

Guideline



Health
Hunter New England
Local Health District

Home and Community Visiting for Children, Young People and Families Service staff

Sites where Guideline applies	John Hunter Children's Hospital and Community, Partnerships and Integrated Service.
This guideline applies to:	
1. Adults	Yes
2. Children up to 16 years	Yes
3. Neonates- less than 29 days	Yes
Target Audience	All staff attending home and community visiting.
Description	Guidance on safe home/site/facility visiting through appropriate risk assessment and OHS practice.
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> Go to Guideline </div>	
Keywords	OHS, WHS, CYPFS, Home visiting, Safety,
Document registration number	JHCH 19.3
Replaces existing document?	Yes
Registration number and dates of superseded documents	JHCH 19.3 2016
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:	
<ul style="list-style-type: none"> • National Safety and Quality Health Service standards NS1 • Work Health and Safety Regulation 2011. • Work Health and Safety Act 2011 No 10 • See reference list for further information on page 8 	
Position responsible for Clinical Guidelines Governance , non-clinical guideline and authorised by	General Manager of Children, Young People and Families Services
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Table of Contents

GLOSSARY	3
PURPOSE AND RISKS	3
GUIDELINE	4
Staff Preparation.....	4
Safe Work Procedure.....	4
Prior to the community visit, it is essential the clinician:	4
If the client is unable to be contacted, the clinician will:	5
After returning to the Health	5
Home and Community Visit: Client/Family Considerations.....	6
Motor Vehicle Information	6
Driver Safety	7
IMPLEMENTATION, MONITORING AND AUDIT	7
CONSULTATION WITH KEY STAKEHOLDERS.....	7
APPENDICES	8
APPROVAL	8
Appendix 1 Flowchart for Home/Facility Risk Assessment.....	9
Appendix 2 Flowchart where staff does not return at the estimated time.....	10
Appendix 3 - General security precautions when working in the community.....	11
Appendix 4A - Hunter New England Home/Facility Visit Risk Assessment Part A.....	13
Appendix 4B Hunter New England Home/Facility Visit Risk Assessment Part b	14

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/>

GLOSSARY

Acronym or Term	Definition
CHIME	Community Health Information Management Enterprise
GPS	Global Positioning System. Also referred to as 'SatNav'
HNE Health	Hunter New England Local Health District
IIMS	Incident Identification Management System
NSW	New South Wales
CYPFS	Children Young People and Families Services
iPM	i.Patient Manager system

PURPOSE AND RISKS

This guideline will support staff that undertake home / site / facility visits know how to identify potential risks before the scheduled visit and use appropriate risk management strategies to ensure that the home visit is carried out in as safe an environment as possible. Failure to comply with the required risk assessment and management strategies may result in the staff member putting themselves, or others, at risk of harm.

These risks are minimised by:

1. Completing Part A and Part B of the Home/Facility Risk Assessment prior to home or facility visiting
2. Identifying what the actual or potential risks for the visit are
3. Using appropriate risk management strategies to reduce/mitigate or eradicate risks

Risk Category: *Safety & Security;*

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.

Staff Preparation

It is mandatory for staff to follow relevant: “Five moments of hand hygiene”, infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.

Safe Work Procedure

Prior to the community visit, it is essential the clinician:

- Reviews IPM and CHIME for any alerts and read any current or previous medical record entries available on IPM and CHIME.
- Fully completes HNE Home / Facility Visit Risk Assessment (Part A AND B) within one (1) working day prior to the anticipated visit. (refer to risk assessment script for further information),
- 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.
- Book interpreter if required (can be via telehealth/telephone)
- Confirm details of the planned visit with the client / carer
- Book transport, if necessary, following Site / Facility / departmental procedure,
- Document the visit details in the CHIME electronic diary, or movement form
- Provide information regarding off site / facility activity according to each unit's tracking process, For example Chime diary or movement form
- 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)
- 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 Clinicians Base location

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

- The clinician will discuss identified risks/ issues with their Line Manager and or delegate.
- Determine the need to create or amend an Alert in CHIME or iPM according to the guideline.
- Determine the mode of service provision, e.g. Centre based or two (2) person visit.
- Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager.

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

Safety Issues: Where the client does not agree to comply with a request from staff concerning household members with infectious conditions, 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:

- Suggest the client discuss the variance with the Service Manager or Supervisor.
- Report this variance to their Supervisor.
- Determine the mode of service provision, e.g. Centre based or two (2) person visits.
- Determine the need to create or amend an Alert in CHIME or IPM according to the guideline.
- Document in the Medical Record details surrounding non-compliance.
- Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager.

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

- Follow up with the referral source to advise them that contact with the client was unsuccessful and therefore service was unable to be provided.
- Document attempt to contact client in Medical Record

During the home/community visit, the clinician will:

- Park the vehicle in a way that reduces the risk of departure being impeded, and will enable a quick and safe departure, if necessary.
- 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.
- Position themselves in such a way to enable a quick exit from the premises, if necessary,
- Report immediately to base if security back up is required. Do not hesitate to call the Police or Base if a need is identified.
- Leave the premises if feeling threatened in any way.
- Carry a fully charged mobile telephone at all times.
- Advice appropriate staff if there are delays to their estimated return times.

After returning to the Health Facility, the clinician will

- Ensure all documentation regarding home visits is completed electronically or filed in the patient's medical record
- 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.
- Report any incident of concern to their supervisor and complete an IIMS notification form online.
- 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

- Contact is made with the Service Manager or delegate upon return to the facility as per local protocol

When an employee has failed contact or return to facility

- 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
- If the Service Manager is unable to contact the employee please refer to Appendix 2

Non Compliance during Visit

Safety Issues: Where the client does not agree to comply with a request from staff concerning **household members with infectious conditions**, **restraining animals** and / or **refraining from smoking** during the visit, the clinician will:

- 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.
- Leave the premises.
- Report the variance to their Supervisor.
- Determine the mode of alternate service provision, e.g. Centre based visit.
- Determine the need to create or amend an Alert in CHIME or IPM according to the guideline.
- Document in the Medical Record details surrounding non-compliance.
- Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager.

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:

- Leave the premises IMMEDIATELY. Do so as safely as possible.
- Report the variance to their Supervisor and /or Police.
- Document in the Medical Record details surrounding non-compliance.
- Determine the need to create or amend an Alert in CHIME or IPM according to the guideline.
- Determine if it is possible to provide an appropriate service in a safe environment following discussion with Line Manager.

Home and Community Visit: Client/Family Considerations

During a home visit staff must:

- Wear an Identification Badge.
- Comply with the NSW Health Uniforms Policy PD2019_012
- Be respectful of the fact that it is the client's home and they are a visitor.
- Always use gates and pathways, respect people's property.
- 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.
- Respect the family's cultural values. If asked to remove their shoes advise the family of the need to comply with NSW Health Department Occupational Health and Safety policies and wear shoes covers (discuss this with the family in a sensitive manner).

Motor Vehicle Information

Fleet vehicles should be used for home visiting and are preferred for visiting community facilities. 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](#).

Please see [Use of HNELHD Fleet Vehicles PCP](#) for further information.

Driver Safety

Employees are advised to observe the following safety rules:

- Never carry large sums of money, valuables or visible handbags in the car.
- 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.
- Check the road map before leaving. Some cars have GPS systems, please use these safely and only if you have a full NSW Drivers license or equivalent
- Use the cargo barrier or car boot when carrying equipment.
- If there is a suspicion of being followed, drive to the nearest police station.
- 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.

IMPLEMENTATION, MONITORING AND AUDIT

- This Guideline will be promoted through the CE Newsletter, CYPFS communication email at team meetings by managers.
- This Guideline will be also be tabled at the relevant Clinical Quality Committees.
- Clinical Guidelines, Policy Directives and PCPs are posted on the Policy, Procedure and Guideline Directory.
- Any related incidents are to be reported to managers and through the current Incident Information Management system.
- Incident investigations relating to staff injuries during home visits will be reviewed to determine if staff are complying with the PCP
- Audits will be carried out through annual CYPFS Clinical Practice Audits, CHIME audits and manager initiated audits.

CONSULTATION WITH KEY STAKEHOLDERS

Initial Consultation for JHCH 19.3

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 HNE LHD Paediatric Rehabilitation Services;

Service Manager Speech Therapy Services and CNC Youth Health Services

Consultation for Review and update 2020

Community Network Manager, CYPFS

Community Partnership and Integrated Services managers and staff

John Hunter Children's Hospital Ambulatory Care Nurse Manager and staff

APPENDICES

One – Flowchart for Home/Facility Risk Assessment

Two – Flowchart where staff does not return at the estimated time

Three - General security precautions when working in the community

Four A - Hunter New England Home/Facility Visit Risk Assessment Part A

Four B - Hunter New England Home/Facility Visit Risk Assessment Part B

REFERENCES

- [NSW Health Directive PD2017_013 Infection Prevention and Control pdf](#)
- NSW Health [IB2013 Protecting People and Property: NSW Health Policy and Standards for Security Risk Management](#)
- [NSW Health Directive IB 2020_010 Consent to Medical and Healthcare Treatment Manual](#)
- [HNEHPD2016_069 PCP 1 Transport of Health Care Records within and between Health Care Facilities v2.pdf](#)
- [Work Health and Safety: Better Practice Procedures. Policy Directive NSW Ministry of Health](#)
- [NSW Health Directive 2018 Protecting People and Property](#)
- [Work Health and Safety Regulation 2011.](#)
- [Work Health and Safety Act 2011 No 10](#)
- [HNE Health LHD PD2018_009 Health Care Workers at Increased Risk of Occupationally Acquired Infection - Management.pdf](#)
- [CHIME Script for HNE Home Visit Risk Assessment](#)
- [CHIME Guide issue 142: Home Facility Visit Risk Assessment tool. Updated 14052019](#)

APPROVAL

CYPFS CPGAG April 2020

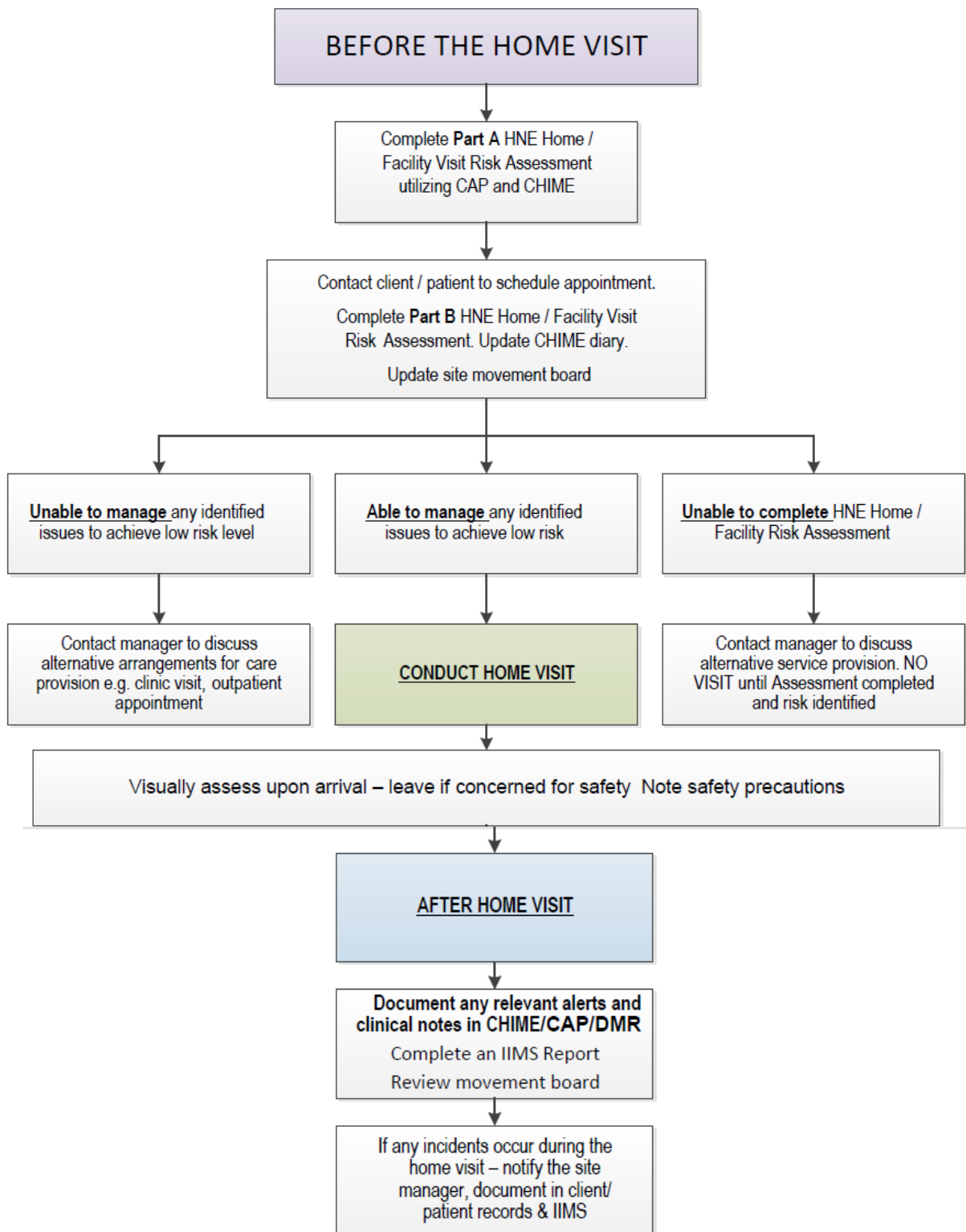
JHCH CQ&PCC 27 May 2020

CPAIS CQ&PCC June 2020

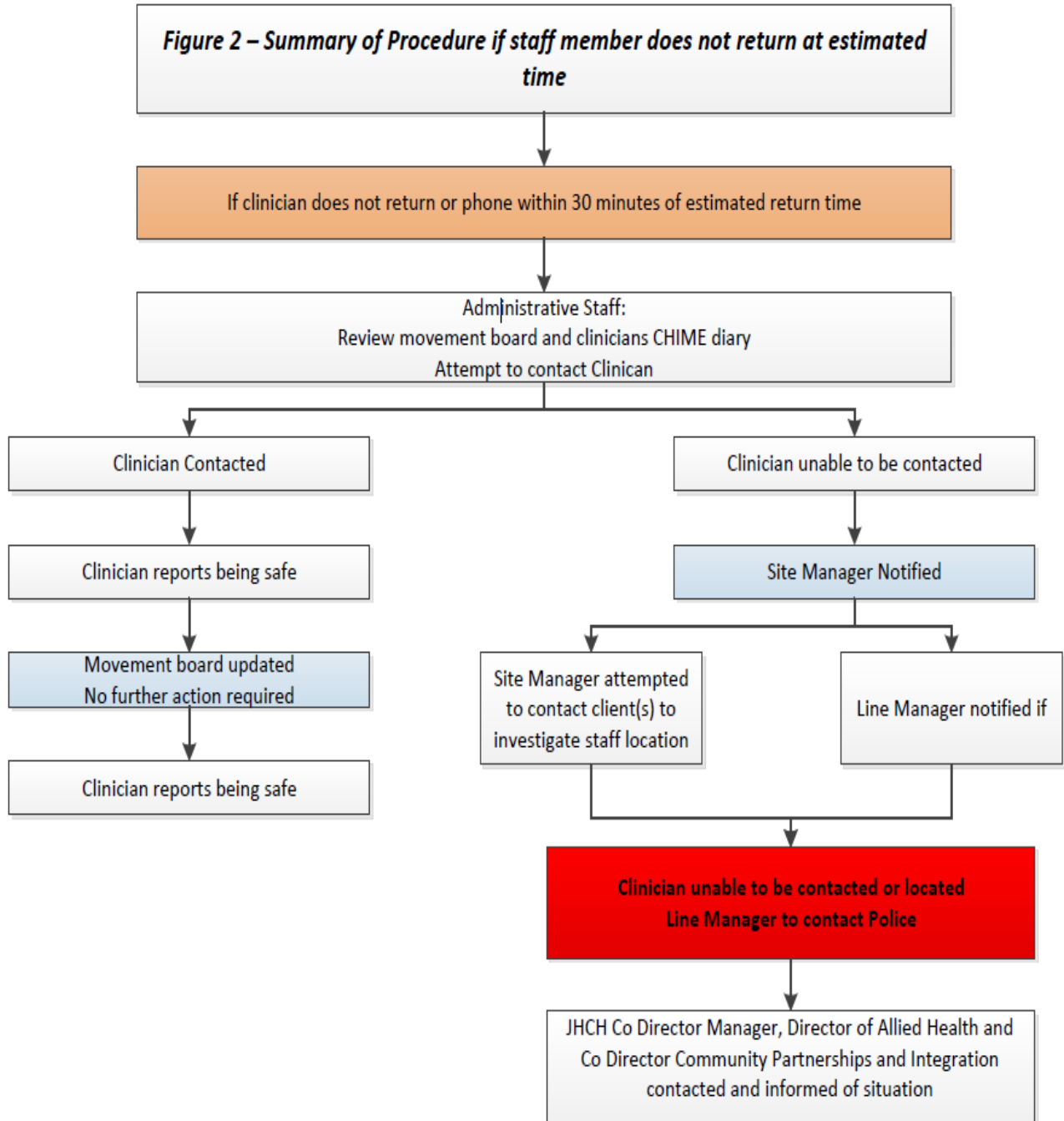
FEEDBACK

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

Appendix 1 Flowchart for Home/Facility Risk Assessment



Appendix 2 Flowchart where staff does not return at the estimated time



Appendix 3 - General security precautions when working in the community

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:

- Compete a Home visiting 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 eg 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 drivers licence, 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.

- 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 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.
 - Cross the street and walk in the opposite direction or into an open business if there is suspicion of being followed by a car.
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Appendix 4A - Hunter New England Home/Facility Visit Risk Assessment Part A

<p>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</p>		
<p>1. INFORMATION OBTAINED FROM REFERRAL AND/OR OTHER SOURCES</p>		
<p>1.1 Information Source: Specify:</p>		
<p>1.2 Recent history of domestic violence: Details:</p>	<p>Yes [] No [] Not Known []</p>	
<p>1.3 Recent history of substance abuse: Details:</p>	<p>Yes [] No [] Not Known []</p>	
<p>1.4 Recent and relevant history of aggressive or violent behaviour (verbal or physical): Details:</p>	<p>Yes [] No [] Not Known []</p>	
<p>1.5 Client home visited by referrer/other source: Details:</p>	<p>Yes [] No [] Not Known []</p>	
<p>SAMPLE ONLY DO NOT PRINT</p>		
<p>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 []</p>		
<p>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.</p>		
<p>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.</p>		

Appendix 4B 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