Home Visit Safety Guide
Our Mission
To provide services and leadership in partnership with families, schools and communities, that improve the learning outcomes and well-being of all children and youth.

Our Goals
Increase learning growth for students.
Decrease the gap in achievement.
Increase annual graduation rates.
Increase gateways to post-secondary success.
**Introduction**

No policy, staff handbook or staff training will cover every contingency for the provision of safe home visits; however, this document is intended to provide some of the big ideas related to home visit safety for Heartland AEA employees. Employees must always use their best judgment and be vigilant for their own safety.

As part of learning to be culturally competent, staff members are encouraged to discern what is different versus what is dangerous. For example, having multiple family members and/or family friends living in a small dwelling may be a cultural norm or an economic challenge for a family, and in itself, does not mean that a visit would be unsafe. Staff members are encouraged to seek out training or consultation of a supervisor when questioning if situations may be different rather than dangerous.

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**Home Visit Safety Committee Members**

- **Sandy Darveau**, Early Childhood Special Education Consultant
- **Heather Morphew**, Early Childhood Special Education Consultant
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**Recommended Home Visit Safety Training**

Recommended training of home visitor safety policies, procedures and best practices:

- All staff who have home visits as part of their duties receive a home visitor safety training. This may be done as an online course or in a live training.
- All staff are reminded annually of home visit safety information, such as a link to this manual.
- Every three to five years there is a training update that is available to all staff.
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When Setting Up an Initial Visit

- Send a follow-up letter to the family listing the appointment date and time as well as a summary of expectations for the visit (e.g., containing pets, how to cancel due to illness, etc.).
- If you have questions about the safety of a visit:
  - Check with Iowa Courts Online and/or the Community Relations Department of your local law enforcement agency. (Note: please adhere to confidentiality when making such checks.)
  - Check social media sites.
  - If there are concerns after doing the above steps, it would be appropriate for two staff members to go on the visit and both should practice extra vigilance.

Prior to Leaving for a Visit

- Always wear your Heartland AEA photo ID badge.
- Wear shoes that you can move quickly in if necessary.
- Be cautious of wearing jewelry, scarves, ties, etc. that could potentially be grabbed.
- Review the intake information and file and check with your team to determine whether there are any risk factors associated with the family, home or neighborhood. If a staff member believes that the home visit cannot safely be made alone, he or she should consult with his or her supervisor to determine how to proceed. Specific items to consider when making a decision include:
  - Is there a history of violence, either reported or unreported to law enforcement, in the home?
  - Are any family members using illegal drugs or drinking alcohol in excess?
  - Are any family members mentally ill?
  - Are unsecured firearms or other weapons present in the home?
  - Are vicious dogs or other animals present in the home?
  - Are there any known safety hazards in the home or on the property?
  - Does anyone in the home have a criminal history?
  - Does information from Iowa Courts Online and/or the Community Relations Department of the local law enforcement agency indicate safety issues?

Prepare for and Conducting a Home Visit

- Have your calendar up-to-date and appropriately shared at the “details” setting with your supervisor, administrative assistants and team members. Document a home visit in your calendar with the following protocol:
  - The title of the event will indicate as follows (HV: First & Last Name, City) which stands for Home Visit, Name and City. If a high-risk visit, add the address.
  - Attempt to make questionable home visits during business hours, if at all possible. If not possible, make a plan to check-in and share information in your calendar.
  - If there may be a potential safety issue, let the administrative assistant in your assigned office know your schedule and location for this specific visit and provide an expectation of when you will call to check-in.
  - Keep your cell phone charged and accessible on your person at all times. Have 911 and other non-emergency local law enforcement numbers programmed in your phone and accessible in print.
  - For those with concerns about keeping your cell phone number confidential from clients, use Heartland AEA’s dial-though service. (Information about this service is listed later in this guide.)
  - Consider keeping the following in your car:
    - A change of clothing
    - Disinfectant hand wipes and alcohol-based hand cleaner
    - Towels for clean-up
    - Latex or vinyl gloves for handling children who are injured or ill
    - Plastic trash bags or sheets for covering car seats and floorboards and for carrying contaminated items
    - A CPR mask
  - If possible, call ahead and make sure the family or other caregiver is expecting you and understands the general purpose of your visit.
  - Organize the materials that you will need for the visit into a tote/briefcase prior to leaving for the visit so you don’t need to sort through them on site.
  - Plan your route. GPS is nice, but county road maps are also helpful. They can be obtained through the Iowa Department of Transportation’s website.
Preparing for and Conducting a Home Visit

When Traveling to a Home

- Become familiar with areas in the neighborhood where help could be obtained if an emergency occurs (e.g., 24-hour stores, gas stations, restaurants, other public facilities).
- Have enough gas in the car at all times.
- Keep your car well maintained and know who to call if it should break down.
- Have a spare tire, emergency tire repair kit, flashlight, water and jumper cables, and during the winter, a winter traction aid (sand or kitty litter), boots, ice scraper, winter clothes/blankets and anti-gel for diesel fuel engines.
- Obey all traffic laws. Text messaging while driving is not permitted and is illegal.
- Keep vehicle doors locked.
- Wear your seatbelt.
- Stay aware of weather forecasts and follow the Agency’s inclement weather policy.
- Locate the client’s building prior to exiting the vehicle if the residence is in an apartment complex.
- When parking:
  - Park in a well lit area with the vehicle facing the direction you intend to leave.
  - Park in the street rather than the driveway when possible.
  - Park with the driver’s side door easily accessible.
  - Remember to turn off headlights and dome lights before exiting the car to avoid a dead battery.
- Lock your purse in the trunk or out of sight prior to arrival. Take only items needed for the visit.
- Scan the area for potential safety risks prior to exiting the vehicle.
- Keep your keys in a place where they are easily accessible.

When Approaching a Home

- Maintain a self-confident, self-assured posture and attitude.
- Visually inspect the outside of the home and surrounding residences to become aware of people, animals or unfamiliar vehicles.
- If animals are present and unsecured, do not attempt to approach the home until someone in the home can secure the animal or assure you that it is not dangerous.
- Do not walk around the residence looking in windows if no one answers the door.
- Look and listen for signs of disturbance involving or affecting people inside or outside of the residence. For example, is there fighting or crying that would indicate an unsafe situation?
- Take note of any smells associated with substance use or manufacturing.

- Elevators:
  - Trust your instincts about people waiting to get on the elevator with you or a person already on the elevator. Wait for another elevator if you need to. If someone suspicious gets on with you, get off as soon as possible.
  - Stand next to the control panel and push all floors if you feel you need more chances to escape.

Dogs and Other Animals

Ask families if they have pets. If so,

- Ask them to keep pets in another area of the home during the visit, as pet dander and hair can cause health problems for some of the children we serve.
- If the pet is trained as a guardian of the home, removing it from the entrance at the time of your visit would be helpful and appreciated.

When parking and leaving the car, be cautious of animals such as dogs, geese, etc. even if they appear to be restrained in some matter. Attract the attention of the homeowner if animals might be loose and/or pose a threat to your safety. Use the same principle inside the dwelling that you use outside and don’t assume a house animal won’t bite.

When Entering a Home

- Seek entrance through a door that is in plain sight of the street, when possible, and knock while standing to the side of the doorway.
- Complete a cursory visual inspection when the door is open to assess any potential hazards that may be present.
- Be courteous and professional when introducing yourself to the family. Tell them your name, title, the agency you represent and why you are there. Give them your business card and show your Heartland AEA ID badge.
- Every home visit is an opportunity to create and build rapport, trust and partnership. Each home visit should be organized to respect the needs of the individual child/family.
- Always treat people with dignity and respect.
- Do not enter the home if summoned into the residence by an unseen person, but rather wait for the person to present himself or herself.
- Do not attempt to convince those present to let you enter if they are refusing your visit. Leave the home and consult with a supervisor.
- Complete a cursory evaluation of the client’s attitude, demeanor and behavior to assess for signs of aggression, violence, substance use or unusual or suspicious behavior.
- If you arrive and it appears that it is not a convenient time for your home visit, offer to reschedule the visit for another time. Leave and consult a supervisor if you feel unsafe.
- Do not enter the residence if no adult is present.
Preparing for and Conducting a Home Visit

While in a Home
- Be aware of exits from the home.
- Ask permission to be seated. Try to sit in a hard chair, if possible, to avoid wet stuffed chairs and insect infestations. Try to sit with your back towards a wall so you will not be blocked from the nearest door.
- Be aware of where you sit, taking care not to sit on sharp or wet items.
- Ask permission to hold or handle a child before doing so; explain what you are doing so that the family member understands. Use the opportunity to model activities, but encourage the family member to participate in the visit.
- Remain alert and observant of the environment and the behaviors of those present.
- Be aware of all people who are present, politely introducing yourself and inquiring about others in the home.
- Do not enter any part of the home without the permission of the client and remain cautious and observant upon entry to any room.
- Be alert to signs of violence or sexual advances towards you, however subtle, from either a family member or other persons in the home.
- If you feel frightened or unsafe during a home visit, listen to your feelings, remain calm and leave as quickly as possible.
- If there are unsecured guns or knives in the home, you may ask the adult present to secure them or discontinue the visit.
- At the end of the home visit, set goals/objectives/purpose for the visit, complete documentation with the family or other caregiver and schedule your next visit.

When Interacting With an Upset or Challenging Client
- Show respect and sincerity. Listen and seek to understand. Respond calmly and relaxed as a confident “helper.”
- Make sure to explain your role clearly, since some tense situations may be due to confusion about your role or intentions.
- Remain calm. Be aware of the tone of your voice.
- Try not to show a facial expression of fear.
- Control your breathing. Speak slowly and lower the pitch of your voice.
- Maintain eye contact but do not try to stare anyone down.
- Keep your statements matter-of-fact, simple and direct. Don’t appear bossy, demanding, threatening, lecturing or accusing.
- Keep a safe distance between you and the client. A minimum of three feet is recommended. Don’t reach out to touch the person.
- Don’t stand directly in front of the person.
- Avoid quick or threatening movements.
- Do not tell the client what to do or how you would handle a situation if you were them.
- If needed, check your watch and say you need to call your office because they are waiting for you to check in.
- Remove yourself from the situation as soon as possible if you feel threatened.
- If you are in trouble, leave. If you can’t, attract help any way you can. Scream, blow your car horn or whistle.

When Leaving a Home
- When you have completed the home visit, thank the family or other caregiver for allowing you to come into the home to visit.
- Have car keys out and ready upon approaching your vehicle.
- Observe any people or activities taking place in relative proximity to the residence, the exit route or the vehicle. If you are afraid or suspect danger, you should go to a previously identified safe place.
- If someone is leaning up against your car or tampering with your car, return to the home and call for help.
- Observe the back seat of the vehicle before entering the vehicle.
- Get into your car quickly and lock the doors.
- Watch for small animals and children playing around or under your car before driving away.
- Leave the area immediately. Do not remain outside the residence or in the vehicle to make phone calls or take notes; these activities should be completed when a safe or familiar destination is reached.

Dial-Through Phone Service
At times agency employees may need/choose to use their personal phones (cell phones or land lines) to contact a school or parent. If you do not want to reveal your personal number, you can use the Agency’s Dial-Through Service. The steps to use the service are listed below:
1. Dial the access number (515) 473-7444 or toll-free (866) 528-4025. You will hear a dial tone.
2. Enter the code 2584262 followed by the pound (#) sign. You will then hear another dial tone. The system now functions just like you are in the office.
3. For an “outside” line, you will need to dial 8 and then the number.
4. If the call is long distance, you will then need to enter your long distance code when you hear the ICN tone, just as you would in the office.
Providing Service in a Neutral Location
These decisions should be made with supervisor awareness. In general, the following would be situations where temporary or longer term use of a neutral location would be appropriate. Some may indicate discussion with law enforcement.

- Direct or veiled threats.
- Intimidating, belligerent, harassing, bullying or other inappropriate and aggressive behavior despite clear and direct communication about the acceptability.
- Numerous conflicts with agency staff or numerous known conflicts with law enforcement or Department of Human Services staff.
- Showing weapons with intent to intimidate or threatening to get a weapon.
- Caregivers under the influence of drugs or alcohol.
- Domestic violence.
- Safety hazards in the home.
- Sexual advances or inappropriate sexual innuendo, especially if limits have been communicated.
- If it feels unsafe for you to be in the home, it is likely unsafe for the child as well. Consider reporting this to the Department of Human Services or law enforcement.

Note: See “Health” section for health related exclusions.

Depending on the situation, a supervisor may need to arrange security for rare and unusual circumstances for services in neutral sites. Note: There may also be issues of Department of Human Services or law enforcement reporting, which are addressed through Mandatory Reporter training.

Joint Home Visits
Heartland AEA does not have the resources to have a double (two staff on a visit) on all new visits. Obtain as much information as you can about the home, neighborhood and family through the intake interview, courts online, social media, law enforcement and conversations with team members. Discern whether there are safety concerns regarding the family or the neighborhood and provide a double in needed situations.

Circumstances that would compromise the safety of the home visitor would allow for joint visits until safety is known, and could include, but is not limited to:
- known domestic violence,
- known drug use,
- exacerbation of mental illness, and
- criminal history.

Safety Code Word
Staff may use a safety code word in person, on the phone, in text or email to signal for emergency help in threatening situations. That code word is “red file.” For example, a staff member could say “Please send the red file to this address _____.”

Experiencing a Traumatic Event
Contact your supervisor immediately (within 24 hours) after you have encountered a “critical incident.” If you are unable to reach your supervisor, call another director in your region or call the Human Resources Department. You may also contact law enforcement directly if you have been assaulted or have reason to believe you are/were in danger.

Other Visit Options
When the safety of a home setting is of concern, discuss this with team members and your supervisor and plan for an alternative meeting location (possible examples might be public library, play place at the mall or restaurant or other environments natural to the child and family). This discussion must include conversations of FAPE (free and appropriate public education) and transportation related to FAPE.

Transportation Costs
(See Part C of the Statewide Procedures Manual)
Transportation services include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child’s family to receive early intervention services. In other words, if the transportation needs/costs are related to the child’s early intervention outcome(s), transportation is a mandated early intervention service and is therefore available to the family at no cost (or that ultimately it is incumbent on the AEA/EA provider to pay for the cost of transportation).

Similar circumstances may arise with school age children. Consult your supervisor if there are transportation questions related to FAPE.
Prevention of Crimes of Opportunity
The majority of self-defense is awareness, risk reduction and avoiding confrontation. For more information on prevention, see the National Self Defense Institute’s website.

Self-Defense
Many staff have asked questions pertaining to self-defense. When you are concerned for your safety, always exercise the option to retreat if available. Do not underestimate the power of assertive language such as “No,” “Stop” or yelling for help. Heartland AEA discourages the use of force to protect agency property (computers, cell phones, etc.) or your own personal belongings used during the course of work. Things are replaceable; people are not. Instead, retreat to safety and call law enforcement.

If retreat is not available, under Iowa Code 704.3, “A person is justified in the use of reasonable force when the person reasonably believes that such force is necessary to defend oneself or another from any imminent use of unlawful force. Reasonable force (704.1) is no more which a reasonable person, in like circumstances, would judge to be necessary to prevent an injury or loss and can include deadly force if it is reasonable to believe that such force is necessary to avoid injury or risk to one’s life or safety or the life or safety of another, or it is reasonable to believe that such force is necessary to resist a like force or threat. Reasonable force, including deadly force, may be used even if an alternative course of action is available if the alternative entails a risk to life or safety, or the life or safety of a third party, or requires one to abandon or retreat from one’s dwelling or place of business or employment.”

See the “Firearms & Dangerous Weapons” section of the Heartland AEA Staff Handbook for complete information. Heartland AEA staff may not carry a firearm or dangerous weapon into a home, daycare, pre-school program or school property while carrying out their employment-related duties. Iowa Code 702.7 defines a dangerous weapon as “any instrument or device of any sort whatsoever which is actually used in such a manner as to indicate that the defendant intends to inflict death or serious injury upon the other, and which, when so used, is capable of inflicting death upon a human being, is a dangerous weapon. Dangerous weapons include but are not limited to any offensive weapon, pistol, revolver, or other firearm, dagger, razor, stiletto, switchblade knife, knife having a blade exceeding five inches in length, or any portable device or weapon directing an electric current, impulse, wave, or beam that produces a high-voltage pulse designed to immobilize a person.”

This definition does not limit you from possession of a defensive item such as a flashlight (e.g., maglight or tactical light), keyring defensive tools and pepper spray, nor does it prevent you from using common items for defense (computer bag, pens, etc.). However, you are responsible that such items would not be accessible to children served and would be applied only in relation to the force necessary for self-protection. Any exertion of force may involve legal proceedings or responsibility, therefore, use should be clearly justified.
Exclusions of Service Due to Illness

This section contains guidelines for when a home visit should be rescheduled due to the illness of the child being served, a family member, other person living in the home and/or the agency staff member. It is acceptable to reschedule, as the Agency is concerned about the health and well-being of our staff and the families that it serves. When rescheduling a home visit due to illness, the following are considerations and recommendations for “exclusion”:

- If the illness prevents the child or individual from participating comfortably in one's usual activities.
- If the illness results in the need for care greater than what is normally provided.
- If the illness poses a risk of the spread of a harmful disease to others.
- The child or affected individual appears severely ill along with demonstrating an acute change in behavior. This could include such symptoms as lethargy, lack of responsiveness, irritability, persistent crying, difficult breathing or a quickly spreading rash.
- Fever with behavior change or other signs and symptoms in a child younger than 6 months of age such as sore throat, rash, vomiting and/or diarrhea. (Note: A child with a temperature elevated above normal is not necessarily an indication of a significant health problem.) For children younger than 4 months of age, a fever is defined as:
  - 101 F (38.3 C) orally
  - 101 F (38.3 C) aural (ear) temperature
  - 100 F (37.8 C) axillary (armpit)
  - above 102 F (38.9 C) rectally
- Immediate medical attention is advised:
  - When an infant younger than 4 months has an unexplained temperature of 100 F (37.8 C) axillary.
  - Any infant younger than 2 months of age with a fever 101 F (38.3 C) should receive medical attention within the hour.

Conditions Requiring Temporary Exclusion

- **Diarrhea:** Defined by more frequent stools (exceeds two or more stools above normal for that child) or decreased form of stool that is not associated with changes of diet; for diapered children whose stool is not contained in the diaper and for toilet-trained children if the diarrhea is causing “accidents.”

- **Vomiting:** At a rate of two or more times in the past 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.

- **Mouth Sores:** With drooling that the child cannot control unless the child’s physician states it is a non-communicable disease.

- **Skin Sores:** Sores that are weeping fluid and are on an exposed surface that cannot be covered with a waterproof dressing.

- Other conditions with specific diagnoses as follows:
  - Streptococcal pharyngitis until 24 hours after treatment (antibiotic) has been started.
  - Difficult or noisy breathing with fever and signs of severe illness.
  - Scabies until after the first treatment.
  - Chickenpox (varicella) until all lesions have dried or crusted (usually six days after onset of rash).
  - Pertussis until five days of antibiotic treatment.
  - Hepatitis A virus infection until one week after onset of illness or jaundice or as directed by physician or public health official.
  - Impetigo until 24 hours of antibiotic treatment and when all blisters are covered.
  - Influenza until the child is fever free for 24 hours and resolution of other exclusionary factors.
  - Head lice (medical references provide mixed recommendations). Some say exclude until after first treatment and others recommend no exclusion unless there are other exclusionary factors involved.

Exposure to Disease for Female Employees of Childbearing Age or Who Are Pregnant

At the time of initial employment, the employee should be alert to the higher-than-normal risk for exposure to illness or disease that could affect a developing fetus.

- It is therefore recommended that the employee discuss and make a plan with her private primary care provider or obstetrician regarding the risk and precautions.

- For example, the plan could include such things as updated immunizations. See the following resources for more information.

  - “What Women Should Know About Cytomegalovirus (CMV)” published by the CDC
  - “Communicable disease information for the pregnant health care worker” published by the Iowa Department of Public Health
Standard or Universal Precautions
(Reference for most of the following information is the AEA PD Online Bloodborne Pathogens Training)

Definition of Standard Precautions (SP):
SPs are an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. SP pertains to blood and other potentially infectious materials (OPIM), which includes semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood. Other body fluids and wastes (OBFW) such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine are handled as infectious because they can be a source of infections other than those already mentioned.

SPs include the following:
• Diligent and proper hand washing. This is crucial to preventing the spread of infection.
• The use of barriers when needed (e.g., disposable gloves, absorbent materials and resuscitation devices).
• Appropriate disposal of waste products and needles.
• Proper decontamination of spills; use of disposable gloves, absorbent material and disinfectant solution.
• Access to hand sanitizer, disposable gloves, plastic bags and wipes.

An exposure incident to blood or OPIM through contact with broken skin, mucous membranes or by needle or sharp stick requires immediate washing with soap and water, immediate reporting of the exposure to your supervisor (this might include completing an Incident Report) and contacting your primary care provider (PCP) for further health care if required.

Employees with risk of occupational exposure to bloodborne pathogens are also eligible for a series of three Hepatitis B vaccinations at the Agency’s expense. Employees interested in receiving this vaccination should contact the Human Resources Department.

Personal Protective Equipment (PPE)
Personal protective equipment is worn to minimize exposure to a variety of hazards and includes items such as disposable gloves, eye protection and hearing protection. The Occupational Safety and Health Administration (OSHA) requires that employers protect employees from workplace hazards that can cause injury or illness.

Employer Obligations:
• “Hazard Assessment” of the workplace to identify and control physical and health hazards.
• Identify and provide appropriate PPE for employees.
• Provide employee training in the use and care of PPE.
• Maintain PPE, including replacing worn or damaged PPE.
• Periodically review and evaluate the effectiveness of the PPE program and update as needed.
• Even when an employee provides his/her own PPE, the employer must ensure that the equipment is adequate to protect the employee from hazards in the workplace/work environment.

Employee Responsibilities:
• Properly wear and utilize the PPE.
• Attend the training sessions on PPE provided by the employer.
• Properly care for, clean and maintain PPE.
• Inform a supervisor of the need to repair or replace PPE.
Sanitizing and Disinfecting Toys

One of the most important steps in reducing the spread of infectious diseases in child care is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff.

Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in child care. However, most items and surfaces require sanitizing or disinfecting after cleaning to further reduce the number of germs to a level that is unlikely to transmit diseases. A sanitizer is a product that reduces, but does not eliminate, germs on inanimate surfaces to levels considered safe by public health codes or regulations. A disinfectant is a product that destroys or inactivates germs (but not spores) on an inanimate object.

The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that it is effective in reducing or inactivating germs. Always follow the manufacturers’ instructions when using EPA-registered products described as sanitizers or disinfectants. Check to see if that product is safe for use on items that may go into a child’s mouth.

Use the [EPA website](https://www.epa.gov) to select an appropriate sanitizer or disinfectant.

**Process:**
- Determine if the surface requires sanitizing or disinfecting.
- Check the labels of all products to see if they are EPA-registered. There are alternatives to chlorine bleach.
- Many chlorine bleach products (8.25% sodium hypochlorite) are now EPA-registered. Follow label instructions for “recipes” and contact times.
- Prepare and use the solutions safely.
- Use products that are safe for oral contact when used on food contact surfaces or on items that may be mouthed by children.

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<tr>
<th>Item</th>
<th>Before Each Use</th>
<th>After Each Use</th>
<th>Daily at end of day</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating utensils and dishes</td>
<td>Clean</td>
<td>Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; use of an automated dishwasher will sanitize</td>
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<tr>
<td>Tables, highchair trays, large equipment items</td>
<td>Clean, Sanitize</td>
<td>Clean, Sanitize</td>
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<tr>
<td>Plastic mouthed toys</td>
<td>Clean</td>
<td></td>
<td>Clean, Sanitize</td>
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<td>Clean</td>
<td></td>
<td>Clean</td>
<td></td>
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<td>Clean after each use to prevent transfer of head lice</td>
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<td>Machine washable cloth toys</td>
<td>Clean</td>
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<td>Clean</td>
<td></td>
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<td>Launder</td>
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<td>Clean</td>
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<td></td>
<td>Launder</td>
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<tr>
<td>Computer keyboards</td>
<td>Clean, Sanitize</td>
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<td></td>
<td></td>
<td></td>
<td>Use sanitizing wipes, do not use spray</td>
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Hand Sanitizer
To reduce the transmission of infectious-type diseases, alcohol-based hand sanitizers are recommended as a component of hand hygiene. Hand washing is the preferred and first line of defense, but when this is not possible, an alcohol-based hand sanitizer is acceptable. Hand sanitizers do not remove soil or gross contamination from hands, therefore the Centers for Disease Control & Prevention (CDC) recommends that proper hand washing be utilized first and hand sanitizer when hand washing is not possible. The use of hand sanitizers has been shown to be effective in reducing gastrointestinal illnesses in households and in curbing absentee rates in elementary schools.

For alcohol-based hand sanitizers, the Food and Drug Administration (FDA) recommends a concentration of 60% to 95% ethanol or isopropanol as having the greatest germicidal efficacy. The CDC recommends the use of hand sanitizers with at least 60% ethanol (ethyl alcohol) or isopropanol (isopropyl alcohol) to slow the spread of illness.

No child under the age of 3-years-old should be permitted to use hand sanitizer. Hand sanitizing wipes with at least 60% alcohol will reduce the potential for incidental and intentional ingestion.

Examples of hand sanitizers:
• Avant (brand supplied by Heartland AEA), antiseptic with active ingredient of ethanol 60%
• Purell Advanced (general availability), antimicrobial with active ingredient ethyl alcohol 70%

Infestation Exposures
Bed Bugs
• A bed bug is a small insect without wings.
• Adult bed bugs look similar to a tick and have flat, copper colored bodies, about ¼” in length.
• Bed bugs can be recognized by their markings, droppings and eggs. Blood stains, droppings and eggs can be found in mattress seams, sheets, pillow cases, crevices in upholstered furniture and baseboards of walls.
• Bed bugs are found in all 50 states, including Iowa.
• Bed bugs are not known to spread disease.
• Bed bugs mostly feed on the blood of humans. Bed bug bites can cause large itchy welts on the skin.
• Bed bugs are most often found around areas where people sleep or rest. Bed bugs are most active between midnight and 3 a.m.
• The typical lifespan of a bed bug is between 10 months to one year.

Key Messages About Bed Bugs:
• Learn to identify the signs of bed bugs.
• Dirty living conditions do not cause bed bugs but cleaning and removing clutter will help in controlling them.
• Anyone can get bed bugs. Seek help immediately if you find them.
• When bed bugs are found, do not use spray pesticides from a grocery or hardware store or use pesticide bombs or foggers. They can make conditions worse by causing bed bugs to disperse into other rooms, developing pesticide-resistant bugs and exposing humans to unnecessary risk.
• Diatomaceous Earth is a natural, off white talc-like powder that is safe for mammals and harmful to bed bugs. This can be sprinkled in bags and your car to prevent carrying them home with you.

Prevention Related to Home Visits:
• Keep a “prevention kit” in your car
  • Large plastic storage bin with cover
  • Disposable shoe covers
  • Wet wipes and/or spray bottle of 70% isopropyl alcohol
  • Clear sealable plastic bags
  • Large disposable trash bags
  • A change of clothes, socks and shoes
  • Small portable sitting stool (simple design, easy to wipe off, fold-up, easy to store)
• For the home visit
  • Wear clothes and shoes of simple design to provide fewer hiding places for bed bugs.
  • Avoid wearing clothes that need to be dry-cleaned.
  • Light colors make it easier to see bed bugs on your clothes.
  • If wearing scarves, hats, gloves, coats, etc., consider leaving them in the car.
  • Secure personal belongings such as purses in the car rather than taking them into a home.
  • Put shoe covers on if directed by employer.
  • Bring as few items as possible into the home.
  • Use a plastic tote to carry work affects (paper, pens, computer, toys, educational materials) and return items immediately to the tote rather than sitting them down in the home.
  • If you are asked to remove your shoes while in the home, consider a second pair of socks or wearing shoe covers.
  • Work in well lit areas such as a kitchen (more hard surface areas) and avoid “hot spots” such as the bedroom and living room.
• Try not to sit or set anything down on beds, upholstered furniture or the floor.
• Remain standing when possible or use the small portable stool as mentioned.
• Avoid leaning on walls, doors, counters or other surfaces.
• When sitting, look for plastic or wooden chairs to use as preferred seating.

• After the visit
  • Carefully inspect your clothes, shoes and other items before you enter your car.
  • If wearing shoe covers or a second pair of socks, remove them and seal in a plastic bag for disposal or laundering.
  • Take shoes off, inspect them inside and out and wipe shoes down with a wet wipe.
  • If you find bed bugs, crush them with a wipe or spray with 70% isopropyl alcohol.
  • If bed bugs are found on your clothes, change them and seal infested clothes in a plastic bag.
  • Place all items that were used in the home into the plastic bin until they can be inspected.
  • Do not bring work items into your home or workplace until carefully inspected.
  • At home remove clothes in a garage or on a non-carpeted floor.
  • Launder and dry clothes immediately or seal them in a plastic bag until you can.
  • Coats and other items can be dried on moderate to high heat for 20 to 30 minutes.

**Health-Related Concerns for Home Visits**

**Head Lice (Pediculosis)**

- Lice are small insects that live in the hairy parts of the body (head/scalp, pubic/groin, body).
- Lice move by crawling; they cannot hop or fly.
- Lice feed on human blood by biting, which can cause severe itching.
- The eggs (nits), larvae or adult lice are visible if present on the head or body.
- Head lice and nits are found almost exclusively on the scalp, most specifically behind the ears and near the neckline at the back of the head. It is uncommon, but they are sometimes found on the eyelashes and eyebrows.
- Head lice can be difficult to remove because the lice hold tightly to hair with hook-like claws at the end of each of their six legs, and head lice nits are attached firmly to the hair shaft.
- Head lice are not known to spread disease.
- Because head lice must maintain a constant warm temperature to thrive, they do not live when not located on the body.

**Symptoms of Head Lice Infestation:**

- A feeling of something moving in the hair.
- Itching, which is caused by an allergic reaction to the bites of the head louse.
- Sometimes sores occur on the head or about the area infested caused by the scratching. With more severe itching and irritation these sores can become infected with bacteria found on the individual's skin.
- Irritability and difficulty sleeping often due to the fact that head lice are most active in the dark.
- If this is the initial infestation for an individual, that person might not experience symptoms. It can take 4 to 6 weeks for itching to appear as a symptom for a person with head lice for the first time.

**How Head Lice is Spread:**

- Head-to-head contact with an already infested person is the most common way to get or spread head lice. Head-to-head contact is common during play at school, in the home environment and at other activities such as close contact sports, playground, slumber parties and camp.
- Less common and even rare, are head lice spread by sharing clothing or belongings on to which lice or nits may have crawled or fallen. Examples include sharing clothing or lying on a bed, couch, pillow or carpet that has been used by an infected individual.
• The risk of getting an infestation by a louse or nit that has fallen onto a carpet or furniture is very small.
• Dogs, cats and other pets do not play a role in the spread of human lice.

Treatment of Head Lice:
• Standard treatment is a two-week plan that includes the use of an over-the-counter medicated shampoo which contains either permethrin or a pyrethrin.
• The Iowa Department of Public Health publishes an informational brochure that provides a detailed description of the treatment process.
• Never use kerosene, gasoline or other dangerous substances for treatment.
• There is no proof that the use of mayonnaise, vinegar, various types of vegetable oils or Vaseline are effective forms of treatment.
• It is helpful in controlling the spread of head lice to treat all family members at the same time.
• Ordinary house cleaning, vacuuming and washing bedding and clothes in hot water are needed. No special effort or sprays are needed to clean the home. Only dead or dying lice are found on clothing, bedding or furniture.

Prevention and Precautions to Control the Spread of Lice:
• Avoid head-to-head (hair-to-hair) contact.
• Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons or barrettes.
• Do not share combs, brushes or towels. Disinfect combs and brushes used by an infected person by soaking them in hot water for 5-10 minutes.
• Do not sit or lie on beds, couches, pillows, carpets or stuffed animals that have recently been in contact with an infested person.

Mandatory Reporting
In your employment at Heartland AEA, you are a mandatory reporter of child abuse. If you suspect a child has been abused, you need to report it to the Department of Human Services (DHS). The law requires you to report suspected child abuse to DHS orally within 24 hours of becoming aware of the situation. You must also make a report in writing within 48 hours after your oral report. Iowa Code requires reporting the activity of drugs (use or manufacturing) within the home or in a vehicle where a child resides. A report should be made if you see weapons that are in an area accessible by the child. Reports could be made to local law enforcement or to DHS at (800) 362-2178 dependent upon the urgency of the situation.

Iowa Code lists nine categories of abuse when the victim is a child:
• physical abuse
• mental injury
• sexual abuse
• denial of critical care
• child prostitution
• presence of illegal drugs
• manufacturing or possession of a dangerous substance
• bestiality in the presence of a minor
• allowing access by a registered sex offender
• allowing access to obscene material

The abuse is the result of the acts or omissions of the person responsible for the care of the child.

Please reference your Mandatory Reporter training materials for more information or call DHS for assistance.

Conclusion
Remember, no policy, staff handbook or staff training will cover every contingency for the provision of safe home visits. Employees must always use their best judgement and be vigilant for their own safety.
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