



## PROCEDURE

**SUBJECT:** Home Visiting

**DOCUMENT NUMBER:**

**DATE DEVELOPED:** June 2005

**LAST REVISED DATE:** New Document

**PLANNED REVIEW DATE:** June 2008

**DISTRIBUTION:** Kaleidoscope Children's Health Network

**COMMITTEE RESPONSIBLE FOR RATIFICATION:**

Kaleidoscope Executive Advisory Group (KEAG)

**APPROVAL DATE:** 27 June 2005

### AIMS:

1. To implement strategies that will reduce the risk to worker's safety when visiting clients in their own homes
2. To promote accessibility of service for clients

### PROCEDURE:

#### 1. PREPARING FOR HOME VISIT:

- Contact client prior to the first home visit and complete the Home Visit Risk Assessment form (see Appendix 1)
- If existing client with service, read medical record thoroughly prior to home visit. If any possible concerns are noted regarding your personal safety at the home, phone client and redo the Home Visit Risk Assessment. If still concerned, phone line manager to consult whether to proceed with home visit (see Appendix 2 Refusal or Withdrawal of Home Visiting Service)
- When home visiting follow local protocol in relation to whereabouts
- Consult with Manager before conducting any out of hours home visits
- Staff should ensure they have access to:
  - Street directory/road map
  - CDMA/mobile phone (operating and charged)
  - First aid kit
  - Exposure management kit

#### Disclaimer

*It should be noted that this document reflects what is currently regarded as a safe and appropriate approach to care. However, as in any clinical situation there may be factors that cannot be covered by a single set of guidelines, this document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgment to each individual presentation.*

## **2. AT CLIENT'S HOME:**

- Always be on the alert
- Do not park in driveways
- Lock your car at all times
- Observe premises prior to entry
- If at anytime the staff member feels unsafe the home visit is cancelled or discontinued
- Stand to one side of doorway when knocking
- Wear HNEAHS photo identification tag
- Determine if the client is home before entering
- Always keep on your person your car keys and mobile telephone when visiting clients (with emergency contacts installed on mobile phone)
- Ensure compliance with Manual Handling, Zero Tolerance, Infection Control Policy and Principles and Incident Monitoring Systems (IMS) where applicable
- For home visits where there is a safety risk for staff, consultations in an alternative venue can be arranged (see Appendix 2 Refusal or Withdrawal of Home Visiting Service)
- If the staff member has not returned within 1 hour of anticipated return to work place, local security protocol will be implemented

## **3. CAR BREAKDOWNS:**

In the event of a car breakdown on the way to or from a home visit:

- Refer to 'State fleet folder' in motor vehicle.

## **RELATED LEGISLATION, DEPARTMENT OF HEALTH CIRCULARS, AREA POLICIES, REFERENCES:**

- Hunter Area Health Service. Occupational Health & Safety Policy. 10/12/98.
- OHS in the Community – a Handbook for Managers and Staff, Hunter Area Health Service 2001.
- NSW Health Department (2002). Health Home Visiting Practice Guidelines (Draft).
- NSW Health Department (2001). Emergency Paging System for NSW Health contact with DoCS Helpline for reports of children and young persons at risk of immediate harm.
- NSW Health Department (2003). Protecting People and Property: NSW Health policy and guidelines for security risk management in health facilities.
- Hunter Area Health Service. Motor Vehicle Safety Policy 02/19
- WorkCover NSW (2004) The community services safety pack: A guide to occupational health and safety. Gosford
- NSW Health Department (2003) Zero Tolerance to Violence in the NSW Health Workplace. Circular 2003/48
- NSW Department of Health (2003) Zero Tolerance to Violence in the NSW Health Workplace: policy and framework guidelines. NSW Department of Health: Gladesville
- Hunter Health (2004) Infection prevention in acute care facilities.
- Hunter Area Health Services. (2002) Manual Handling. Policy 99/10.

**RESPONSIBLE FOR MONITORING AND REVIEW:** Kaleidoscope Clinical Nurse  
Consultants/Managers

**REVIEW DATE:** April 2007

**APPENDIXES:**

1. Home Visit Risk Assessment form
2. Refusal or Withdrawal of Home Visiting Service

HOME VISIT RISK ASSESSMENT FORM

Client Details: \_\_\_\_\_ MRN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_ Phone: \_\_\_\_\_

The Home Visit Risk Assessment Form is useful to identify any risk factor or particular issue that the health worker may need to assess and consider in more detail.

**Complete front page of this Assessment Form for all clients both self-referral & referred from other services.**

Who lives in the house, what is their relationship to the client and who will be home during the visit?

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ISSUE	YES	NO	N/A	COMMENTS
Does anyone smoke inside the house? <i>(Consider OH&amp;S issues and offer appropriate quit smoking advice and support)</i>				
Is there any one unwell in your house at the moment? (For example respiratory illness, chicken pox etc)				
Is there any other reason a health worker might be unsafe when visiting your home?				
<b>Access to the residence:</b> <ul style="list-style-type: none"> <li>▪ Is the residence numbered?</li> <li>▪ Description of house</li> <li>▪ Are there any problems accessing your home? eg pathways steep, slippery or uneven, parking restrictions?</li> <li>▪ Are there any special entry requirements and/or directions? eg intercom</li> </ul>				
<b>Pets:</b> <ul style="list-style-type: none"> <li>▪ Do you have any animals?</li> <li>▪ Can they be restrained during the home visit?</li> </ul>				

Visit to proceed? *(please circle)*

Yes / No

Interpreter required? Yes / No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**This page is to be completed when referral has been received from other services or a security risk has been identified. Any changes to the initial risk assessment are to be signed and dated on this form and documented in the medical record.**

ISSUE	YES	NO	Don't know	COMMENTS
Has this family been home visited by the referring service?				
<b>Client, Family &amp; Associates</b>  Are there any indicators that may pose a risk to the client or worker?				
<b>Is there a history of:</b>  Domestic violence				
Substance abuse				
Mental health				
Child protection issues				
Criminal history				

Any other comments:

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Visit to proceed? *(please circle)*

Yes / No

Interpreter required? Yes / No

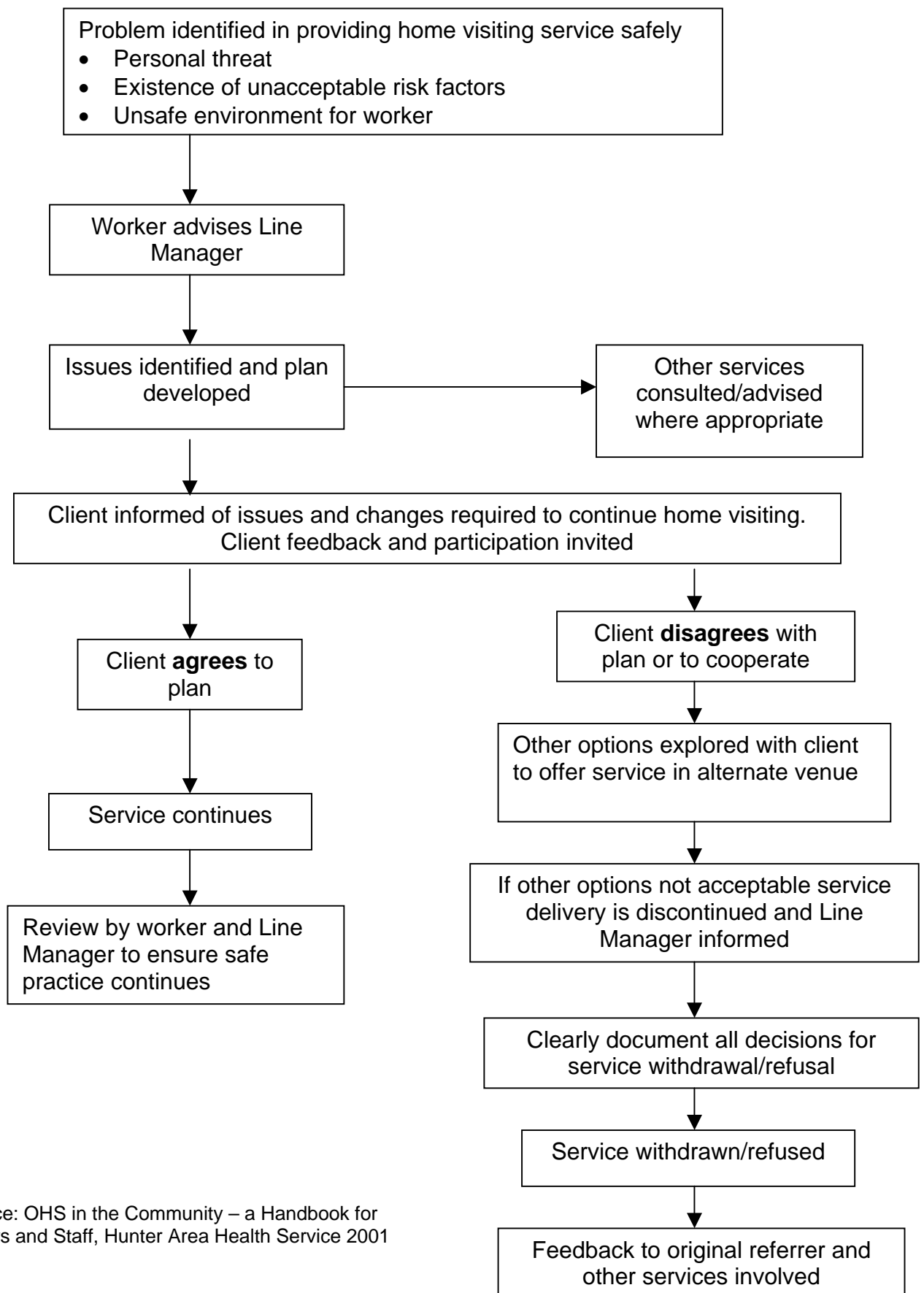
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## APPENDIX 2 FLOWCHART: REFUSAL OR WITHDRAWAL OF HOME VISITING SERVICE



Reference: OHS in the Community – a Handbook for Managers and Staff, Hunter Area Health Service 2001