** Animal bites may also result in infection, and the injured person may need to be treated with antibiotics, a tetanus booster or receive other medical care.

Q: What are some other less common health risks associated with pets?

A: Dogs and cats may serve as a source of ticks that could bite humans and cause disease. Depending on the type of tick, Lyme disease, Rocky Mountain spotted fever, or ehrlichiosis may be of concern, although pets themselves cannot transmit these diseases to people. Cats may spread cat scratch disease (bartonellosis) through bites or scratches. Bites from pet rats may transmit a disease called rat bite fever. Exposure to infected birds may lead to psittacosis, a bacterial infection that causes pneumonia. For this reason, it is often best to also house pet birds, especially parakeets, parrots, love birds, and canaries, away from the general shelter population.

Q: What can be done to minimize the health risks of pets in human evacuation centers?

A: The following guidelines may help reduce risk of injury or disease if it is necessary to house pets in a public shelter:

- The appropriateness of housing pets in public evacuation centers should be carefully considered. Sometimes separate areas can be established for pets. If this is done, then these areas should be staffed with animal care personnel who have been trained in the handling of animals as well as appropriate approaches to infection control. Animal evacuation centers or foster homes may be good alternatives.
- If a pet is kept at a human shelter, it should not be allowed to freely roam the facility and should be kept under control at all times, either via caging or a leash. This is for the animal's safety, as well as that of the people living in the shelter.
- All dogs, cats, and ferrets must have proof of current vaccination against rabies, or be vaccinated upon entry to the shelter.
- Dogs and cats should be treated for intestinal parasites while staying at the human shelter. This is particularly important when the pet is younger than 6 months old.
- Dogs and cats should be treated with medications to kill fleas and ticks. In doing so, care should be taken to administer treatments that are safe for that particular species of animal (i.e., not all treatments that are safe for dogs are safe for cats).

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- Furred or feathered pets should be housed in areas separate from people with allergies or asthma triggered by fur, feathers, or dander.
- Cats should be kept in a cage with a litter box that is cleaned frequently (at least once every 24 hours). Pregnant women or immunocompromised people should not have contact with used litter.
- Dogs should be walked regularly on a leash outside of the shelter to allow them to urinate and defecate in designated areas, and any feces should be immediately collected and disposed of.
- Anyone bitten by an animal should speak with a healthcare provider to discuss associated concerns (e.g., tissue trauma, infection, rabies risk). Bites and scratches should be thoroughly cleaned with soap and water. Arrangements should be made to confine and observe a biting dog, cat, or ferret for a period of 10 days.
- People caring for pets in evacuation centers should practice good hygiene by cleaning up after their pets (e.g., disposal of feces) and frequently washing their hands.
- Children younger than 5 years old should not handle reptiles without adult supervision, and should always wash their hands after doing so. Hand washing should be monitored by an adult.
- Pregnant women and immunocompromised people should avoid contact with cat feces, and with pet rodents such as hamsters, gerbils, and guinea pigs.
- People should not share food with their pets, nor allow pets to lick their faces.

Centers for Disease Control and Prevention <http://www.bt.cdc.gov/disasters/animalspubevac.asp>

Shelter Health:
Essentials of Care for People Living in Shelter