

## 1. Purpose

The purpose of this document is to ensure all home visiting by APMHA HealthCare (APMHA) employees and contractors (APMHA staff) is conducted in a safe and secure manner.

## 2. Scope

This policy applies to all APMHA staff including:

- employees who are employed to perform direct service provision
- subcontractors who are in the direct provision of health care services.
- those who provide clinical leadership and supervision.

## 3. Procedure

The following safe practice procedure enables staff employed by APMHA to carry out home visits with a high level of safety.

Home visits are regarded as a workplace activity and the following Workplace Health and Safety (WHS) legislative requirements apply:

- 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 all staff 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.

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

### 3.1 Conduct risk assessment

Prior to the first home visit and when circumstances change, an assessment is carried out and an assessment form completed to evaluate any risks associated with the client and their home.

A formal assessment clarifies whether the risk is:

- **High / extreme risk:** Do not visit the client - consider alternative arrangements (see Document risk management plan below).
- **Medium / significant risk:** Two staff to visit the client until further assessments demonstrate otherwise.
- **Low risk:** Visit the client but always conduct a mini risk assessment immediately prior to entry.

Clients with stable mental health will 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 client, as well as the roles of relevant others and their contributions.

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## 3.1.1 Assess Risk

When assessing risk:

- For existing clients, refer to and use the client's Mental Health Care Plan (MHCP) for guidance on management of any risks identified.
- Two staff will conduct an initial assessment for risk of aggression, preferably at the designated work place if possible. If only one staff available, measures must be in place for the workers safety such as phoning the office prior to engaging the client and establishing safety protocols.
- 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 client's home.
- Consider risk to male staff concerning possible allegations of sexual misconduct by female clients, particularly in the privacy of a client's home.
- Advice should be sought and taken from local mental health services that may have relevant history or information about the client being assessed.

## 3.1.2 Document risk management plan

In making decisions regarding home visits all factors need to be considered, including mitigating circumstances such as physical disability, presence of supportive relatives, etc.

Where risk is assessed as medium/significant or high/extreme, APMHA staff should never visit a residence, until they have discussed risk with their supervisor and a management plan is developed.

Management plans must always contain risk minimisation strategies. Advice gained from local mental health services should be included.

Risk management strategies need to be built into the individual's care plan and the effectiveness monitored and evaluated:

- individually between the client and their care coordinator
- through regular team meetings and care conferences (where applicable).

The assessed level of risk will inform risk management options. For example:

- a. **The level of risk is acceptable and able to be managed with existing procedures (no plan required)**

For example: A telephone call to the client to ensure that:

- the worker can 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 are illuminated, if the visit is to be conducted at night. (NB. Avoid visits after dark as much as practicable).

- b. **The level of risk is acceptable but requires adjustments to human resources (e.g. must be visited by 2 people) and a risk management plan developed.**

Two staff should visit when:

- the risk of aggression is 'medium / significant', or has not been assessed

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

**If two workers can not undertake the home visit, the home visit is not to be actioned.**

**c. The level of risk is too high and cannot be mitigated through rearrangement of resources or a risk management plan**

Staff should not visit a client at home if:

- the assessed risk of aggression is 'high' or 'extreme'
- violence is known to have recently occurred and the perpetrator (client or other person) is at the address or could return to or arrive during the visit
- the client or other person/people present is exhibiting signs of aggression and/or intoxicated by alcohol and/or drugs.
- If it is considered unsafe to visit a client at home then alternative arrangements must be made. These may include:
  - client attendance at a health care facility during office hours
  - a multi-party appointment with a community mental health case manager.
- When a home visit has been assessed as unsafe, staff will:
  - explain and document the reasons
  - work with the client to identify more appropriate options
  - with the client's consent, refer appropriately.

## 3.2 Attend the home visit

### 3.2.1 Client 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 will 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.

### 3.2.2 Staff movements - checking out and in

The staff member about to embark on a home visit must contact the APMHA Intake and Allocations Team prior to a home visit, otherwise the home visit must not be actioned as employee safety is paramount.

**a. Prior to leaving for a home visit, the clinician must call the APMHA Intake and Allocation Team and provide:**

- Expected time of arrival at the nominated venue or venues if conducting several visits or appointments
- Expected length of each visit or appointment

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- Name, address and telephone number of the client/s being visited
- Any other appointments that the staff will be conducting while out and the order in which visitations are expected to occur
- Mobile telephone number
- A description of the vehicle to be used including colour, registration and type/model.

## **b. APMHA's Intake and Allocations Team will record these details in the office log.**

The clinician and the Intake and Allocations Team will:

- review the client's risk profile
- agree on a code word for the clinician to use if in distress

The clinician must report back to the office by phone upon return and in circumstances where the visit has gone beyond the expected timeframe.

## **c. 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 word, call emergency on 000.

### **3.2.3 Carry the necessary equipment.**

When conducting a home visit, staff should:

- always carry a working mobile phone that is appropriately charged.
- have 000 and the relevant office numbers programmed into the speed dial function of the mobile phone.
- 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.

### **3.2.4 Upon arrival at a client 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 client 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.

### **3.2.5 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 client's home.
- If an unfamiliar person opens the door, make sure the client 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.

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- 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 client 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.

## 3.3 After a visit

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

## 3.4 Critical situations

Staff must not enter any client's home if there is a potential critical situation. Under these circumstances, staff should leave immediately and alert their manager to determine who needs 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 client 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 a General Manager.
- Facilitate debriefing and support for the client and others involved.

## 4. Definitions

Nil

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## 5. Responsibilities

### APMHA General Managers

- Establish and communicate guidelines, policies and procedures for safe home visiting, with clearly defined roles and responsibilities for employees
- Provide WH&S orientation for all new staff and ongoing training in safe work practices
- Establish effective systems to monitor staff movements and respond as necessary
- Establish systems to identify hazards, risk assessment and eliminate or control hazards, as well as consultative mechanisms, incident reporting and follow-up procedures
- Manage violence and aggression in the work environment, with support for injured workers and return-to-work strategies.

### APMHA Staff

- Comply with this procedure
- Take responsibility for your own and other's safety
- Report all incidents.

## Appendix A: Home Visit Checklist

<b>Client ID:</b>		<b>Date:</b>	
<b>Staff Member:</b>		<b>Client Address:</b>	
<b>Questions to ask patient or carer when arranging a home visit</b>			<b>Notes</b>
<b>Arranging the visit</b>			
Complete risk assessment form	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Schedule the visit for during office hours.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Look up the address and identify landmarks and parking.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Check that the property is well-lit and clearly accessible	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Check for presence of any pets at the home. If so, what type and ask if they can be contained (purpose: potential allergies &/or danger).	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Check whether there are other people living at the address or if there will be anyone else present at the time of the visit. If so, who and does anyone have a history of violence?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any smokers in the home?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there firearms held at the property?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Check current care plan including information about the client, the needs and history, including any challenging behaviours.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Prepare for visit</b>			
Familiarise yourself with potential work health and safety risks and their controls and safe work procedures.	<input type="checkbox"/> YES <input type="checkbox"/> NO		

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Record the appointment details including client's home address and ID number in your Google work calendar and notify your manager of your schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Know what to do in an emergency or threatening situation & how to leave the client's home if you feel unsafe.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Discuss with Intake that ringing the office and saying "I have left my red folder on the desk and can someone bring the folder to (address) will alert that I am in danger and require immediate help.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Install 'WhatsApp' on your mobile and alert your manager of the home visit and expected time of departure.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dress appropriately with appropriate footwear - fully enclosed, non-slip with durable soles.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Carry photo identification that is visible and attached to a quick release lanyard.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ensure mobile phone is fully charged and carry it at all times.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Pre-program emergency and out of hours telephone numbers into your mobile.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Getting There - Transport Safety</b>		
Ensure there is adequate petrol is in vehicle and vehicle is in good order prior to leaving.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ensure there is first aid equipment permanently in vehicle.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Keep vehicle locked whilst driving.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If vehicle breaks down, call roadside assistance, notify office and remain in your vehicle.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>At the Visit</b>		
Park vehicle on the street in a well-lit place, facing the way you will be exiting.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Note entrances and exits to the home and keep your keys and mobile on you.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do not enter if there are any unrestrained, potentially aggressive animals.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Before knocking, listen for arguments, or anything that may make you feel uneasy about entering the premises. i.e. drug use or domestic violence, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Leave if there is any evidence of a threat to you or safety issue.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If an unfamiliar person opens the door, make sure the client is home before entering (can do this with a pre-visit phone call).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Only take to the premises what you need.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Report risks to manager to consider an alternate plan (e.g. postponing visit).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Discuss client's preferred response if they do not respond to a scheduled visit for inclusion in the care plan.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NEVER attempt to physically stop violent behaviour	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>After the Visit</b>		

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Report any incident or significant observations to your manager and note identified safety risks in Fixus.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Report to Intake when you return from the visit	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>If an Incident occurs</b>		
Ensure there is no longer any present danger. If concerned for the welfare of client or others, immediately contact the police and/or ambulance and your manager.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Seek medical treatment for yourself if required	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Request debriefing, support and/or ongoing counselling from your manager, if required.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ensure a critical incident report is completed within 24 hours and assessed by a Manager.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Facilitate debriefing and support for the client and others involved.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Additional Notes (if required)</b>		