Babies First! and CaCoon

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PUBLIC HEALTH DIVISION
Maternal and Child Health

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Personal Safety

Learning to avoid dangerous situations and developing habits that prevent personal injury will give the home visitor better awareness, safety and confidence. Use these two references to learn more about home visitor safety expectations:

- Oregon's Home Visitor Safety Guide includes tools for assessing homes and surroundings, identifying potential concerns or hazards, and creating safety plans.
- Home Visitor Safety (video, 8 minutes)

Considerations listed in the Oregon Home Visitor Safety Guide should be followed at every visit. If the home visitor has safety-related concerns, they may work with their supervisor to provide client visits at a neutral location. If safety of the home is in question due to known domestic violence, known drug use, exacerbation of mental illness or known criminal history, joint visits may be conducted until a final determination of safety can be made.

Infection Control and Universal Precautions

- See clinical guidelines (contact state consultant for link)CaCoon website: includes information specific to the CaCoon program, including flyers and resources for staff.

Ergonomics and Body Mechanics

Ergonomics and body mechanics are an important part of any job, and home visiting is no exception. Whether you are sitting at your desk or in the car, picking up children, or carrying equipment, best practices in body mechanics should be followed.

Implementing agencies should have policies in place to support best practices in ergonomics in the workplace, including appropriate technologies and related devices. See the Occupational Safety and Health Administration for more details.

Recognizing Signs of Domestic Violence

Recognizing signs of domestic violence is an important step in creating a safer environment for the nurse, client and family. The Office of Women's Health describes several signs of DV in relationships, including controlling, humiliating and threatening behaviors.
IPV Safer Planning: Advocacy Beyond Leaving: A Guide for Domestic Violence Advocates describes steps for working with people who are in contact with abusive partners.

Washington State Coalition Against Domestic Violence Home Visitor Reference is a one-pager with

questions the home visitor can ask themselves about the situation.

See the IPV Clinical Guideline for more information.

Self-care for Home Visitors

Self-care is an essential practice for home visitors. Vicarious trauma, burnout and compassion fatigue are very real possibilities in this work. Oprah Winfrey said, “The truth is, you don't have anything to give that you don't have." (Watch the short video here.) Practical guides to everyday self-care have been developed by Laura van Dernoot Lipsky and provide a good place to start. But self-care can't do it all: collective care is an essential component of staff well-being.

Collective Care for Home Visitors
Collective care moves the onus of care from an individual (“self") to a group or organization (“collective"). Collective care can look like many different things, but it starts with people in the group taking responsibility for caring about how others are doing. It includes recognizing sings of stress or burnout, actively creating a caring environment (such as supervisors providing effective reflective supervision), and cultivating resiliency (breaking down the problems, setting boundaries). The Oregon Center for Nursing has developed a toolkit for nurse wellness that can be applied broadly and goes into details on what kinds of things in the work environment can be changed to align with collective care practices. The American Medical Association has a comprehensive toolkit for dealing with collective trauma (e.g., exposure to violence, genocide, hate crimes, systemic oppression, epidemics, etc.).

Mandatory Reporting

Public health nurses and community health workers are mandatory reporters of child abuse and neglect. When there is reasonable cause to suspect that a child has suffered abuse or there is any evidence of physical injury, neglect, sexual, or emotional abuse, they are required by law to report it to the Department of Human Services (DHS) or law enforcement.

Report child abuse to a local office of the Department of Human Services (DHS) or a local police department, county sheriff, county juvenile department, or Oregon State Police. You can also call 1-855- 503-SAFE (7233). This toll-free number allows you to report abuse or neglect of any child or adult to the Oregon Department of Human Services. For more information on how to report abuse and neglect of someone of any age, click here.

CYSHCN Specific

Safety is an important part of any assessment of child health needs. Children with disabilities or chronic conditions each have their own unique set of safety issues requiring adaptation in activities of daily living and/or use of equipment. Examples include:

- Children with developmental delays need safety guidelines that match their cognitive level rather than their chronologic age.
  - » Consider whether safe navigation is possible for a child in a wheelchair; whether supervision and/or an enclosed play area is available for an autistic child who could wander off; and whether the child with CP must navigate a walkway also used by skateboarders or bicycles.
- Infants with low tone and poor head control may need an adaptive car seat to maintain an adequate airway while traveling.
- Water/bath safety for a child of any age with a seizure disorder needs to be a consideration and part of health teaching for families.
- Children with oral motor dysfunction are at risk for aspiration and choking. Food choices need to be made based on their oral skills as opposed to just their chronological or developmental age.

Emergency Information Form for Children with Special Needs

The American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) recommend that every family of a child with special needs has an emergency plan and that it be available 24 hours per day. This recommendation was made because many times, in an emergency, it can be difficult for families to objectively report all the details of their child's condition, medical history and treatment. Children may have conditions in which typically used medications or therapies are not appropriate because of condition specific contraindications. Examples include children with congenital heart conditions in which the usual medications for treatment of arrhythmia cannot be used, or muscular dystrophy in which the child can't have oxygen for respiratory distress. Emergency room staff may not be aware of these types of exceptions.

The emergency form located here is for parents to complete and update on a regular basis. The AAP and ACEP recommend this form be on file with parents, childcare providers and schools. When the child is transported for emergency services, the form should accompany the child. For children with critical medical conditions that may result in frequent emergency care, it is a good idea to have this information on file with emergency transport services and hospital emergency rooms. Families can also sign a form with their local hospital (updated every 6 - 12 months) that authorizes treatment should the child arrive for care ahead of the family. This is especially

important for children who may be transported from childcare or school settings and would arrive separately from a consenting family member or guardian.

Other Safety Resources for CYSHCN

- Safe Kids Worldwide
- Automotive Safety Program
- School Bus Transportation
- Medical Home Portal – Transportation and Travel for People with Disabilities
- Emergency Preparedness for CYSHCN
  - » Disaster Emergency Preparedness
  - » Health Emergency Preparedness