

**Goal:** Participants will read the scenarios below, identify risks and propose safer practices.

1. Joseph is a 30 year old CNA who has just received a referral to care for a 50 year old patient. Joseph has been told he will be responsible for helping the patient with toileting, dressing, mobility and personal hygiene. The patient weighs 250 lbs. The patient has been diagnosed with diabetes and left hemiparesis (paralysis of the left side) due to a stroke he suffered three weeks ago.

On his way to the patient's house, Joseph is nervous as he had never been in this neighborhood before and a friend told him there are two rival gangs in this area. He notices the following: There are many abandoned buildings with broken windows. There are people walking around aimlessly, some seem to be drinking alcohol, other people are driving around with music blaring.

Joseph is glad to finally arrive at his patient's home. He rings the bell a few times and waits five minutes. Although the building seems decent from the outside, there is a lot of activity with people coming in and out. Joseph's gut feeling is to leave but he is worried he will be reprimanded by his supervisor. Finally, someone introduces himself as the patient's brother and lets him in. While walking to the third floor where the patient lives, he smells what he thinks is marijuana but is not absolutely sure. He also notices that: There is no elevator. The stairs are very slippery, dirty and smell of urine. There is no lighting on the stairway. On the second floor, there are people standing under the stairs.

At the patient's apartment, Joseph is surprised by two big German Shepard dogs. The apartment is very hot as it is the middle of summer. All the windows are open and there are a couple of fans. The patient does not have a phone but can use his brother's cell phone whenever his brother is home. He can hear water running in the bathroom. He also notices a couple of syringes with exposed needles lying on the patient's nightstand.

2. Mary works for the Department of Health as a directly observed therapy (DOT) worker. Her job is to make sure that patients being treated for active tuberculosis take their medications. She does this by going to their home (or other location, if necessary) to observe them taking each prescribed dose of medication. Mary has a client named Virginia who is a 26 year old woman living in a household with her 7 year old son, her boyfriend, twin girls age 9, her godmother and her godmother's two daughters, ages 8 and 11. All of the other people in the household were tested for TB and only Virginia's son and boyfriend were found to be infected and neither has active TB disease. Both they and the other household members are receiving INH prophylaxis. Mary makes sure she observes everyone in the house taking their meds since she is there to observe Mary anyway.

Virginia's boyfriend is very possessive and abusive to her and her children but she keeps him around because he helps her out financially. One of the twins says that he tried to enter the bathroom while she was taking a bath and she doesn't like the way he looks at her. She is afraid to tell her mother because in the past she told her godmother that the godmother's boyfriend had touched her inappropriately and it seemed like she was the one who got in trouble.

The neighborhood had lots of drug activity and the police patrol the area often. There are many stray cats and dogs and several abandoned buildings where squatters are known to spend the night. In Virginia's building sometimes the lights are out or missing and there is garbage on the stairs. The 3 bedroom apartment is fairly clean but roaches are visible in the bathroom and kitchen. Virginia does not have a phone, her contact lives several blocks away. It is hard for Mary to make or change appointments. She often makes several trips to catch up with the family.