

Clinical Guideline



Home and Community Visiting For Children, Young People and Families

Sites where Clinical Guideline applies	John Hunter Children's Hospital and Community, Partnerships and Integrated Service.
This Clinical Guideline applies to:	
1. Adults	No
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	Yes
Target audience	All staff attending home and community visiting.
Description	Staff that undertake home / site / facility visits to identify potential risks prior to the scheduled visit.

[Hyperlink to Guideline](#)

Keywords	CYPF, Safety, Security, home visit, clinician safety
Document registration number	JHCH 19.3
Replaces existing document?	No

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

Relevant Accreditation Criterion e.g. NSQHS Standards/EQuIP Criterion and/or other:

- [NSW Ministry of Health Policy PD 2014_036 Clinical Procedure Safety](#)
- [NSW Ministry of Health Policy PD 2005_406 Consent to Medical Treatment](#)
- [NSW Ministry of Health Policy Directive Infection Control Policy](#)
- [Zero Tolerance: Response to Violence in the NSW Health Workplace. NSW Ministry of Health.](#)
- [NSW Occupational Health and Safety Act, 2000 and the Occupational Health and Safety Regulation 2001.](#)
- [CHIME Alerts HNELHD Guideline and Procedure](#)

Position responsible for Clinical Guideline Governance and authorised by	Pat Marks, DON/General Manager CYPFS.
Clinical Guideline contact officer	Cathy Grahame; Manager Ambulatory Care
Contact details	Cathy.Grahame@hnehealth.nsw.gov.au
Date authorised	30 th August 2016
This document contains advice on therapeutics	No
Issue date	30 th August 2016
Review date	August 2019

Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

Table of Contents

Safe Work Procedures	3
Prior to the community visit, the clinician will:	3
Strategies for identified risks following completion of PART A of the HNE Home / Facility Visit Risk Assessment	4
Strategies for non-compliance with identified risks following completion of PART B of the HNE Home / Facility Visit Risk Assessment	4
If the client is unable to be contacted, the clinician will:	4
During the community visit, the clinician will:	5
After returning to the Health Facility, the clinician will:	5
Returning to the Health Facility after hours	5
When an employee has failed contact or return to facility	5
Non Compliance During Visit	5
Home and Community Visit: Client/Family Considerations	6
Motor Vehicle Information	6
Driver Safety	6
Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies	12
Hunter New England Home/Facility Visit Risk Assessment	13
Hunter New England Home/Facility Visit Risk Assessment	14

GLOSSARY

Acronym or Term	Definition
CHIME	Community Health Information Management Enterprise
GPS	Global Positioning System
HNE Health	Hunter New England Local Health District
IIMS	Incident Identification Management System
NSW	New South Wales
NUM	Nursing Unit Manager
RN	Registered Nurse
CYPF	Children Young People and Families
DMR	Digital Medical Record
IPM	Clinical Access Portal

GUIDELINE

While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within guidelines issued by HNE Health, or for measuring consistent variance in practice.

Risk Statement:

This local guideline was developed to enable CYPF staff that undertake home / site / facility visits to identify potential risks prior to the scheduled visit. The staff member is then able to implement risk management strategies to ensure that the home visit is carried out in as safe an environment as possible. Failure to comply with this policy may result in the staff member putting themselves at risk of harm.

Risk Category:

Safety & Security

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

Safe Work Procedures**Prior to the community visit, the clinician will:**

- 1.1 Review IPM and CHIME for any alerts and read any current or previous medical record entries available on IPM and CHIME.
- 1.2 Fully complete HNE Home / Facility Visit Risk Assessment (Part A & B) within one (1) working day prior to the anticipated visit. (refer to Appendix 4),
 - 1.2.1 If your service does not use CHIME or CHIME is unavailable paper based versions of these forms are available on Stream Solutions as HNEMR66A and HNEMR66B.
- 1.3 Book interpreter if required
- 1.4 Confirm details of the planned visit with the client / carer

- 1.5 Book transport, if necessary, following Site / Facility / departmental procedure,
- 1.6 Document the visit details in the CHIME electronic diary, or movement form
- 1.7 Provide information regarding off site / facility activity according to each unit's tracking process, For example Chime diary or movement form
- 1.8 Ensure the correct equipment is collected. (e.g. sharps bin with lid, nursing equipment, equipment for trial, torch for after dark visits, relevant patient notes, laptop, educational material/aids)
- 1.9 Ensure the street directory/satellite navigation and mobile phone are accessible and in working order. Hospital mobile phones *must be fully charged*, have the message bank activated and be switched on for the *duration* of time away from the Hospital

Strategies for identified risks following completion of PART A of the HNE Home / Facility Visit Risk Assessment

- 1.3 The clinician will discuss the issues with their Line Manager and or delegate.
- 1.4 Determine the need to create or amend an Alert in CHIME or iPM according to the guideline.
- 1.5 Determine the mode of service provision, e.g. Centre based or two (2) person visit.
- 1.6 Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager. See Withdrawal of Service Guideline for further information.

Strategies for non-compliance with identified risks following completion of PART B of the HNE Home / Facility Visit Risk Assessment

- 1.7 **Safety Issues:** Where the client does not agree to comply with a request from staff concerning restraining animals, disclosure about firearms / weapons, locking away firearms / weapons, disclosure about other persons present and relationships, and / or refraining from smoking during the visit, the clinician will:
 - 1.7.1 Suggest the client discuss the variance with the Service Manager or Supervisor.
 - 1.7.2 Report this variance to their Supervisor.
 - 1.7.3 Determine the mode of service provision, e.g. centre based or two (2) person visits.
 - 1.7.4 Determine the need to create or amend an Alert in CHIME or IPM according to the guideline.
 - 1.7.5 Document in the CHIME clinical note details surrounding non-compliance.
 - 1.7.6 Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager. See Withdrawal of Service Guideline for further information.

If the client is unable to be contacted, the clinician will:

- 1.8 Follow up with the referral source to advise them that contact with the client was unsuccessful and therefore service was unable to be provided.
- 1.9 Document attempt to contact client in Chime or DMR

During the community visit, the clinician will:

- 1.10 Park the vehicle in a way that reduces the risk of departure being impeded, and will enable a quick and safe departure, if necessary.
- 1.11 Not enter the premises if there is any cause for concern, e.g. if there are any intoxicated persons present, if the client is not in, or if a potentially dangerous person is present.
- 1.12 Position themselves in such a way to enable a quick exit from the premises, if necessary,
- 1.13 Report immediately to base if security back up is required. Do not hesitate to call the Police or Base if a need is identified.
- 1.14 Leave the premises if feeling threatened in any way.
- 1.15 Carry a fully charged mobile telephone at all times.
- 1.16 Advise appropriate staff if there are delays to their estimated return times.

After returning to the Health Facility, the clinician will:

- 1.17 Ensure all documentation regarding home visits is completed electronically or filed in the patient's medical record
- 1.18 Report back to 'base' when the visit is complete as per the Movement Sheet, or at times agreed by management (e.g. end of shift) or according to other protocols put in place by management.
- 1.19 Report **any** incident of concern to their supervisor and complete an IIMS notification form on line.
- 1.20 If a risk or security threat has been identified during the visit, update CHIME or iPM Alerts according to guidelines. Enter all relevant documentation relating to the visit into the CHIME electronic health record.

Returning to the Health Facility after hours

- 1.21 Contact is made with the Service Manager or delegate upon return to the facility

When an employee has failed contact or return to facility

- 1.22 The service manager/delegate is to ring the employee's mobile phone number. If they are not able to make contact ring the relevant families/facility as per movement sheet in Chime, diary or movement form
- 1.23 If the Service Manager is unable to contact the employee please refer to Appendix 2

Non Compliance During Visit

- 1.24 **Safety Issues:** Where the client does not agree to comply with a request from staff concerning **restraining animals** and / or **refraining from smoking** during the visit, the clinician will:
 - 1.24.1 Advise the client that they can no longer provide care in the home, and advise that the Service Manager will be in contact with them to discuss alternative arrangements.
 - 1.24.2 Leave the premises.
 - 1.24.3 Report the variance to their Supervisor.
 - 1.24.4 Determine the mode of alternate service provision, e.g. centre based visit.
 - 1.24.5 Determine the need to create or amend an Alert in CHIME or IPM according to

the guideline.

1.24.6 Document in the CHIME or DMR clinical notes details surrounding non-compliance.

1.24.7 Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager. See Withdrawal of Service Guideline for further information.

2. If at **any time during** the visit a clinician observes the ***presence of any firearms / weapons OR*** any display of ***aggressive / threatening behaviour*** by the client or others present, the clinician will:
 - 2.1 Leave the premises **IMMEDIATELY**. Do so as safely as possible.
 - 2.2 Report the variance to their Supervisor and /or Police.
 - 2.3 Document in the CHIME or DMR clinical notes details surrounding non-compliance.
 - 2.4 Determine the need to create or amend an Alert in CHIME or IPM according to the guideline.
 - 2.5 Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager. See Withdrawal of Service Guideline for further information.

Home and Community Visit: Client/Family Considerations

Employees should consider the following during a home visit:

- 2.6 Wear an Identification Badge.
- 2.7 Comply with the [HNE Dress Code Policy](#)
- 2.8 Be respectful of the fact that it is the client's home and they are a visitor.
- 2.9 Always use gates and pathways, respect people's property.
- 2.10 Always discuss first and ask permission to change the environment in any way. For example: to turn down/off the television; open the blinds; rearrange equipment that is considered to be unsafely positioned; repositioning a baby/child who is sitting too close to the edge of a bed or is sitting awkwardly in their chair/wheelchair, change room configuration for teaching session.
- 2.11 Respect the family's cultural values. If asked to remove their shoes either remove them or advise the family of the need to comply with NSW Health Department Occupational Health and Safety policies (discuss this with the family in a sensitive manner).

Motor Vehicle Information

- 2.12 It is preferred a Hospital vehicle is used over the use of a private vehicle. Employees should be aware of consequences regarding Insurance etc if using a private vehicle for business. All Health Service vehicles are booked via the intranet with [Smart Pool](#).
- 2.13 Please see HNE [Motor Vehicle Policy](#) for further information.

Driver Safety

- 2.14 Employees shall observe the following safety rules:
 - 2.14.1 Never carry large sums of money, valuables or visible handbags in the car.

- 2.14.2 When setting out on a journey, ensure the fuel tank has enough fuel to make the return journey. Never leave the fuel tank with less than ¼ tank of fuel.
- 2.14.3 Check the road map before leaving.
- 2.14.4 Use the cargo barrier or car boot when carrying equipment.
- 2.14.5 If there is a suspicion of being followed, drive to the nearest police station.
- 2.14.6 Be aware of manned Police Stations in the Local Sector, and have Police Station contact numbers keyed into mobile phones. In cases of emergency, dial 000.

ACKNOWLEDGEMENTS

- Gillian Probert; NUM NEHC

[Business Hours Home/Site Facility Visit – Clinician Safety and Security](#)

- Sydney Children's Hospital; Westmead
Home and Community Visiting: Risk Management

APPROVAL

CPGAG – 18th April 2016

CPAIS CQ&PCC – 25th August 2016

JHCH CQ&PCC – 30th August 2016

IMPLEMENTATION PLAN

1. Awareness of this Guideline and Procedure will be promoted through the CE Newsletter.
2. This Guideline and Procedure will be communicated via email to the Managers of Children, Young People and Families tabled at the relevant Clinical Quality Committee and ward / team meetings at each of these facilities.
3. The list of new and revised Clinical Guidelines, Policy Directives and PCPs are posted on the Policy, Procedure and Guideline Directory.
4. Incidents are to be reported using the IIMS (Incident Information Management system)

MONITORING AND AUDITING PLAN

1. Audits will be conducted to ensure that risk assessment forms are completed prior to attending home visits if risk have been identified
2. Clinical incident investigations relating to staff injuries during home visits will be reviewed to determine if staff are complying with the PCP

CONSULTATION WITH KEY STAKEHOLDERS

Co-Director Manager CPAIS
 Co-Director Manager JHCH
 Manager Ambulatory Care
 Director of Allied Health CYPF
 Nurse Manager Child & Family Health Nursing
 JHCH Community Nurse
 Service Manager, Child and Family Team;
 Service Manager, Violence Prevention and Care Services;
 Service Manager, First Steps Parenting;
 Service Manager Kaleidoscope Paediatric Rehabilitation Services;
 Service Manager Speech Therapy Services and CNC Youth Health Services

APPENDICES

APPENDIX 1: Summary of home visit procedure - Flowchart for before the home visit.

APPENDIX 2: Summary of procedure if staff member does not return at estimated time – flowchart.

APPENDIX 3: General Security Precautions for Staff Working the Community: *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities: December 2003, Ch. 16, p.16 – 9 & 10.*
www.health.nsw.gov.au/audit/manuals/protecting_people_property.pdf

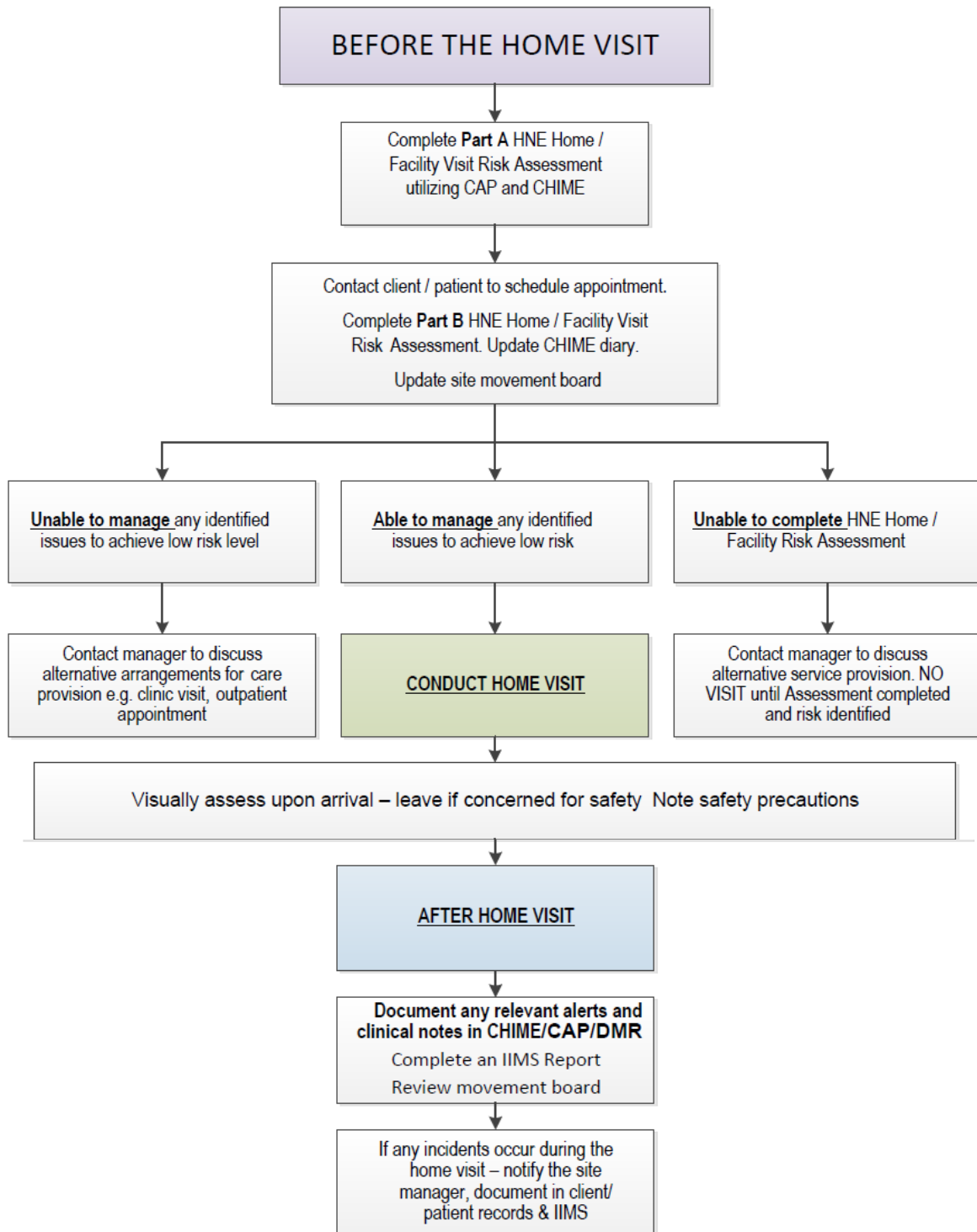
APPENDIX 4 – CHIME Templates for Area Home / Facility Visit Risk Assessment Part A and Part B.

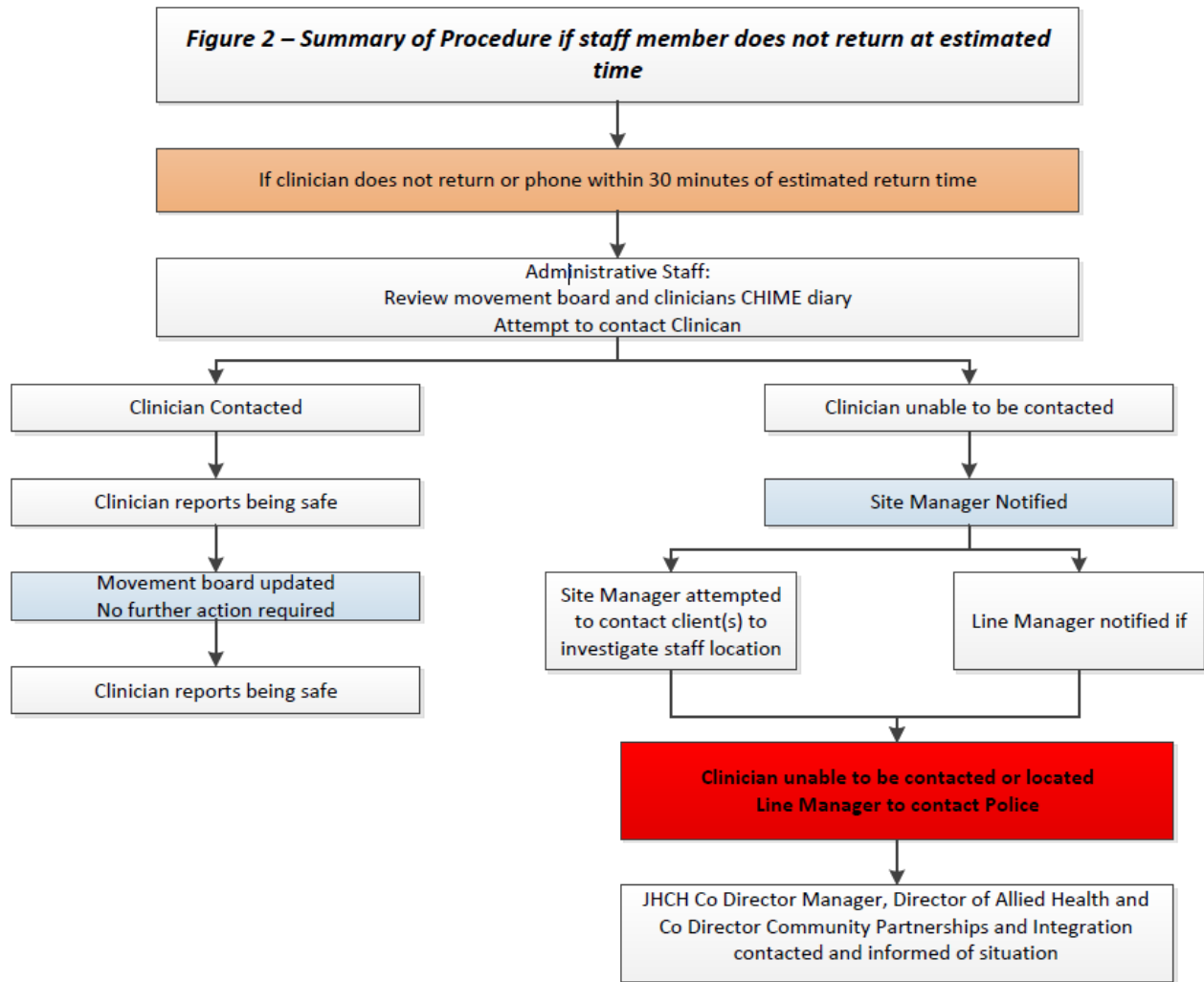
REFERENCES

- Hand Hygiene Australia
- NSW Health [IB2013 Protecting People and Property: NSW Health Policy and Standards for Security Risk Management](#)
- [PD2010_016: NSW Health/Families NSW Supporting Families Early Package – SAFE START Strategic Policy](#)
- NSW Health Policy PD 2005_406 [Consent to Medical Treatment- Patient Information](#)
- NSW Health PD2013_007 [Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#)
- NSW Health [PD 2014_051 Motor Vehicles- Use of within NSW Health](#)
- [Transport of Health Care Records within and between Health Care Facilities PD2012_069:PCP 1](#)
- [Occupational Health & Safety and Injury Management. NSW Ministry of Health.](#)
- [Work Health and Safety: Better Practice Procedures. Policy Directive NSW Ministry of Health](#)
- [Protecting People and Property: NSW Health Policy and Standards for Security Risk Management NS Work Health and Safety Act 2011 No 10.](#)
- [Work Health and Safety Regulation 2011.](#)
- [Work Health and Safety](#)
- [Work Health and Safety Act 2011 No 10](#)

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.





Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies

Working in the Community 16-8

Appendix 16.1

General Security Precautions when Working in the Community Staff working in the community must:

- Complete a risk assessment of the client and the client's home prior to any visit.
- Attend a client with a second staff member, or the police, where there is a risk of violence, or the risk is unknown.
- Make an excuse not to enter the premises if the person answering the door gives cause for concern e.g. if they are drunk, if the patient is not in, or if a potentially dangerous relative is present.
- Be familiar with the vehicle they have been allocated and should ensure the vehicle has sufficient fuel to complete the journey.
- Know, to the best of their ability, the area, region and streets they work in. They should try and identify the address without having to continuously refer to an electronically aligned navigation system or hard copy map since risks can arise from sitting on the side of the road to read a map, or a staff member trying to read a "SatNav" while driving an unfamiliar road.
- Carry emergency supplies such as a torch, water, tyre pump, and GPS emergency beacon, particularly in rural or remote areas.
- Terminate the home visit if there is an obvious increase in numbers of people when the clinician presents, or if there is any other overt or implied threat. The pre attendance risk assessment should show who inhabits the premises on a regular basis.
- Show identity badges.
- Follow the occupant when entering the premises.
- Not search for clients by unnecessarily knocking on doors.
- Ensure any correspondence for a client is pushed firmly under the door or placed in their letterbox.
- Determine whether the client is at home prior to entering the premises if an unfamiliar person opens the door.
- 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.
- Ensure animals are restrained.
- Remain aware of the environment and potential escape routes in case problems arise.
- Position self when providing treatment so that the patient or others do not block quick access to exit routes.
- 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.
- On reaching the intended home visit – only take what is necessary for the visit/treatment. Staff working in the community should only carry personal items necessary for the home visit. Consider a second wallet with driver's license, Health Service Identification, and sufficient money to cater for a meal. Mobile phones should be kept on the person out of view and laptops kept completely out of view.

- Remove navigation systems, personal music storage devices, sunglasses, non- uniform clothes of high end value are all regarded as opportune theft items. Mobile phones and portable navigation systems offer the owner storage for personal information such as home addresses however if stolen this information is available to a thief provides access to the staff member's home address and daily routine.

Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies.

Working in the Community 16-9

- Drive to the nearest police, fire or petrol station, other populated place, or a pre-determined 'safe' venue if they suspect they are being followed.
- Park in a well-lit area as close to the patient's home as possible.
- Park in a way to allow rapid exit – facing the intended direction of travel if possible.
- Not remain in the parked car for a prolonged period either before or after making the visit and keep doors locked.
- 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, alcoves and doorways for loiterers, and be aware of any partly open doors where a person could be concealed.
- Walk around, rather than through groups of people.
- Avoid entering areas of unrest, or where there appears to be trouble in the neighborhood.
- 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.
- Cross the street and walk in the opposite direction or into an open business if there is suspicion of being followed by a car.

Hunter New England Home/Facility Visit Risk Assessment**Part A**

This assessment is to be completed together with Part B prior to the initial visit to any home or community facility.
 This is a requirement of "Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities".
Answer all questions by inserting "X" in the appropriate box and supplying details where applicable

1. INFORMATION OBTAINED FROM REFERRAL AND/OR OTHER SOURCES**1.1 Information Source:**

Specify:

1.2 Recent history of domestic violence: Yes [] No [] Not Known []

Details:

1.3 Recent history of substance abuse: Yes [] No [] Not Known []

Details:

1.4 Recent and relevant history of aggressive or violent behaviour (verbal or physical): Yes [] No [] Not Known []

Details:

1.5 Client home visited by referrer/other source: Yes [] No [] Not Known []

Details:

SAMPLE ONLY DO NOT PRINT**2.1 Based on the above questions, should the Home Visit proceed?** (Answers to Hunter New England Home/Facility Visit Risk Assessment Part B may also preclude the visit)
Proceed: Yes [] No []**If the answers to any of the questions in this document have prompted concern regarding home visiting this client, REFER TO YOUR LOCAL GUIDELINES AND/OR LINE MANAGER FOR ADVICE.****ENTER AN ALERT** in the client's medical record if indicated following the completion of this Risk Assessment. Follow the HNE CHIME Area Alerts Guidelines (for clients registered in CHIME) or Local Guidelines for entering Alerts.

Hunter New England Home/Facility Visit Risk Assessment**Part B**

<p>This assessment is to be completed together with Part A prior to the initial visit to any home or community facility. This is a requirement of "Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities".</p> <p>Answer all questions by inserting X in the appropriate box [] and supplying details where applicable</p>				
Information source:		Client []	Carer []	Other []
Details:				
1. COMMUNICATION WITH CLIENT				
1.1 Interpreter required:		Yes []	No []	Not Known []
Details:				
2. GENERAL DIRECTIONS				
2.1 Remote area:		Yes []	No []	Not Known []
Details:				
2.2 Gates or identifying markers:		Yes []	No []	Not Known []
Details:				
2.3 4WD vehicle required:		Yes []	No []	Not Known []
Details:				
2.4 Condition of road:		Not Known []		
Details:				
2.5 Location of parking:				
Details:				
3. COMMUNICATION WITH BASE				
3.1 Mobile phone reception:		Yes []	No []	Not Known []
Details:				
3.2 Power connected:		Yes []	No []	Not Known []
Details:				
3.3 Phone line connected:		Yes []	No []	Not Known []
Details:				
4. SPECIFIC ACCESS ISSUES				
4.1 Location of the entrance to the property:				
Details:				
4.2 Location of unit in complex:				
Details:				
4.3 Property number/signage visible:		Yes []	No []	Not Known []
Details:				
4.4 Special entry requirements:		Yes []	No []	Not Known []
<p>Example: combination locks, security or intercom systems, signing in at office (facility), identification procedure (facility)</p>				
Details:				
4.5 Difficulties accessing the property:		Yes []	No []	Not Known []
<p>Example: unsafe stairs, driveway, or paths, broken gates, inadequate lighting.</p>				
Details:				
<p>Note: Inform client/carer to switch on external lighting prior to evening visit if applicable.</p>				

5. SAFETY ISSUES			
5.1.a Presence of animals on or in the property: (Include dogs, birds, reptiles and farm animals) Details:	Yes []	No []	Not Known []
5.1.b Client/carer has agreed to restrain animals prior to and during the visit, and until staff have left the property:	Yes []	No []	Not Known []
5.2 Client lives alone:	Yes []	No []	Not Known []
5.3 Others present during visit: Relationship to client:	Yes []	No []	Not Known []
5.4.a Presence of firearms or lethal weapons at the property: Details:	Yes []	No []	Not Known []
5.4.b Is firearm licensed:	Yes []	No []	Not Known []
5.4.c Client/carer has agreed to lock firearms/weapons away prior to and during the visit until staff have left the property:	Yes []	No []	Not Known []
5.5 Any other safety issues: Example: household members with infectious conditions, construction areas, dangerous areas Details:	Yes []	No []	Not Known []
6. NO SMOKING POLICY			
6.1.a Presence of smokers during the visit:	Yes []	No []	Not Known []
6.1.b Household/facility persons have agreed to refrain from smoking during the visit:	Yes []	No []	Not Known []
7. SHOULD THE VISIT PROCEED?			
7.1 Based on the above questions, should the Home Visit proceed? (Answers to Hunter/New England Home/Facility Visit Risk Assessment Part A may also preclude the visit) Proceed: Yes [] No []			
If the answers to any of the questions in this document have prompted concern regarding home visiting this client, REFER TO YOUR LOCAL GUIDELINES AND/OR LINE MANAGER FOR ADVICE.			
ENTER AN ALERT in the client's medical record if indicated following the completion of this Risk Assessment. Follow the HNE CHIME Area Alerts Guidelines (for clients registered in CHIME) or Local Guidelines for entering Alerts.			

SAMPLE ONLY DO NOT PRINT

Clinical Audit Tool

(National Standard 1: 1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored)

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source	Frequency	Position Responsible
1	Promoting safety to clinician providing home visiting services	none	Audit is to ensure that risk assessment A and B is completed on all clients prior to home visit.	Chime (Automated) DMR (File Audit)	Annually	Manager
2	Monitoring and surveillance of any incidents which may arise as a result of the processes and compliance of this PCP	none	Monitoring of incidents to improve the quality and safety of service	Information Incident Management system	6 Monthly	Manager

Reference: *Electronic audit tool - National Institute for Health and Clinical Excellence (NICE):* <http://www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement/audit-tools>