

1. Policy

The Barwon Division of General Practice actively manages staff safety risks related to home visiting via a number of checks.

1.1 Scope

Home visiting is a significant component of the Aboriginal Health programs and potentially other clinical and preventative programs. Home visits present a unique context in terms of Occupational Health and Safety due to the nature of the unstructured and unregulated environment intrinsic to homes.

There are two levels of risk management -

1. assessing level of foreseeable risk and
2. developing strategies to manage the identified risk.

1.2 Principles of Home Visiting as a Healthcare Model

Home visiting is considered to be an effective tool for promoting health outcomes. They enable staff a greater understanding of the holistic health needs of an individual or family through increased awareness of the context of their situation.

Staff are to be cognisant of the principles of engaging with clients when visiting them in their homes.

- Recognise that you are a visitor and that you have entered the privacy of their world
- Respect that the client is the expert about their situation
- Recognise how your position may be perceived
- Acknowledge that you hold a certain level of power/authority
- Clarify your role
- Importance of confidentiality
- Importance of establishing rapport and trust before the real work can begin
- Start where the individual or family are at
- Develop respectful relationships
- Set mutually agreed goals
- Help in practical ways
- Recognise that there will be differences in goals and values.

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2.0 Assessment of Foreseeable Risk

2.1 Collect Information:

Prior to the home visit or client transport, staff are required to complete a risk checklist over the phone. <..\\..\\OH&S\\Off- Site Audit & Home Visit Tool\\Pre-Visit Risk Assessment.doc>.

Consider all possible sources of information about potential hazards that the employee might be exposed to at that client's home. Ask about access, people who may be present, history of violence and substance abuse, as well as animals.

2.2 Weigh, analyse and assess the information received to determine the current level of risk:

If possible, consult with referring or other agency to verify BDGP risk assessment. The referring/other agency is required to provide all available information, including a past history of violence and the existence of an AVO. History of mental health issues of occupants may also be relevant.

Discuss risks with line manager or team members to develop strategies and alert other staff to risks.

2.3 Communicate with BDGP Team

Before leaving for a home visit, a movement sheet must be completed.

<..\\..\\OH&S\\Off- Site Audit & Home Visit Tool\\Movement Sheet.doc>

The process for ensuring staff travel safety is the same as for the Business Travel Policy in that the staff member leaving for a home visit must identify a staff member/buddy who will monitor their whereabouts on that particular day. The form shall be left with them. This will allow staff in the office to track staff whereabouts to ensure their safe return at the end of each home visit.

Staff members are responsible for ensuring that their phone is fully charged when they leave the office and must answer all calls from the office to ensure reliable communication and safety.

When staff do not return or contact the buddy at the allotted time, that buddy is responsible for phoning their mobile phone and then the house phone where the visit is being conducted. If they are unable to reach the staff member, and they are reasonably concerned, they (or their line manager) may contact the Police to make a report. The Police will direct the process from that point.

All staff should receive training regarding risk assessment and safe home visiting at orientation and subsequent changes to procedure are communicated to the team at staff meetings.

When clinics are being operated out of other premises, eg. Antenatal clinic or MSOAP clinic, and staff are returning to the clinic location rather than the Division office, it is important that the same checking process is applied, however a buddy from that service location will be identified. They will need an explanation of the system and how to respond if the BDGP staff member does not return as expected.

At the end of the visit, these sheets can be shredded as all relevant information will be kept on file.

3.0 Identify strategies to reduce risk

Determine what would need to be in place / changed in order for the home visit to be completed.

The principles of the Risk Management standards are applied in the home visiting process.

a. Eliminate the hazard

- If the risk is too high, employees should not attend the home visit and if indicated, the police should be advised.
- Employees have the right to refuse to work with a client if they feel 'at risk'.
- Employees can leave a home visit at any time that a situation develops and they feel uncomfortable. This can be done by politely saying that they feel unwell and need to go.

b. Substitute the hazard

Offer an appointment in the BDGP office or medical practice where work safety procedures are in place.

c. Isolate the hazard

When the visit has been deemed safe to proceed, the following procedures need to be followed:

- Phone the client half an hour before the scheduled visit to check that the risks previously assessed remain true (ie. no visitors have arrived)
- Two workers attend the initial home visit. **When possible, trainees are encouraged to take a trained health professional or community worker with them.**
- If a worker feels unsafe, they must leave the situation. The worker maintains the right to refuse to see a client or conduct a home visit.
- Staff are to be aware of exits from the premises. Ask the client not to lock the door if they do so.
- Ensure they position themselves nearest the door when inside the house. Try to see clients in a room where there is more than one exit
- Park vehicles in the most accessible position on the street (not in the driveway) and keep the car keys on their person at all times
- Discuss with the client the management of animals and smoking risks.
- Avoid sitting on soft chairs at the visit as they may be more difficult to get out if hurried.

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d. Design in safety

- An itinerary of appointments is to be left at the office and staff are to phone in between appointments to notify the office that they are safe. Each time home visits are conducted, the movement sheet is to be provided to an individual who is responsible for following up on a staff member to ensure safety.
- Home visits will only be offered after 9am and staff will return to base by 5pm.
- On arrival at the client's home, staff should assess the situation as they approach and do not enter if they have concerns about their safety.
- All staff must have a mobile phone switched on during their home visit. They are expected to take all calls from the office to ensure safety.
- All mobile phones must have programmed emergency numbers.
- Ensure a duress alarm and response is planned, tested regularly and activated in the event that it is required
- Workers should use code words (ie. "I don't feel well") so that when ringing the office, appropriate back-up can be sent without alerting anyone listening to the call and therefore the worker is not placed at additional risk. Any staff member answering that call must be aware that that is the cue to alert the police because the staff member would have left the visit if they were able to.
- Unless absolutely necessary, staff are not to use the landline at the client's home due to recall risks.
- Be aware of egress from the premises at all times.

e. Change work methods

Any risks/hazards identified are to be recorded and discussed with the Program Coordinators or Executive staff as an audit of the systems in place.

f. Use personal protective equipment

- Follow infection control procedures as outlined in the 6.0 Occupational Health and Safety policy.
- Alert to be used in *myPractice* if client has infection risks (eg. Hep C)
- Waterless hand-wash is to be available in all cars.
- Staff to take gloves in their clinical kit.
- Footwear to remain on.
- There are first aid kits in all cars.

4.0 Emergency Risk Management

Under no circumstances should BDGP staff working in the community knowingly place themselves or another person at risk. However, if confronted by violent or potentially violent behaviour staff should retreat immediately and contact the police on 000.

5.0 Document Control

5.1 Source Documents and Cross References

Safe Home Visiting 2010 - Centre for Community Welfare Training

Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health facilities

North West Slopes Division of General Practice risk assessment checklists

Riverina Division of General Practice risk assessment checklists

5.2 Revision history

The following table shows the changes that have been made to this document.

Author	Version	Date	Reviewed by...	Comments
Alicia Pratt	1	February 2011	Staff Meeting	Minor changes made Checklists developed
	1	22 February 2011		Approved by Board
Alicia Pratt	2	March 2011	Aboriginal Health Team and MH OT	Further operational guidelines clarified

4.3 Update schedule

This document should be reviewed on the following dates: June 2013

Appendix-

General Safety Precautions for Staff working in the Community

Staff working in the community should:

- Lock their vehicle while driving through areas identified as potentially dangerous
- Conceal all bags, drugs and equipment when first entering the car so that nothing is visible while travelling, and staff are not seen to be hiding them as they park or prior to leaving the car for the visit
- Drive to the nearest police, fire or petrol station or a pre-determined 'safe' venue if they suspect they are being followed
- Assess the situation as they approach and not enter a location if they have doubts about their security
- Remain aware of the environment and potential escape routes in case problems arise
- Make an excuse not to enter the premises if the person answering the door gives cause for concern eg if they are drunk, if the patient is not in, or if a potentially dangerous relative is present
- Show identity badges
- Follow the occupant when entering the premises
- Avoid walking in deserted places, or taking short cuts through secluded alleys or vacant lots
- Walk in the centre of footpaths away from buildings
- Observe windows and doorways for loiterers
- Walk around, rather than through groups of people
- Not enter areas of unrest, or where there appears to be trouble in the neighbourhood
- Check lighting and stairwells when entering a building where no lift is available
- Look before entering a lift and not enter if concerned
- Stay near to the door and control panel in lifts and be observant of other passengers
- Not search for clients by unnecessarily knocking on doors
- Not remain in the parked car for a prolonged period either before or after making the visit
- Determine whether the client is at home prior to entering the premises if an unfamiliar person opens the door

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- Immediately leave if firearms or other weapons are seen (the presence of weapons should be noted in the client's file and communicated to police and management). Staff should not return to these premises until the matter is resolved
- Cross the street and walk in the opposite direction or into an open business if there is suspicion of being followed by a car
- Treat clients and visitors courteously at all times
- Park in a well lit area as close to the patient's home as possible
- Park in a way to allow exit (ie do not allow car to be blocked in)
- Ensure animals are restrained
- If in doubt, take a second person/security/police with you
- Refuse food or drink offered if concerned
- Beware of talking in the kitchen as there are more dangerous objects or weapons in a kitchen environment.