
POLICY TRANSMITTAL NO. 06-08	DATE: MARCH 1, 2006
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:5-5-2.

EXPLANATION: OAC 340:5-5-2 Instructions to Staff are revised to add specific instructions regarding safety.

Original signed on 3-1-06

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WF # 06-A (NAP)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS as the rulemaking agency; the “2” specifies the Chapter number; and the “1” specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, DHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, DHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at (405) 521-3611.

REMOVE

340:5-5-2

INSERT

340:5-5-2, pages 1-7, revised 3-1-06

340:5-5-2. Initiating investigations

An Adult Protective Services (APS) investigation is initiated by a visit to the vulnerable adult who is the alleged victim (AV) at the adult's home or other place of residence. ■ 1 through 4

(1) Time frame for initiating investigations.

(A) Investigations of referrals of maltreatment are initiated as soon as possible within three working days, excluding weekends and official OKDHS holidays, of receipt of the referral by the assigned APS unit.

(B) In the case of an emergency situation when immediate action may be required, the investigation is initiated as soon as possible within four hours of receipt. ■ 5 & 6

(2) **Denial of access to the AV.** If the APS specialist is denied entry into the residence of the AV, or is denied a private interview with the AV, the Oklahoma Department of Human Services may petition the court for an order allowing entry or access.

INSTRUCTIONS TO STAFF

1. **(a) Prior to the Adult Protective Services (APS) specialist making the initial visit to the vulnerable adult, the supervisor discusses with the APS specialist any safety issues identified in the acceptance and screening of the report, and together they make arrangements for safety concerns to be addressed both before and during the visit. The APS specialist:**

(1) and the APS supervisor staff the report and case record information and determine whether there are any risk factors associated with the family, their home, or their neighborhood. If the APS specialist believes the home visit cannot be made safely, then the APS supervisor is consulted to determine whether a home visit is appropriate due to the safety concerns. If not, law enforcement is contacted for assistance;

(2) prepares either a paper day sheet or schedule in Microsoft Outlook Calendar, listing the planned visits for the day and maintains that schedule as much as possible.

- (B) If there are major changes in the schedule, the APS specialist informs the human services center staff or the APS supervisor of the changes;
- (3) arranges the work schedule in order to make new or questionable visits early in the day;
- (4) notifies human services center staff when he or she leaves and returns. If the APS specialist plans to go home after the last field visit, he or she notifies the APS supervisor after the last visit is finished even if it is an after hours visit; and
- (5) is aware of the areas in the neighborhood where help could be obtained if an emergency occurred.
- (b) Human services centers keep supplies of basic safety equipment items for the APS specialist to keep in the car when making home visits.

(1) The APS specialist carries:

(A) a cellular phone, whenever possible;

(B) one change of clothing;

(C) clean towels for clean-up or decontamination;

(D) surgical gloves for handling adults that may be injured or exposed to methamphetamine;

(E) disinfectant hand wipes;

(F) plastic trash bags for covering car seats and floorboards, and carrying clothes that may need decontamination; and

(G) dust masks to limit breathing of chemical or other fumes.

(2) When preparing to park and leave the vehicle used for making the home visit, the APS specialist:

(A) parks in an open area and near a light source that offers the safest walking route to the home;

(B) locates the client's building before exiting the car when the client's residence is in an apartment complex, whenever possible;

(C) parks on the street rather than in a driveway, and in the direction in which the APS specialist plans to leave; and

(D) takes only the items necessary to complete the home visit. Purses or wallets are concealed if left in a parked and locked car.

(3) When approaching the residence, the APS specialist:

(A) looks and listens for signs of someone in the residence and assesses whether there is any indication of danger involving the occupants of the residence;

(B) is aware of any smells associated with substance abuse;

(C) observes the outside of the residence, the surrounding homes, any animals or unfamiliar vehicles; and

(D) if carrying a cellular phone, programs the phone so that a 911 call can be made easily in an emergency.

(4) In order to make a safe entrance into the residence, the APS specialist:

(A) goes only to the door that is in plain sight of the street and stands to the side of the door when knocking;

(B) as the door is opened, looks quickly inside to determine if there are any threats to safety;

(C) does not enter the home if an unseen person calls for the APS specialist to come in;

(D) quickly evaluates the client's attitude and demeanor to determine if there are warning signs of aggression, violence, substance use, or suspicious behavior;

(E) secures an entry order from the court if needed to obtain permission for law enforcement to enter the home; and

(F) does not enter the home when law enforcement accompanies the APS specialist for the home visit. If law enforcement:

(i) makes the decision to enter, the APS specialist remains outside the residence in order to ensure the APS specialist's physical safety;
or

(ii) requests the assistance of the APS specialist in the residence due to an emergency with the adult, the APS specialist does not enter the residence until it has been secured by law enforcement and is determined safe to enter;

(G) does not attempt to aggressively persuade the client if he or she refuses to allow access to the home. If denied, the APS specialist leaves the residence and consults with a supervisor; and

(H) leaves the residence if the APS specialist does not feel safe entering the home, and consults with a supervisor.

(5) When in the client's residence, the APS specialist is particularly aware of any signs of risk to safety. The APS specialist once inside the client's residence:

(A) stays near an exit and remains alert and observant;

(B) pays attention to any unusual sights or smells, particularly those associated with the manufacture or use of drugs;

(C) remains aware of the possibility of any other persons in the residence and inquires about anyone that may appear to be in another room; and

(D) leaves immediately if there is risk to safety.

(6) When leaving the client's residence, the APS specialist remains alert to safety risks by:

(A) observing any activity or persons near the residence or in the neighborhood;

(B) having car keys in hand when walking to the parked car; and

(C) not lingering to make phone calls or notes, but instead leaves the neighborhood immediately.

(7) If an APS specialist has an ongoing APS case in which there have been or are new allegations of methamphetamine use or manufacture, the same precautions are taken as in an investigation.

(c) APS staff maintain regular contact with law enforcement to stay informed about the most current indicators of methamphetamine production. The Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDCC) information flyers are kept in supply in each human services center.

(1) Outbuildings, hotel and motel rooms, apartments, storage sheds, garages, and vacant buildings are all common places where methamphetamine is produced. Some of the indicators of methamphetamine use and production identified by the OBNDCC are:

(A) strong odor that resembles urine or unusual chemicals such as ether, ammonia, or acetone;

(B) little or no traffic around the home during the day, but significant activity during very late hours;

(C) extra efforts made to cover windows or to reinforce doors;

(D) trash not put out for collection;

(E) significant accumulation of items such as cooking dishes, coffee filters, or bottles that do not appear to be for regular household use;

(F) presence of unusual quantities of chemicals; and

(G) vehicles loaded with laboratory materials or chemicals.

(2) The APS specialist, in initiating an investigation alleging use or production of methamphetamine:

(A) requests law enforcement to accompany him or her;

(B) remains in the car until law enforcement has determined that the residence is safe to enter; and

- (C) does not enter the residence under any circumstances when there is evidence of a methamphetamine laboratory.**
- (3) When evidence of a methamphetamine laboratory either outside or inside the residence is encountered, the APS specialist:**
- (A) does not enter any residence where there is any evidence of methamphetamine laboratory materials or chemicals on the property;**
- (B) discreetly but immediately leaves the residence if he or she unknowingly enters a home in which there is evidence of a methamphetamine laboratory, and drives to a safe location to contact law enforcement; and**
- (C) follows decontamination procedures as described in paragraph (4) of this Instruction.**
- (4) If there is any exposure to a methamphetamine laboratory, decontamination procedures are followed. The APS specialist:**
- (A) covers car seats and floorboards with plastic covering and wipes hands with disinfectant wipes before touching the steering wheel;**
- (B) goes to a safe location to change clothes and place the dirty clothes in a plastic trash sack. All exposed skin surfaces are cleaned with disinfectant wipes. Wash any items carried into the home with soap and water; and**
- (C) makes every effort not to touch any surface until the skin has been wiped with disinfectant wipes or items washed with soap and water.**
- (d) The APS specialist coordinates with law enforcement to handle decontamination procedures and ensure the safety of any vulnerable adult who has likely been exposed to a methamphetamine laboratory.**
- (1) Transportation of the vulnerable adult is arranged by the APS specialist in cooperation and coordination with law enforcement.**
- (2) Whenever possible, the vulnerable adult is taken immediately for a medical examination. If it is not possible to obtain a medical examination the same day, arrangements for a medical examination are made as soon as possible.**

(3) Whenever possible, the adult is taken immediately for a medical examination. If it is not possible to obtain a medical examination the same day, arrangements for a medical examination are made as soon as possible.

2. If the vulnerable adult is in the hospital or other temporary residence at the time of the referral, the initial visit is made to that location.
3. The initial home visit is not preceded by a telephone call or appointment and is made unannounced.
4. If the alleged victim (AV) cannot be located, efforts to locate the AV are documented in the case record.
5. An emergency situation is determined by the APS supervisor at the time of screening and immediately communicated to the assigned APS specialist.
6. If an investigation is not initiated in a timely manner, reasons for the lack of timeliness are documented in the case.