

# Safety Planning Guide for CT Unsheltered Homeless Outreach

## Background

People experiencing unsheltered homelessness (PEUH) face numerous life-threatening risks each day. Homelessness is lethal – hazards include violence, exposure to harsh weather, untreated medical issues, overdoses, and even traffic accidents. This safety planning guide is designed for Connecticut street outreach workers to use with unsheltered clients to help save lives while pursuing permanent housing and building a strong system of support as a long-term solution to enhance safety.

## Instructions

The CT Street Outreach Standards require unsheltered homeless outreach projects to **help clients establish a plan for how they will reduce safety risks while they remain unsheltered**. This guide is intended as a resource for outreach workers to support safety planning. It is organized by key risk categories and includes sample assessment questions to evaluate risks and examples of practical harm-reduction strategies. Outreach staff can use the embedded fields to record key risks identified and risk reduction strategies.

Use of this guide is optional, and it can be adapted as needed, adding relevant resources or omitting items that aren't relevant. It is not intended to be used in its entirety with each client. Some information may already be available through other assessments. Outreach workers should avoid asking duplicative questions and use their judgement and knowledge of each person's unique circumstances to decide which parts of this guide to use.

While using this tool use a collaborative and non-judgmental tone – the aim is to empower PEUH to reduce risks. Participants may need time to develop trust. Demonstrating that you care about clients' and their families' safety, including any pets, will help to build that trust. Risks should be addressed over time as opposed to all at once, allowing the conversation to proceed at a comfortable pace and being careful not to overwhelm the client. Always obtain consent before discussing sensitive topics and explain that you are asking so that you can help them stay safe. Be sure to let people know it's entirely up to them what information they choose to provide. Also point out positive steps the person has taken to reduce risks and personal strengths you notice. Never push a person to talk about their past trauma or personal issues. Avoid probing for details of traumatic events. For more tips to ensure a trauma informed approach see [Trauma Informed Care Do's and Don'ts](#).

Ask for help from a supervisor and consult with others with expertise on these topics when needed. Some safety concerns require a critical incident report. Your supervisor can provide guidance on when and how to file those reports.

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## 1. Violence (Interpersonal Violence & Stranger Threats)

PEUH experience have very high rates of assault, theft, and other violence. Unsheltered living makes individuals vulnerable to attacks from strangers and others. Many are also survivors of intimate partner violence or exploitation, which can continue or worsen while they have no safe place to stay. Studies show PEUH are far more likely to be assaulted than those in shelters – one survey found 51% of PEUH had been attacked or assaulted while unsheltered, nearly double the rate of those who were sheltered. Women face particular dangers: 57% of women living in unsheltered locations in that study had been assaulted, and 62% had stayed in an abusive situation because they lacked other options. Safety from violence is a top priority in planning, as ongoing threats can be life-threatening and compound trauma.

### Sample Assessment Questions (Interpersonal Violence & Stranger Threats):

- Do you feel safe where you sleep or spend most nights?
- Have you experienced any recent threats or violent incidents?
- Has anyone been harassing or harming you?
- Is anyone forcing you to do things you do not want to do?
- Do you have to ask for permission to come and go as you please?
- Have your identification or other important documents been taken from you?
- Do you have a working phone to call 911 if you are in immediate danger?

Risks Identified:

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Potential risks and risk reduction strategies (Interpersonal Violence & Stranger Threats):

- **Unsafe locations:** If the client describes feeling unsafe in their current spot, work together to identify safer locations. For example, suggest areas that are well-lit or where other trusted individuals are present. Encourage a buddy system (staying near one or more people they trust at night). Provide transportation options and linkages to nearby services to help support location changes.
- **Interpersonal abuse:** Determine if the client is dealing with domestic or intimate partner violence (abusive partner or ex-partner). If so, connect them with a [domestic violence shelter or hotline](#) for specialized support and safety planning services. If they have a restraining order or need one, ensure they know how to pursue that.
- **Exploitation and trafficking:** Survival sex or labor exploitation is common when people have very limited resources. Provide information about organizations that help victims of human trafficking or exploitation (National Trafficking Hotline 1-888-3737-888, DCF Careline for youth (use term human trafficking) 1-800-842-2288), Love146 – [survivorcare@love146.org](mailto:survivorcare@love146.org) or 203-772-4420 for youth 13-17), and strategize on how to avoid or safely exit these situations. Use harm reduction strategies.
- **Emergency options:** Make sure the client has a plan to get help in an emergency. Identify nearby places they could run to for help (24-hour businesses, police/fire stations, hospitals). Consider providing a whistle or personal alarm they can use to draw attention if threatened. Reinforce that safety is the priority – if a situation feels dangerous, it’s okay to listen to your gut, leave belongings behind and get to safety quickly. Some people may be hesitant to work with law enforcement. Assisting in clearing up any current warrants may help make police assistance a more viable option.

Steps client and worker will take to reduce risks:

## 2. Weather Exposure (Heat, Cold & Storms)

Exposure to the elements is an acute risk for PEUH, especially during CT’s cold winters and hot summers. Hypothermia and frostbite are deadly threats from which PEUH have died. In fact, in 2023 the CT Medical Examiner recorded 10 hypothermia-related deaths - several during one January deep freeze. In summer, extreme heat and humidity can lead to heat stroke, dehydration, and other heat-related illnesses. Severe storms and high winds pose dangers from falling debris or flooding. Proactive planning for weather is essential to prevent injury, illness or death due to exposure.

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## Sample Assessment Questions (Weather Risk):

- Do you have a place to keep warm and dry during the day and night?
- Do you have access to shade and enough water?
- Can I provide you with information about shelters, warming/cooling centers, drop-in centers, or CAN Hubs?
- Do you have the clothing and gear you need for the season (warm coat, layers, hat, gloves, socks - including an extra pair, gear to keep dry in the rain, light breathable clothing, a hat, and sunscreen)?
- Are you staying near water that might flood?
- Do you get severe weather alerts and text updates on your phone?

Risks Identified:

## Potential risks and risk reduction strategies (Weather Risk):

- **Gear, clothing, and temperature controlled spaces:** If the client lacks essential items provide them or direct to Hubs or other services that can supply them. Provide information about hypothermia and frost bite. Educate about signs of heat exhaustion (dizziness, heavy sweating, nausea) and heat stroke (confusion, no sweating, high body temp). Identify cooling centers or air-conditioned and heated public spaces (libraries, malls, transportation hubs) where they can spend the hottest/coldest part of the day. Encourage drinking water frequently; provide extra bottled water and advise where to refill water bottles. Encourage use of services that offer a place to stay at night and/or during the day – it could save their life.
- **Weather alerts:** Increase canvassing to alert PEUH about incoming storms and weather extremes and inform clients during regular outreach when bad weather is forecast. If the person has a phone, help ensure they get weather alerts or text updates. Help them plan where to take shelter during a storm – even if it’s under a sturdy overhang or in a public building’s entryway as a last resort. If they are in an area prone to flooding, help develop a plan for them to move to higher ground during storms.
- **Fire and heating safety:** PEUH may use fires, propane heaters, or candles to stay warm in freezing temperatures. Encourage alternatives, acknowledge the challenges and emphasize safety: they are at greater risk of burns or carbon monoxide poisoning from these heat sources. Ensure they know how to vent a heater (to prevent CO buildup in a tent) and keep flames away from flammable materials. If using a fire: suggest keeping a bucket of water or sand nearby to extinguish it and having an escape plan if a tent or structure catches fire (keep a knife handy to cut out of a tent). If possible, provide safer heating supplies (hand warmers, extra blankets) as alternatives to fire.

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Steps client and worker will take to reduce risks:

## 3. Substance Use (Overdose & Related Risks)

Some PEUH struggle with substance use disorders. Living unsheltered can worsen these challenges. Substance use also relates closely to violence, increasing its risk. The risk of overdose is critical, especially from opioids like fentanyl, which are potent and widespread. PEUH are significantly more likely to suffer overdoses than those in shelter – one study found the annual rate of nonfatal overdose was 17% among PEUH, four times higher than among shelter residents. Overdoses are a leading cause of death for the homeless population. Withdrawal from alcohol or benzodiazepines can be life-threatening without medical help, and using substances in unsafe environments (dirty needles, etc.) carries risks of HIV/Hepatitis or other injury. Addressing substance use risks with compassion and harm reduction strategies is a key part of safety planning.

### Sample Assessment Questions (Substance Use Risk & Mitigation):

- What substances do you use regularly (alcohol, opioids/heroin, fentanyl, methamphetamine, etc.)?
- Have you had any recent scares (like an overdose, bad reaction, injury, or violence while using)?
- (If alcohol is identified as a substance heavily used) Do you experience withdrawal symptoms (shakes, seizures) when not drinking?
- Do you carry Naloxone (Narcan)?
- (If injecting) Do you have a reliable way to get clean needles?
- Are you interested in substance use treatment or support?

Risks Identified:

### Potential Risks and Risk Reduction Strategies (Substance Use)

- **Naloxone access:** Ensure they have [Naloxone \(Narcan\)](#) if they use opioids or stimulants (since fentanyl is now contaminating many drugs). As needed, provide it or direct them to the nearest [program, health department, or pharmacy](#) that distributes it. Verify they [know how to use it](#) and encourage them to keep it *on hand every time* they use opioids. Having naloxone readily available can be life-saving.

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- **Using safety strategies:** Talk about safer use practices. Provide resources and instruction to use [fentanyl test strips](#) if using opioids or stimulants. Encourage them not to use drugs *alone* – using with a trusted friend or in the vicinity of other people can help increase the odds that help arrives in time if they overdose. If using alone, suggest they do a small tester dose first and go slow and/or call the Never Use Alone -hotline: 1-800-484-3731. For injection drug users, provide clean syringes or direct them to a [syringe services program](#) to prevent disease. Educate about the risks of substance use in extreme weather. This can lead to frostbite, hypothermia, sunburn or heatstroke. Provide information about their signs and symptoms.
- **Alcohol and other substances:** If they experience withdrawal symptoms (shakes, seizures) when not drinking, that's a serious risk – suddenly stopping can be dangerous. Discuss a mitigation strategy, which might include ensuring they can taper down slowly or get [medical withdrawal management](#) (connect them to a clinic). For stimulants like meth, discuss risks like severe overheating or psychosis; for synthetic drugs (K2/spice), mention the unpredictable reactions. Tailor the conversation to whatever they use most, focusing on how to stay as safe as possible.
- **Interest in help:** While the immediate goal is to keep people alive and safer, note if they express any interest in substance use treatment or support. If they do, be ready with information on [local treatment options](#) (outpatient programs, medication-assisted treatment for opioids, etc.) – keeping it client-centered. If they're not ready for abstinence-based treatment, harm reduction is the priority now. Make sure they at least have resources like [addiction helplines](#) or contacts for [street medicine teams](#) (slide 20) who specialize in substance use, so they know help is available whenever they choose to seek it.

Steps client and worker will take to reduce risks:

## 4. Transportation Hazards (Railroad & Highway Safety)

PEUH often live, sleep, or travel on foot in environments designed for vehicles, not pedestrians – like encampments near highways, under bridges, along railroad tracks or in rail yards. This puts them at high risk of being hit by a car or train. In some urban areas, a disproportionate number of pedestrian fatalities are unhoused people - accounted for 24% of all traffic deaths, and nearly 70% of pedestrian deaths, in one city in a year. The Federal Railroad Administration reports an average of 458 trespasser fatalities on U.S. railroads each year, and PEUH are often among those struck. Transportation-related dangers are a major safety concern that often get less attention, so it's important to explicitly assess and mitigate them.

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## Sample Assessment Questions (Transportation Safety):

- Where do you typically sleep? Is it near any roadways, highway on/off-ramps, or busy intersections? Are there train tracks or rail lines very close by?
- Do you frequently walk along or cross highways, high-speed roads or rail lines on foot, particularly at night?
- Do you use a bike? If so, does it have lights that work? Do you wear a helmet?
- What do you wear when you are walking or biking at night?
- Do you have any ID on you and/or a friend's phone number in case of emergency?

Risks Identified:

## Potential Risks and Risk Reduction Strategies (Transportation Hazards)

- **Location of encampment:** Note immediate hazards in the environment (e.g. “camp is 30 feet from I-95 off-ramp” or “sleeps next to active railroad”) to guide the safety conversation.
- **Visibility to drivers:** If they don't have any bright or reflective clothing, consider providing reflective armbands, a safety vest, a flashlight, or bike lights. Even a small flashlight or bike blinkers attached to a cart can make them more visible.
- **Road crossing and traffic:** Encourage crossing at designated crosswalks or under streetlights when possible. If they must cross somewhere dangerous, suggest doing so during lighter traffic times and during daylight. Remind them that many drivers are distracted and may not see them. If they use a bike, encourage basic bike safety (wearing a helmet, riding with traffic, using lights at night, avoiding impaired riding). Provide a helmet if possible.
- **Railroad safety:** If their sleeping spot is near train tracks, have a frank conversation about risks. Many trains are surprisingly quiet and fast; wearing headphones, falling into deep sleep or passing out on or next to the tracks is extremely dangerous. Encourage them to maintain a buffer distance from tracks. Gently suggest away from the most hazardous spots. If they insist on staying near a rail line, provide information on the typical schedule and to *never* assume a track is inactive. Moving behind a barrier or fence can provide some protection. Explain this is about *keeping them alive*. Offer help moving belongings if needed. Mention that hundreds of people are killed by trains yearly– it's a real threat.

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- **Plan for travel:** If they must travel a particularly dangerous route (e.g., walking along a highway shoulder), brainstorm safer alternatives, like taking public transit for that stretch (offer a bus pass), or using side streets. Help identify a safer path.
- **Emergency preparedness:** Encourage them to keep some form of ID or a note with a friend's number in their pocket.

Steps client and worker will take to reduce risks:

### 5. Health & Medical Conditions

Living unsheltered takes a severe toll on health. Many PEUH have chronic medical conditions that are worsened by exposure and lack of routine care (diabetes, heart disease, HIV, asthma, etc.). Minor injuries or illnesses can quickly escalate. PEUH have significantly higher rates of chronic illness than sheltered counterparts. They also face barriers to healthcare (no insurance, mistrust of hospitals, transportation issues), leading to many conditions going untreated. Also, the physical strain of homelessness – constant walking, poor nutrition, poor sleep – can exacerbate existing conditions, and conditions that require medication (like seizures or mental illness) become dangerous if meds are lost or not taken. People experiencing homelessness in their late 50s are medically similar to those who are two decades older, and compared to housed people of the same age they die at rates 3.5 times higher. This section focuses on identifying medical risks and helping to establish a plan to manage health needs.

#### Sample Assessment Questions (Health & Medical Risks):

- Do you have any diagnosed medical issues like diabetes, epilepsy, heart problems, etc.?
- Do you have your medications? (insulin, inhaler, blood pressure pills, etc.)
- Are you able to keep your medications safe and use them as prescribed?
- Do you have any wounds, sores, or infections or any concerning symptoms like severe cough, fever, vomiting, pain, or difficulty breathing? (if yes, determine urgency)
- Do you have a doctor or clinic you use regularly or one you've visited before? Are you open to reconnecting? Or to help finding a different provider?
- Do you have health insurance? If so, do you have your card or know your ID number?
- Are you eating regularly and drinking enough water? Do you have any special dietary conditions that you need to follow (e.g., low sugar for diabetes)?

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Risks Identified:

## Potential Risks and Risk Reduction Strategies (Health and Medical Conditions)

- **Medication Access:** If they *don't* have a needed medication, that's a major risk. Work on a plan: Can you help them refill a prescription at a pharmacy or through a free clinic? Consider practical issues – for instance, if they have pills that should be taken with food or water, do they have access to those regularly? Addressing medication continuity can prevent a medical emergency.
- **Acute symptoms or injuries:** For potentially serious issues (wound that looks infected, possible broken bone, uncontrolled asthma, etc.), encourage and assist them in getting medical attention *quickly*. This could mean calling a [street medicine team](#) (slide 20), going with them to an urgent care clinic, or as a last resort, using the ER. Emphasize the risk of life-threatening complications if untreated.
- **Healthcare connections:** Many PEUH use community health centers or mobile clinics when they can—sometimes outreach can help schedule an appointment or provide transportation. If they have health insurance or Medicaid, but don't have their card or ID number, assist in retrieving that information because it will smooth access to care. If they are uninsured, be ready to help access health insurance and refer to [free clinics](#) or [medical assistance programs](#).
- **First aid and hygiene:** Provide basic first aid and hygiene supplies if possible. This may include: tampons, pads, clean underwear, bandages, antibiotic ointment for cuts, alcohol wipes, hand sanitizer, sunscreen, and blister bandages. Encourage keeping wounds clean and dry to prevent infection. Small preventative steps can ward off bigger health problems.
- **Nutrition and hydration:** Malnutrition and dehydration can worsen health (e.g., not eating can destabilize diabetes, dehydration strains kidneys). If they have special dietary needs due to a condition, connect with any meal programs that accommodate it. At minimum, ensure they know locations of soup kitchens or food pantries and have a way to carry water with them.
- **Emergency plan:** In a medical emergency (e.g., heart attack, severe asthma attack), seconds count. If they have a phone, is it charged and accessible for calling help? If they don't, help obtain a cell phone and/or identify locations where help could be called (like a store or library). If they have any condition that could suddenly incapacitate them (seizures, severe allergies), encourage them to avoid isolation and tell a friend nearby about it so that person can call for help if needed.

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Steps client and worker will take to reduce risks:

## 6. Mental Health & Emotional Well-being

Mental health is a critical component of safety. Many PEUH live with serious mental health conditions. The chaos and trauma of homelessness can both exacerbate existing psychiatric disabilities and trigger new conditions. One study found PEUH were far more likely to have a mental health or substance use challenge (84% had one or both) compared to those in shelter. Untreated mental health issues can lead to disorientation, risky behaviors, or suicidal crises, all of which pose direct safety risks. People with untreated psychiatric conditions may struggle to make use of resources (e.g., paranoia might make someone avoid shelters, or untreated depression might lead to giving up on self-care). Thus, assessing and planning around mental health is integral to overall safety. Click here for a general resource for [Mental Health](#) for the unhoused in CT.

### Sample Assessment Questions (Mental Health Safety):

- How have you been feeling emotionally?
- Have you ever received or been treated for a mental health diagnosis?
- Are you on any psychiatric medications? If so, do you have a supply and take them regularly?
- Sometimes people going through so much start feeling like they don't want to go on – have you been feeling anything like that?
- How do you typically cope with the stress of living outdoors?
- Is there a friend or family member you stay in touch with who provides emotional support? Are there others you trust and can talk to?

Risks Identified:

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## Potential Risks and Risk Reduction Strategies (Mental Health)

- **Trauma-informed approach:** Recognize that many unsheltered individuals have significant trauma histories (abuse, violence, etc.). Be mindful of triggers when creating the safety plan. For instance, if a certain area or person triggers panic due to past trauma, incorporate avoidance of that trigger into the plan. Provide reassurance and encourage them to engage in trauma-informed counseling if available. Healing from trauma is a long process, but feeling understood and safe during outreach interactions is a starting point.
- **Emotional state check-in:** Do they express feelings of hopelessness, extreme sadness, or anxiety? Look for signs of unmanaged mental illness (consider using the [mental health mini-screen](#)): Do they appear very paranoid or report hearing voices (possible psychosis)? If you suspect conditions like schizophrenia or bipolar disorder, note that. Simply giving space for them to talk about how they're coping mentally can provide clues.
- **History and treatment:** . Many PEUH stop treatment due to various barriers. If they don't have prescribed meds but need them, discuss how to reconnect with mental health services – perhaps [mobile mental health](#) services, [local mental health authorities](#), or [another resource](#). Offer to help facilitate this connection, emphasizing it can improve how they feel day-to-day.
- **Suicide risk:** If they give any indication of suicidal ideation, this is a *critical risk*. Ensure they have the Adult Crisis Line number (1-800-HOPE-135 or 211) or other [local crisis line](#). If they are in immediate danger of self-harm (they have a plan and means), work with a supervisor and call emergency services or a [mobile crisis team](#) right away for their safety. Connect the person to a clinician who can help make a safety plan (identify personal reasons to keep going, people they can reach out to in moments of crisis, and steps to take if dark thoughts surge).
- **Mental health crisis plan:** If the person has a history of acute mental health needs (e.g. psychotic breaks, major depression or panic attacks), connect with a clinician who can help develop a simple plan for what to do in a crisis. For example: “If you start hearing voices that tell you to do risky things, what can we do to help keep you safe? Would you be willing to go to the hospital if it gets very bad?” Write down any steps or numbers to call ([mobile crisis team](#), or 911 and ask for a crisis intervention team). Make sure they're aware that mental health crises are treatable and not their fault, and that getting help during a crisis is crucial for their safety. When someone is at imminent risk of hurting themselves or someone else call mobile crisis or 911 and talk to a supervisor.
- **Coping strategies:** Everyone has different ways of coping. Acknowledge the things people are already doing to take care of themselves and encourage any healthy coping mechanisms they mention (for example, spending time at drop-in center where there's community, or engaging in a simple hobby like reading, or practicing faith/spirituality). You can also ask if they are open to suggestions like finding a calm safe spot during the day to relax, writing in a notebook, or talking with supportive peers or staff regularly to vent.

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- **Social support:** Determine if they have any support network. Isolation can worsen mental health, so if they lack support, consider connecting them with peer support groups, or encourage the bond with outreach staff, volunteers, and others. Knowing someone cares can be protective.

Steps client and worker will take to reduce risks:

### 7. Environmental & Sanitation Hazards (Hygiene, Pests & Pollution)

The environment where unsheltered people live can pose its own health and safety risks. Unsanitary conditions are often unavoidable – lack of access to toilets and garbage services means human waste and trash can accumulate in encampments, attracting rodents and insects and leading to disease. Risks like hepatitis A outbreaks, skin infections, or respiratory illness from living in damp, moldy tents are all higher in such conditions. Additionally, many PEUH reside in areas with high levels of pollution (such as near highways with heavy exhaust, or industrial areas with pollutants) and this constant exposure can worsen asthma, COPD, and other health problems. Living outdoors also means exposure to environmental hazards like dirty water sources, extreme noise, or even hazardous materials (e.g., some encampments might be on old dumping grounds or under bridges with lead paint dust). This category covers ensuring basic sanitation and environmental health needs are addressed as part of safety planning, since these factors directly affect the person’s well-being and survival.

#### Sample Assessment Questions (Environmental/Sanitation Safety):

- Where do you get your water for drinking and washing?
- How do you manage bathroom needs?
- Do you have access to a shower?
- Do you have any rodent or insect problems where you stay?
- Do have any issues with other animals in or near where you sleep?
- Are you concerned that the air or other conditions where you are staying may not be safe?

Risks identified:

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## Potential Risks and Risk Reduction Strategies (Hygiene, Pests)

- **Clean water access:** Lack of clean water can cause dehydration and force people to drink from unsafe sources. If they are getting water from questionable sources (like rivers, ponds, or outdoor faucets not meant for drinking), try to arrange a safer supply. Provide bottled water if possible. Make sure they know about any public taps or fountains in the area (some parks or public buildings have spigots). Emphasize the importance of staying hydrated (especially in heat) and, if water is not clean, advise boiling it when possible or using water purification tablets if available.
- **Hygiene and restroom:** Not having a restroom is a dignity issue and a health risk (improper waste disposal can lead to diseases like hepatitis A). If public restrooms (libraries, gas stations, etc.) are accessible, encourage using those rather than outdoors. If not, suggest burying waste when possible and staying away from common areas to avoid contamination. If they don't have shower access, help identify options. As a last resort, provide alternatives: baby wipes or a washcloth with water can help clean the body. Hand sanitizer is crucial – offer a small bottle and encourage use to prevent illness.
- **Trash and pests:** Garbage can attract rats, and clutter can harbor roaches or lice/bedbugs in bedding. Brainstorm solutions: provide heavy-duty trash bags so they can bag up garbage (even if there's no pickup, keeping it contained reduces pests). If rats are a problem, suggest hanging food bags from a tree or storing food in sealed plastic containers. For insects like mosquitoes or ticks, offer bug repellent and advise covering up exposed skin and regular tick checks. If their bedding is infested with bedbugs or lice, get new bedding, if possible, or help them get it washed and dried at high temperatures. Constant bites can get infected.
- **Encampment safety and cleaning:** Evaluate any other environmental hazards in their immediate surroundings. Is there a lot of broken glass, needles, or sharp debris on the ground where they sleep? If yes, provide a sharps container and work with your supervisor to help arrange a safe clean up. Try to coordinate trash clean-ups and pick-ups (with their consent, since people sometimes fear clean-up means a sweep/eviction – clarify it's to help, not to displace them). Keeping the environment cleaner reduces health risks and improves their relationship with the surrounding community (less chance of complaints or forced evictions). Distribute hygiene kits as possible, or let them know when/where they can get soap, toothbrush, etc. If they cook or burn fires, is the area around free of excess flammable trash? (If not, help them clear a small safe zone.) Also, consider air quality – if they're under a highway, they're breathing exhaust constantly; while relocating might not be immediately feasible, at least they should be aware that it might affect their breathing.
- **Animal encounters:** If they encounter any wild animals or aggressive dogs, advise securing food at night and seeking prompt medical attention for any bites.

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Steps client and worker will take to reduce risks:

## 8. Pet Safety

Many [PEUH have pets](#) who provide companionship, emotional support and a sense of safety, and consider their pets part of their family. However, living outside poses unique challenges for keeping pets healthy and protected. If they have a pet, this section provides an approach to plan for the pet's safety too, as a key part of developing rapport and ensuring safety.

### Sample Assessment Questions (Pet Safety):

- Do you have any pets living with you?
- Does your pet have food and clean water every day?
- Is your pet up to date on vaccinations?
- Does your pet currently need medical care?
- When you need to go someplace and can't take your pet, how do you make sure they are safe?
- Does your pet wear an ID tag with a current contact number?

Risks identified:

### Potential Risks and Risk Reduction Strategies (Pets)

- **Traffic and environmental hazards:** Encourage clients to keep pets on a leash or in a carrier when near roads or other dangers. Provide these supplies or a linkage to someplace that can, if possible. If pets sleep outdoors, try to help create a safe, insulated shelter (like a covered crate or protected corner) to shield them from cold, heat, rain or snow.

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- **Health and veterinary needs:** Connect pet parents to free or low-cost vet care. Provide info on where to access pet food, flea/tick prevention and vaccines. Some programs help with spaying/neutering.
- **Food and water:** Ensure that they have access to enough food and water for the pet. Many [food pantries](#) also carry pet food or can refer to resources that do. Clean water is just as vital for pets as for people, especially in hot weather.
- **Accessing services with pets:** Work with the client to identify pet-friendly services, shelters or options for pet-fostering if needed (e.g. during a hospital stay).
- **Emergency planning:** Talk through what they would do if separated from their pet. Are they open to emergency boarding if the pet's safety is at risk? Having a backup plan helps ensure the pet doesn't end up in danger.

Steps client and worker will take to reduce risks: