Division of Aging Services

Appendix I APS Field Safety Guide

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Our Disclaimer

The purpose of this document is to provide helpful TIPS to promote and raise one's awareness of personal safety when performing APS functions in the field. This guide is not intended to establish policies, nor supersede or interpret policies set forth within the Department of Human Resources, Division of Aging Services or Adult Protective Services policy manuals or to provide APS staff instructions on self-defense. The State of Georgia, the Department of Human Resources, the Division of Aging Services, the Adult Protective Services Supervisory Staff, nor the Baldrige Safety Workgroup is recommending that APS staff confront an aggressor, remain in an unsafe environment, or rely on the use of the information contained herein to withstand an attack. As a first defense, always use good judgment and common sense – continually assess your surroundings and vacate an unsafe site immediately or do not enter at all.

Acknowledgement

In the fall of 2005, the APS Baldrige Safety Workgroup surveyed APS staff statewide to determine if they had experienced “threatening events” and “how safe” they felt while working for Georgia’s elderly and disabled in need of protection from abuse, neglect, and/or exploitation.

Over 51% of the responders indicated they had experienced some type of “threatening event”. The comments below are examples of the day-to-day dangers experienced by APS staff while trying to safeguard the rights and resources of the disadvantaged.

Overwhelmingly, staff requested training on safety issues and a safety guide. This “APS Safety” guide is intended to be a tool for APS staff and is dedicated to all the DAS APS staff serving the citizens of Georgia each and every day. And to each and every one of you, we say Thank you!

> “Gun drawn and later client said he ‘meant to kill me”
>
> “Pushed off front porch by mentally ill client”
>
> “Son of client threatened to throw a vase at worker”
>
> “Bit by a pit bull”
>
> “Client threatened to shoot me with a gun”
>
> “Client slapped me”
>
> “I went into a gun fight with my ink pen”

Identifying and Assessing Workplace Violence Hazards

According to the Occupational Safety and Health Administration (OSHA), healthcare and social service workers face an increased risk of work-related assaults resulting primarily from violent behavior of their patients, clients and/or residents. Pain, devastating prognoses, unfamiliar surroundings, mind- and mood-altering medications and drugs, and disease progression can cause agitation and violent behaviors.

While the individual risk factors will vary, depending on the type and location of a healthcare or social service setting, as well as, the type of organization, some of the **Client and Setting-Related Risk Factors** include:

- Working directly with people who have a history of violence, abuse, drugs or alcohol, gang members, and relatives of clients
- Transporting clients
- Working alone in a client's home
- Poor environmental design of the home that may block employees' vision or interfere with their escape from a violent incident
- Poorly lit corridors, rooms, parking lots and other areas
- Lack of means of emergency communication
- Prevalence of firearms, knives and other weapons among patients and their families and friends
- Working in neighborhoods with high crime rates
- Negative feelings and emotions such as fear, humiliation, sense of powerlessness
- Physical factors such as exhaustion, chronic pain and physical disabilities
- Forced removal

Identifying Risk and Managing Crises

"The only thing necessary for the triumph of evil is for good men to do nothing." - *Edmund Burke (1729-1797)*

Each case accepted for investigation by Adult Protective Services and each case opened by APS, brings a unique set of variables that the APS case manager must address. A case manager must assess all of the risk elements in the referral and determine the likelihood of an adult remaining at risk. Risk factors can run on a continuum from those presenting imminent danger, or those that are not immediately threatening. Case managers must be alert and link known or reported risk factors to other potential risk factors that may not be immediately known or be reported on the referral.

It is the responsibility of the APS worker to address all the possible links of A/N/E.

Common situations of A/N/E that may be encountered in the field:

- Client lives alone with absent or inadequate support system, lack of oversight or supervision
- Client lacks basic essentials (food, water, utilities, medicines or access to necessary medical treatment)
- Clients unable to manage Activities of Daily Living (ADL's) creating risk to self
- Animal/insect infestations in the home environment.
- Client has caregiver or a person responsible for care, and basic needs are alleged to be unattended or absent. Those who indicate a status of Power of Attorney, Payee or Guardian for the client are in the role of seeing that the client's basic needs are met.
- Financial exploitation is a common link in substantiated neglect, as a client's income is often not applied to the needs of the client. Someone is taking the client's money or has altered bank accounts for access and is using the client's money. Paperwork has been signed that transferred the client's property to another without the client's understanding of what was signed.
- Observe physical indications that abuse has occurred or the client reports or admits that abuse is occurring. Case managers should take care to ensure that physical signs of abuse are documented and photographed if possible. If photography is not possible, a diagram of observations should be made.
- Adult Children move in with mom and dad under the pretense of taking care of them. Use all the monthly income and begin accessing other assets. Mom and Dad have no medicine, cannot get personal care items, cannot get to the doctor, etc.
- The disabled, unemployed, substance abusing grandson visits and threatens Grandma/Grandpa over the monthly Social Security check.
- Case managers must assess the immediate safety of the individual at risk.
- Case managers must also assess other possible links of A/N/E, such as neglect of basic needs, or financial exploitation.
- Case managers must take actions to intervene in order to try and stop the A/N/E

Common crises that may be encountered in the office:

- Client, relative, and/or caretaker is hostile or aggressive with case manager during office visit
- Case manager observes client being intimidated and/or coached by others (caregiver/alleged perpetrator/associated individuals) and abuse and/or neglect is likely to occur or worsen after the visit
- Case managers fears for client safety once client leaves the office and returns to home environment, however client refuses assistance with placement or interventions to maintain safety
- Case manager is threatened
- Case manager is overworked, overload and feels burned out
- Harassment or bullying to the case manager or by the case manager
- Lack of a relationship with co-workers and/or supervisor
- Unexplained absenteeism change in behavior or decline in work performance
- Depression, withdrawal or suicidal comments
- Resistance to changes at work or persistent complaining about unfair work treatment
- Violation of company policies
- Emotional responses to criticism and/or extreme mood swings
- Paranoia
- Shared building or office space with another department or division whose clients are hostile and/or aggressive

If a case manager is faced with a crisis in the office, safety for the worker is paramount; if the client is present both the worker and client's safety is paramount. The worker must ensure that the client remains safe (is not at further risk) before leaving the office. This is a **judgment by the case manager**, and should be based on observation, interview, knowledge of historical APS intervention, **immediate consultation with supervisor** and when possible immediate collateral contact (neighbor, call to medical doctor, relative, friend). Volatile situations may warrant immediate actions such as requesting assistance from building security, supervisor and/or coworkers. If needed the case manager or supervisor, should also summon law enforcement or emergency medical response teams (including mental health mobile crisis) in response to the crisis. The supervisor, lead worker or case manager will notify the District Manager of the incident and follow set workplace safety guidelines [see p. 21 *After a crisis occurs*].

Common crises that may be encountered in the field:

- Case manager is not permitted to see or talk to the client (subject of the referral)
- Case manager is threatened
- Case manager suspects mental health emergency
- Case manager suspects active abuse/neglect to the client and the abuse is likely to occur or worsen after the visit
- Case manager feels as if the client is at imminent danger to himself or others.
- Client is locked in a house or room and unable to get out.
- Client is experiencing an obvious serious medical crisis that needs medical attention.

- Client has been abandoned by caregiver.
- Client is asking case manager's help to move away from the abuse immediately.

If a case manager is faced with a crisis in the client's home or residence, safety for both the worker and client is paramount. The worker must ensure that the client remains safe (is not at further risk) before leaving the residence. This is a **judgment by the case manager**, and should be based on observation, interview, knowledge of historical APS intervention, and immediate collateral contact (neighbor, call to medical doctor, relative, friend). Volatile situations may warrant immediate actions such as the need to summon law enforcement or emergency medical response teams (including mental health mobile crisis) in response to the crisis. The case manager should also communicate such crisis to the supervisor at the earliest practical time.

Case managers should take care to dictate the events of the crisis immediately and completely.

Role of Supervisor, District Managers and Administrators

Effective management leadership begins by recognizing that workplace violence is a safety and health hazard. Supervisors, District Managers and Administrators acknowledge the value of a safe and healthful, violence-free workplace; ensuring and exhibiting equal commitment to the safety and health of workers and clients.

Role of Administrators

- Develop processes and procedures appropriate for workplace and field
- Assessing and evaluating current health and safety training programs and making modifications as needed
- Ensure managers understand their obligations and roles within workplace and field violence prevention program [techniques]
- Maintaining a system of accountability for involved managers, supervisors and workers
- Establishing policies that ensure reporting, recording and monitoring of incidents
- Updating staff on statewide resources to aid with preventing workplace and field violent incidents

Role of District Managers

- Ensure supervisors understand their obligations and roles within workplace and field violence prevention program [techniques]
- Ensuring supervisors and their staff receive safety and health training, and continuing education programs
- Maintaining a system of accountability for involved supervisors and workers
- Providing feedback to Administrators to improve policies and procedures, including complaint and suggestions, designed to improve safety and security
- Reporting workplace and field violent incidents to Administrators
- Proving backup support for supervisors during workplace and field crises

Role of Supervisors

- Ensure new workers complete DHS Workplace Violence (Mandatory Training) course on LMS prior to making field visit. Ensure veteran staff complete annual training of DHS Workplace Violence on LMS
- Communicating to workers specific log-in and log-out procedures
- Ensure staff have needed equipment prior to making field visits (especially ID and work cell phone)

- Following up with case managers after their field visits, especially ones that may occur late in the work day and/or after work hours
- Have updated contact information for case managers. Supervisors should make sure that they have an Employee Information Sheet (OHR Form 007-06) on file for all workers. This form should be modified as needed and workers should review them on an annual basis to ensure that the information is up to date.
- Provide consultation to case managers as to whether or not to begin or continue a visit if they feel threatened or unsafe
- Complete field observation trainings with new case managers to determine if they have a clear understanding of how home visits should be conducted.
- Complete annual field observations with veteran staff to ensure that they are understand how home visits should be conducted, the presence of others in the home during the visits and the refusal of clients to accept services in hazardous situations
- Advise workers of company procedures for requesting police assistance or filing charges when assaulted and assist them in doing so if necessary
- Emergency action plans to ensure that workers know how to call for help or medical assistance
- Provide support during emergencies and respond promptly to all complaints
- Prepare contingency plans to address/interact with clients who are “acting out” or making verbal or physical attacks or threats
- Update case managers on designated contact person when supervisor is out
- Establish consequences for case managers who do not report in and out as expected
- Have workers reports all assaults or threats. Make reports to workers compensation program if situation meets criteria

Long Distance Supervision

Providing supervision to workers who are home based (full time teleworkers), housed in other offices and/or spread over a number of counties presents some unique challenges. Supervising at a distance is the mutual responsibility of the supervisor, caseworker, Family Service Worker and Program Assistant.

Workers should be accessible to their supervisor through telephone or email and should maintain their daily schedules on their Outlook email; workers should give their supervisors Shared access to be able to view their calendars.

Workers at the start of their workday should follow established policies as set forth by their Supervisor and District Managers. Some of these policies often include:

- Tasks to be complete for the day, including any visits they plan on making
- For field visits, the name of the case and whom the case manager plans on meeting should be included. If the visit is not at the case address, that location or address should be provided. If the case manager is transporting the client – the name of the client and where client is being transported to/from should be included

- Updating supervisors on when their tasks/plans for the day changes
- Getting prior permission from their supervisor if they are on a visit that would last beyond their scheduled work day or need to complete a task that would take them beyond their scheduled work day. Once case manager is finished, they need to notify supervisor that they are finished for the day

Workers need to ensure their immediate safety and immediately notify their supervisor if a crisis arise in the field. Supervisors needs to determine what actions the case manager should take and determine if backup assistance is needed (another case manager, supervisor or law enforcement). The supervisor should extend aid as needed for the case manager during periods of crises and be accessible until the crises has been resolved.

Tips for Maintaining Safety in the Field

Do

- Have your work ID available to verify employment
- Have your work cell phone easily accessible
- Lock away valuables prior to making home visits (such as placing laptop and purses in trunk)
- Have safety equipment for field visits and use when needed (such as foot covers, masks, insect sprays, etc)
- Ensure vehicles are properly maintained
- Exercise extra care in unfamiliar residences
- Refrain from wearing neckties, necklaces or chains to help prevent possible strangulation in confrontational situations
- Refrain from wearing expensive jewelry or carrying large sums of money on field visits
- Use your discretion to determine when backup assistance is needed (another case manager, supervisor, law enforcement, emergency medical, mobile crisis, etc)
- Use your discretion to determine whether or not to begin or continue a visit if you feel threatened or unsafe. Consult with supervisor immediately for next steps

Maintaining Appropriate Professional Boundaries

It is your responsibility, not your client's, to maintain appropriate boundaries in your professional relationship. If a complaint is filed, it will be your responsibility to demonstrate that a client has not been exploited or coerced, intentionally or unintentionally.

Be especially vigilant regarding any conduct that could impair your objectivity and professional judgment in serving your client, and any conduct that carries the risk and/or the appearance of exploitation or potential harm to your client.

Recognize and avoid the dangers of dual relationships when relating to clients in more than one context, whether professional, social, educational, or commercial. Dual relationships can occur simultaneously or consecutively. Prohibited dual relationships include, but are not limited to:

- accepting as a client anyone with whom you have had a prior sexual relationship;
- forming a sexual relationship with a current client or someone who has been your client;
- treating clients to whom you are related by blood or legal ties;
- bartering with clients for the provision of services; and
- entering into financial relationships with clients

Interviewing Tips for Maintaining Safety

It is important to remember that we are interviewers, not interrogators. Building rapport is important with the client and alleged abuser and it helps to build trust. Interviews should be participatory (the client and alleged abuser may keep silent if the worker monopolizes the interview) and the less stress created in the interview, the more likely information will be shared. Emphasize the importance of interviewing the client and the alleged perpetrator in private; **whenever possible** all interviews should be conducted in private. Use direct, reflective, and open-ended questions and be aware that the client, caretaker and/or alleged abuser may have strong feelings about your visit. Your line of questions will be determined by the reason for the report, however, think about the questions you might ask, making sure that they are non- threatening.

You Should:

- Be nice and stay nice – keep a pleasant and even tone which helps to lessen suspiciousness and other emotions
- Start slow and generally
- Stress your role as a helper – for both the client and the alleged abuser
- Make questions client-centered – less provocative and allows you to make a more detailed assessment of the situation
- Use open-ended questions to learn more about the client and alleged abuser
- Use non-defensive communication skills
- Listen to and acknowledge concerns [without agreeing to abuser's point of view]
- Focus on behaviors rather than feelings
- Use objective statements
- Maintain personal space

Refrain from:

- Getting "over-official" – being bureaucratic at the door
- Reading the information from the referral while interviewing – you should paraphrase
- Using emotionally charged words or aversive labels such as should, don't, ought, must, never, you need to, crime, abuser, exploitation, etc
- Making assumptions, negative or positive
- Patronizing or manipulating
- Embarrassing or putting down the alleged abuser or caregiver

APS is a difficult job and worker safety is very important. Workers need to learn what things that are said or done that may trigger an angry or violent reaction so that this can be avoided. When red flags are present that indicate the possibility of danger or violence, be extra careful to not put yourself at risk. Workers should always review intake referral and past history for the presence of red flag and consult with supervisor for next steps.

Workers need to pay attention to changes in reaction by the client and the alleged perpetrator. Although the situation between the victim and the alleged perpetrator may have been going on behind doors for a long time, the first visit by APS may indicate to them that the secret is "out". This may put the alleged perpetrator in "high alert", causing more anxiety, and needing to blame the worker for exposing the "secret". Also the worker needs to be aware of triggering events for both the client and the alleged perpetrator such as anniversaries, holidays, court dates, as these can bring up old feelings.

Warning Signs of Potential Violence

Some signs that are warnings for potential violence include:

- Physical changes – position of arms, legs, hands, feet, head and shoulders, heavier breathing, expanding veins, red face, clenched jaw/muscles, body posture, knit brow, fixed stare. Be careful of interfering in client/alleged perp's personal space
- Indicators of substance abuse – dilated pupils, constant swallowing, sweating, jumpiness, nervous motions
- Verbal changes – abnormal stuttering, rapid, angry speech, serious, specific swearing, unusual silence, short monosyllabic, cut-off patterns of speech, short, clipped yes or no answers to questions
- Behavior changes – increase or changes in motor activity, withdrawal, irritability, hostility, change in routine
- Thinking disorders – disorientation, delusions, hallucinations, extreme anxiety

De-escalating Tense Situations

There is no "right" technique that will diffuse tension in every situation. The goal, however, is to help the angry person reduce the amount of tension he/she is feeling and gain control of their aggressive actions.

- Model calm behavior both verbally and with body language.
- One of the most important things to do, and admittedly difficult, is to remain calm.
    - Staying calm is not always possible but it is necessary to continue to think about the options available and to choose the best ones.
    - It is easier to act calmly when you remember that the anger comes from the situation and is not directed to you personally.
    - Defensiveness on your part validates the angry behavior and increases the tension
- Be sensitive and alert to difference in cultural expressions and beliefs
- Remain self-confident and pleasant
- Maintain client's hope
- Support normal emotional responses
- Show respect, use empathic listening skills and follow the angry person's lead by asking "what

do you need from me?"

  - Talk about the frustration or problem that has come up, reflect feelings and behaviors, and take responsibility for your mistakes

- Speak in a calm, direct and respectful tone
  - Keep the pitch and level of your voice evenly modulated
  - Slow down your speech and speak clearly, simply, and directly so that the other person can understand you despite their anger
  - Keep sentences short and to the point and repeat if necessary
  - A person who is upset may have difficulty processing and understand what is being said and may need to hear it more than one time
- Using phrases such as "calm down" or "take it easy" are NOT good ideas as they suggest that you do not understand why the other person is so upset
- Interpret behavior cautiously, "You look like you are getting more upset, is that right?"
- If hostility is decreasing – Do not interrupt
- If hostility is increasing – gently interrupt, "I need to say something right now"
- Offer choices such as talking later or agreeing on a cooling off period.
  - Allow the person to save face – give the person a way out
- Distracting a person or changing the topic may be helpful
  - However, it may further anger the person if they realize that you are diverting them
- Don't use humor – when people are angry it can easily be misinterpreted
- Use nonthreatening, non-confrontational body language
- Move slowly, keep hands visible
- Avoid placing hands on hips or crossing arms over chest
- Avoid physical closeness; do not touch an angry person
- Reduce eye contact – don't stare or glare
- Position yourself to the side of the person, so you are not squarely facing them
  - Do not turn your back to the angry person
- Let them know any physical movements you are going to make before you do it. For example, "I'm going to use my phone to call my supervisor to see if she can help with getting what you need."
- Acknowledge the client's option to end the visit if they are feeling out of control
- Do not stand between the person and the door
- When parking your car, make sure there is easy access to leave
- Leave the situation if you feel threatened.
  - You might state that you are leaving and provide a reason, or you may "remember" something that you left in your car and simply exit
- If a situation escalates try to keep your anxiety in check and above all keep thinking to review

possible options and choose the best one

- If you have attempted to stabilize the situation and things still seem to be escalating, leave and/or get help
- Recognize that leaving a tense situation that is escalating is a viable and professional action.
  - It also allows the client time to maintain their dignity
- Ask for a cooling off period or to reschedule
- Even if a person seems to be calming down give him/her time and physical space
  - It takes about 30-40 minutes to physiologically calm down from anger
  - Remain alert and sensitive to the person and his/her state of mind

Keys to Preventing Dangerous Situation

Your safety as an APS worker is very important so we want you to really understand what you can do if you find yourself in a difficult situation. Keys to preventing dangerous situations include:

- *Your attitude*
  - Be aware of your personal reaction
  - Display courteous and politeness
  - Remain impartial
  - Accept person, not behavior
  - Be open-minded and problem solving
  - Respect personal space
  - Model relaxed and controlled stance

Self-awareness is an important tool. Know what pushes your buttons so you do not react inappropriately. Understand your own value system – we all come from different "worlds" and we must be careful not to impose our own values on others. The behavior that the alleged abuser may demonstrate may be offensive to you, but, in order to connect, you must try to accept him/her as an individual. Modeling a calm and confident stance may help calm an agitated individual.

- *Your listening skills*
  - Keep your non-verbal cues non-threatening
  - Use active listening
  - Attend to feelings, be empathetic
  - Slow down
  - Speak quietly
  - Be sensitive to cultural differences

Minimize interruptions, avoid why questions, help clarify. Use the listening and sensibility skills. Avoid challenges to expressed feelings or statements – arguing with the alleged abuser initially will not be helpful. Assess the alleged abuser by reading between the lines, noting mixed messages.

Revisit mixed messages later in the conversation. Use silence – allows individual time to regroup. Be aware of your body language, your movements and your tone of voice. Sit with client rather than standing over him/her. Be open-minded and problem solving. Remember that the individual's feelings are real to him/her, even if not based on what you are observing. Stay attentive to the individual, respecting cultural differences. Don't confront a delusional system, as it may inflame an already tense situation

- *Your communication*
  - Ask permission
  - Validate feelings
  - Clarify messages
  - Ask reflective questions
  - Avoid power struggles
  - Ignore challenges: redirect
  - Don't interrogate
  - Don't make promises you can't keep

Don't use language or lingo that a client can't understand. Lower your voice, speak slowly and reassuringly. Acknowledge anger, anxiety and fear. You are a stranger on someone else's turf. Don't try and talk people out of delusions or hallucinations.

Reasoning with a person who is inebriated, or hallucinating is futile and may increase agitation. Be careful not to placate or make promises (or threats) that you cannot keep. Remember misinformation breeds distrust and will come back to haunt you.

- *Your gut reaction*
  - Be sensitive to warning signs
  - Don't personalize
  - Know when to stop
  - Know when to leave
  - Don't be a hero

Be aware of your own anxiety. Don't deny what you see – warning signs shown by client's communication and body language. Don't take the resistance personally unless you have done something to provoke. Walk in his/her shoes and try to feel what it must be like for him/her. If it feels dangerous, trust your own judgement. Stop the interview. Leave the home. If you are unsure of a home environment, ask your supervisor or a coworker to call you ever so often on your cell phone so you have an ongoing excuse to leave, state that you left something in the car, etc. If the alleged abuser seems to be a danger to self or others, or if you believe that a crime has been committed, contact mental health emergency or law enforcement once you are safe. Don't be a hero.

Exiting a Tense Situation

Actual physical confrontations rarely occur on the job (office or field). Most case managers have never experienced any kind of **physical attack** on the job. Workers are encouraged to discuss with their supervisor beforehand, safety threats identified on an intake report, and develop strategies to mitigate those concerns. Workers are also encouraged to work with their supervisors to develop more safety skills.

In the event a situation does become tense in the field, remember to use the de-escalating skills above before the situation becomes threatening and/or violent. Remember:

- Try to remain calm
- Leaving is viable and a professional choice
- Leave if you feel threatened
- Keep thinking to review options and choose the best ones
- Stay aware, even if the situation seems to be stabilizing

After a Crisis Occurs

When an incident occurs, the immediate first steps are to provide first aid and emergency care for the injured worker(s) and to take any measures necessary to prevent others from being injured. In the event a worker is threatened or injured:

- Worker should get themselves to a safe location
    - law enforcement should be contacted if the worker needs assistance to safely vacate the premises
- If the worker can vacate the home but there is imminent fear for their safety or wellbeing, the worker should contact law enforcement for assistance
- Obtain medical treatment if required
- Contact supervisor immediately and update on the situation
    - Supervisor to provide directives on next steps and assist as needed
    - Supervisor to follow Protocol on Workplace Injuries/Exposure (OHR Policy 1701)
    - Supervisor to update District Manager on incident; District Manager will update State Office
- Worker or supervisor can send message to Emergency Action Response (EAR) mailbox (emergencyactionresponse@dhs.ga.gov) regarding the following situations and EAR will contact DHS Leadership:
    - physical assaults or physical/verbal threats,
    - actual/attempted robberies,
    - bomb threats,
    - suspicious behavior of unknown individuals, visitors or fellow employees
    - suspicious package
    - fire
    - carjacking at DHS facility
- If worker is not physically injured but emotionally affected by incident, Supervisor and District Manager to meet with worker to determine if any time away from work is needed. Worker to be referred to EAP for resources
- If a worker is threatened or physically harmed on a case (office or field), Supervisor and District Manager to review case and determine next steps.
    - If future visits are needed for that specific case, Supervisor and District Manager to determine safety protocols needed
    - Supervisor and District Manager will review current safety protocols and to implement changes as needed for all workers
    - District Manager will keep State Office updated on any changes made
- Supervisor and District Manager will follow up with OHR to ensure that any injured worker is medically cleared prior to returning to work duties
    - Supervisor and District Manager will also determine if any modifications are needed to

work duties for returning workers

- District Manager will verify with OHR if modifications can be made prior to implementing and update State Office on any approved modifications

Emergency Resource Tips

Workers are encouraged to have handy an emergency contact list prior to making field visits. Workers are encouraged to store emergency contact numbers in their work cell phone, however 911 should always be contact if the situation warrants it.

Recommended emergency contact information includes:

- Supervisor
- District Manager
- Alternate Supervisors (in your District)
- Lead Worker
- Police Department
- Sheriff Department
- Fire Department
- Local Hospitals (if multiple keep at least 3)
- Mental Health Mobile Crisis or Georgia Crisis and Access Line
- Animal Control
- AAA-Gateway
- Emergency Action Response (EAR) mailbox (emergencyactionresponse@dhs.ga.gov)