

Sample Policy 2

Safe practice procedure - home visits

Organisations should have a policy which clearly outlines the expected safe work practices and procedures in relation to home visits.

Home visits are regarded as a workplace activity and as such, current OH&S legislative requirements apply, as follows.

- It is the duty of the employer to identify and assess hazards and if reasonably practicable eliminate risks. If that is impracticable, the risks must be controlled.
- It is the duty of the manager or supervisor to ensure that the policy and procedures of the employer are implemented, followed and reviewed.
- It is the duty of the employee to 'take reasonable care for the health and safety of people who are at the employees' place of work and who may be affected by the employees' acts or omissions at work'.

Safe practice procedures - home visits

Objective

Organisation X encourages a workplace culture and work practices that prioritise staff safety at all times.

Policy

The following safe practice procedures have been developed to enable staff employed by Organisation X to carry out home visits with a high level of safety.

As part of any safe workplace, staff employed by Organisation X are strongly encouraged to always use past experience and to consult with colleagues and managers at all times.

Maintenance of a safe work environment for staff is a joint responsibility for staff and supervisors.

Organisation X will not provide a service in a consumer's home if formal assessments identify an unacceptable level of risk indicating it is not safe for the employees providing the service.

Organisation X will assist staff through training, education and support to prevent and minimise safety risks with expectations clearly documented.

Managers and supervisors should make adequate provisions to address possible safety concerns for staff involved in home visits, working out of standard business hours or working in isolated workplaces.

WHEN CONDUCTING HOME VISITS

When conducting home visits, workers must take the following four steps.

1. Carry out risk assessments

- Always conduct an assessment of risk of aggression before visiting any consumer at home.
- For existing consumers, refer to and use the consumer's Individual Support Plan (ISP) for guidance on management of any risks identified.

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- An initial assessment of risk of aggression should be conducted by two staff, preferably at an office or facility location rather than at the consumer's home.
- Consumers who have stable mental health should have the level of risk reassessed at their management/ individual plan review or where there is reason to believe that the level of risk has changed. Assessment, prevention and management planning should include the consumer, as well as the roles of relevant others and their contributions.
- Two staff should conduct the initial home visit during office hours, and during this visit the home assessment should be completed.
- Workers who are uncertain as to the level of risk involved in a home visit must discuss the situation with their supervisor before going to and/or entering the consumer's home.
- Consider risk to male staff concerning possible allegations of sexual misconduct by female consumers, particularly in the privacy of a consumer's home.
- Advice should be sought and taken from local mental health services that may have relevant history or information about the consumer being assessed.

Upon completion of the risk assessment, staff should consider the following recommendations:

High / extreme risk	Do not visit the consumer – consider alternative arrangements.
Medium / significant risk	Two staff to visit the consumer until further assessments demonstrate otherwise.
Low risk	Visit the consumer but always conduct a mini risk assessment immediately prior to entry.

A mini-risk assessment should consider whether the consumer is:

- i. agitated or distressed
 - ii. displaying threatening or aggressive behaviour
 - iii. being verbally aggressive or abusive
 - iv. mentally unwell
 - v. displaying behaviours that are out of character
2. Once a risk assessment has been carried out, the level of risk determined and the risks prioritised, a decision needs to be made about risk management options. For example:
 - a) The level of risk is acceptable and able to be managed with existing procedures.
 - b) The level of risk is acceptable but requires adjustments to human resources (e.g. must be visited by 2 people) and the development of a risk management plan:
 - Risk management strategies need to be built into the individual's care plan.
 - The effectiveness of the strategies must then be monitored and evaluated:
 - individually between the consumer and their care coordinator
 - through regular team meetings and care conferences (where applicable).
 - c) The level of risk is too high and cannot be mitigated through rearrangement of resources or a risk management plan:
 - Explain and document the reasons.
 - Work with the consumer to identify more appropriate options.
 - With the consumer's consent, refer appropriately.
 3. Identify risks and make decisions relating to the risks identified.

The outcomes and/or decisions associated with identified risks may include:

- cancellation of the visit
- a decision to engage two staff to attend the visit
- a telephone call to the consumer to ensure that:
 - the worker is able to safely provide the service
 - safe and well lit access is available through gates, doors, and when entering high density housing
 - pets are suitably restrained
 - the house and entry is illuminated, if the visit is to be conducted at night (NB. Avoid visits after dark as much as practicable).

4. Have the necessary equipment.

- Always carry a mobile phone that is appropriately charged and in good working order.
- Have 000 and the relevant office numbers programmed into the speed dial function of the mobile phone.
- Ensure staff have access to relevant safety equipment such as torches (staff must always carry a torch if visiting at night), first aid kits and emergency information folders, and that these items are in good working order and up to date.

WHEN NOT TO VISIT

Staff should not visit a consumer at home if:

- the assessed risk of aggression is 'high' or 'extreme'
- violence is known to have recently occurred and the perpetrator (consumer or other person) is at the address or is likely to return or arrive during the visit
- the consumer or other person/people present is exhibiting signs of aggression and/or intoxicated by alcohol and/or drugs.

Note: In making decisions regarding home visits all factors need to be considered, including any mitigating circumstances such as physical disability, presence of supportive relatives and so on. Where risk has been assessed as medium/significant or high/extreme, staff should never visit a residence until a discussion with the supervisor has occurred and a management plan has been developed. Management plans must always contain risk minimisation strategies. Advice gained from local mental health services should be included.

WHEN TWO STAFF SHOULD VISIT

Prior to the first home visit and when circumstances change, an assessment should be carried out and an assessment form completed to evaluate any risks associated with the consumer and their home. A formal assessment should clarify whether the risk is low, medium/significant or high/extreme. Two staff should visit when:

- the risk of aggression is 'medium / significant', or has not been assessed
- violence has occurred in the past but not in the recent past, and there are concerns that the consumer may be unwell or becoming unwell
- reports have indicated that the consumer is 'upset' or 'distressed'
- the staff member visiting:
 - does not know the consumer
 - is not trained in the assessment of aggression or assessment of the environment
 - is not trained in de-escalation or self-defence strategies
 - is not aware of safe home visiting policies and procedures.

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CONSUMER HOME VISITS ON THE WAY TO WORK OR ON THE WAY HOME FROM WORK

- Home or community visits on the way to work or on the way home from work should not occur without prior approval of a manager and documented justification for this decision and procedures should be put in place to manage such visits.

WHAT TO DO WHEN A HOME VISIT HAS BEEN ASSESSED AS UNSAFE

If it is considered unsafe to visit a consumer at home then alternative arrangements must be made. These may include:

- consumer attendance at a health care facility during office hours
- a multi-party appointment with a community mental health case manager.

STAFF MOVEMENTS - CHECKING OUT AND IN

- Organisational procedures should be in place to ensure that staff movements are documented.
- A detailed in and out of the office log and accompanying procedures for responding to circumstances when staff fail to report as scheduled must be in place at facilities where outreach service is provided. These logs should allow for the inclusion of:
 - comprehensive details relating to the staff member and the consumer being visited, including the name, address and telephone number of the consumer being visited, any other appointments that the staff will be conducting while out and the order in which visitations are expected to occur
 - the expected time of arrival at the nominated venue or venues if conducting several visits or appointments
 - the expected length of each visit or appointment
 - contact details of the worker, e.g. mobile phone number
 - a description of the vehicle to be used including colour, registration and type/model.
- Expected time of return should be documented and the staff member should be expected to report back to the office by phone in circumstances where the visit has gone beyond the expected timeframe.
- Managers must ensure that there are effective procedures in place to:
 - monitor and investigate delays
 - determine staff locations
 - where necessary, initiate emergency procedures
 - advise others of any problem.

UPON ARRIVAL AT A CONSUMER HOME VISIT

- Park on the street in a well-lit place where you can't be parked in or obstructed.
- Do not enter the home if you can hear people arguing at the premises, if you see people using alcohol or drugs at the premises or if you feel threatened.
- If you become concerned for your safety or are threatened with physical harm upon arrival for a consumer visit, you should:
 - leave immediately
 - drive to a safe location and then contact the office, or if urgent, the police and then your manager
 - if necessary proceed to the nearest police station.

IF A STAFF MEMBER RECEIVES A CALL FROM A WORKER AT RISK:

- Check the address, ask the nature of the crisis and ask what is needed.
- If you hear the organisational code words, call Emergency on 000.

DURING A HOME VISIT

All staff should receive full training in identifying and managing risks, such as risk of aggression and hazards around the home. The following safety procedures should be adhered to by all staff during home visits.

- Be cautious when entering a consumer's home.
- If an unfamiliar person opens the door, make sure the consumer is home and that you feel safe before entering (It may be necessary to abandon the visit if you have any concerns).
- Ask whether there are other people at home. Be aware of the presence of others.
- Be aware of house layout and your exit routes.
- Keep your keys and mobile phone on you.
- Conduct a quick assessment by asking yourself:
 - is the consumer coherent?
 - is there anything different in their demeanour?
 - are they exhibiting signs of agitation or aggression?
 - is there any evidence of alcohol or drug use?
 - are other people present?
 - is anyone arguing?
 - are there any weapons?
 - is the home in disarray or different than usual?
- NEVER attempt to physically stop violent behaviour or get involved in arguments.
- If there is an identified safety risk due to aggression leave immediately.
- Take note of all possible hazards and report them on your return to the office.
- If a medical emergency arises while you are on a home visit, call 000 and wait for help.

AFTER A VISIT

- Report any incident or significant observations to your supervisor or manager.
- Document any incidents, concerns or significant observations in the consumer notes.
- Report to the office via phone after each visit.
- Speak to your employer if you need debriefing, counselling or support services.

CRITICAL SITUATIONS

- Staff must not enter any consumer's home if there is a potential critical situation. Under these circumstances staff should leave immediately and then alert their manager so that decisions can be made as to who may need to be contacted for assistance.
- In circumstances of impending danger, the staff member should contact the relevant emergency services first and then inform their line manager.

After an incident:

- ensure there is no longer any danger present. If there is concern for the welfare of the consumer or others, immediately contact the police and/or ambulance and your manager.
- seek medical treatment for yourself if required.
- request debriefing, support and/or ongoing counselling if required
- ensure a critical incident report is completed within 24 hours and assessed by management.
- make sure debriefing and support to the consumer and others involved are made available.

MANAGER OR SUPERVISOR'S ROLE AND RESPONSIBILITY

It is the manager's or supervisor's responsibility to ensure that:

- guidelines and policies are in place for safe home visiting, with clearly defined roles and responsibilities for employees
- clearly documented safe work policies and procedures are in place and are communicated to all staff
- OH&S orientation is provided for all new staff and ongoing training in safe work practices is provided to all staff
- systems are in place for continuous identification of hazards, risk assessment and elimination or control of hazards, as well as consultative mechanisms, incident reporting and follow-up procedures
- assessments have been carried out correctly and all workers are fully briefed and updated on consumer assessments before visits
- effective systems are in place to monitor staff movements and respond as necessary
- violence and aggression in the work environment are managed, with support for injured workers and return-to-work strategies
- systems are implemented for ongoing review of effectiveness of procedures and staff compliance, such as audits, management plans, team meetings and staff appraisals
- there is follow-through, implementation and monitoring of actions resulting from review processes, with staff involvement.