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| Home and community visit safety guide | |
| Introduction | |
| **Purpose** | The processes described identify safety issues and how to develop a response that minimises or eliminates the hazards identified. |
| **Scope** | Services provided by our healthcare workers’ at:   * A private home. * At premises of an agency/service that is not owned or leased by our organisation. |
| **Policy** | Home and community visits are only authorised if the   * Hazard (risk and safety) screen has been completed and updated as soon as the visiting situation changes. * A hazard management plan has been completed. |
| **Definitions** | |
| **Hazard** | Anything that can cause harm. It includes a person’s behaviour where that behaviour has the potential to cause death, injury, or illness to a person (whether or not that behaviour results from physical or mental fatigue, drugs, alcohol, traumatic shock, or another temporary condition that affects a person’s behaviour). WorkSafeNZ |
| **Workplace** | Any place at which a worker performs their work duties. |
| **Hazard identification and management** | |
| **When** | Before the first visit. |
| Before meeting at an unknown place. |
| Before there has been a change of people in the household |
| Before the person visited changed the place they lived in. |
| **Processes:** | Complete a hazard screen by:   * Talking with tangata whai ora/tangata whaikaha (and their whānau) we plan to home or community visit. * Checking tangata whai ora/tangata whaikaha records and information. * Checking with other health care workers or people involved in tangata whai ora/tangata whaikaha support what their experiences are with home/community visits. |
| * The decision where the visit occurs is discussed with the team and tangata whai ora/tangata whaikaha. * Such a decision is never make by one person. |
| * A designated staff member at our workplace will have a record of visiting tangata whai ora/tangata whaikaha name, address, their phone number and an estimated time when the visit is completed. This might be recorded in a communication book, diary or electronic activity schedule). |
| * After each visit, the designated staff member is phoned. * If this phone call does not occur at the specified time the designated staff member will phone the healthcare worker visiting. |
| * The healthcare worker will take a phone that has a full battery. |
| * The healthcare worker has a current first aid certificate in order to respond to a medical emergency. |
| * The healthcare worker has quick emergency dials on their phone. |

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| **Processes *cont.*** | * The healthcare worker takes a safe worker pendant/lone worker alarm and ensures it is working before leaving for the meeting/visit. |
| * The healthcare worker has completed training in crisis intervention, trauma informed care, effective communication, de-escalation methods, standard precautions, the use of PPE and cultural safety. |
| * If the healthcare worker is sick they will not visit tangata whai ora/tangata whaikaha/whānau. A contingency arrangement is put in place by the team leader. |
| * The designated person at work whose role is to check up on the visiting health care worker will contact the manager or team leader if the visiting health care worker has not been heard from after two attempts of contacting them. * The manager/team leader:   + Phones the healthcare worker at their home. * If the healthcare worker cannot be contacted, the manager/team leader:   + Phones tangata whai ora/tangata whaikaha/whānau who were noted as being scheduled for a home/community visit.   Or   * + Phones the place where the healthcare worker planned to meet (for example: school, café’, agency). * If the healthcare worker still cannot be found:   + The CEO or other person in a position of authority will be contacted in order to decide the next steps. * The police might be called if the healthcare worker cannot be found. |
| **Cultural safety** | Healthcare workers visiting tangata whai ora at their home ensure that they are familiar with cultural safe protocols within the environment they provide a service in.   * We require that healthcare workers adhere to Māori tikanga (refer to our tikanga guidelines). * We require that healthcare workers adhere to other cultures’ tikanga (refer to [CALD](https://www.ecald.com/resources/cross-cultural-resources/cross-cultural-resource/) resources). * When visiting Māori tangata whai ora/tangata whaikaha/whānau we follow the hui process:   + Mihi, whakawhanuangatanga, kaupapa and poroporoaki. |
| **Equity** | We collect quality data related to Māori home and community visits:   * Number of home visits. * Number of community visits – specified settings (for example: marae, beach, park, other health or social services or work). * We collect and collate the data. * We identify adverse events in each of the service delivery settings. * We collate and analyse the data. * If indicated we develop process improvements together with tangata whai ora/tangata whaikaha and whānau. |

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| **Hazards and their management** | | | |
| **Hazard** | **Examples** | **Management – eliminate or minimise** | |
| Behavioural | * abusive or violent people at the premises * hostility * aggressive people living in the surroundings | * be respectful * do not intrude * have a plan of escape * take a support person * defuse * leave | **minimise**  **eliminate** |
| Biological | * transmittable diseases * blood/body fluid incident * incontinence * sharps * mould/dust * vermin | * be vaccinated * apply standard   precautions   * use PPE * leave | **minimise**  **eliminate** |
| Chemical | * cleaners * vermin bait * medication * drugs/chemicals to make drugs * insecticides | * request open windows * use product instructions * use PPE * apply standard precautions * leave | **minimise**  **eliminate** |
| Environmental | * stairs * light/visibility * unsafe pathway * parking * unsafe pets * no cell phone range | * take a torch * only visit during day-time * take a taxi * ask for pets to be locked away * arrange another meeting place | **minimise**  **eliminate** |
| Manual handling | * inadequate equipment * single person handling * stretching * repetitive movements | * report unsafe equipment * 2-people visit * get training in safe manual handling | **minimise**  **eliminate** |