



## HOME VISITING IN SAFETY

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#### Key Points

- Employees undertaking home visiting duties, OSH Regulation 3.3 requires that they must have means of communication available which will enable the employee to call for assistance in the event of an emergency. In addition, OSH Regulation 3.3 requires that there is a procedure for regular contact to be made with the employee and the employee is trained in the procedure.
- Managers and / or their delegates are responsible for ensuring appropriate equipment and training is provided to employees. Employees undertaking home visiting have a responsibility to follow employer guidelines to maintain their safety and reduce the risk to their health. The Occupational Safety and Health Act (1984) recognise that both the employer and employee are responsible for providing and maintaining a safe work environment.
- Community Midwifery Program / Midwifery Group Practice / Adolescent Service midwives attending the first appointment in the community must contact the client and complete the Home and Community Risk Assessment form over the telephone prior to the first visit.
- A Home and Community Visit Risk Assessment form (MR 255.04) is to be completed by the ward midwife discharging the patient. This completed form must accompany the VMS referral form.
- If a VMS / Adolescent Service referral is received and a Risk Assessment form is not completed or available, the risk assessment must occur via the telephone prior to the first visit.
- Staff members must familiarise themselves with the completed home/community risk assessment before working with clients.
- Midwives working in services that have provided duress alarms must wear and be familiar with their functions.

#### PROCEDURE

##### Prior to conducting home visits

- Review all known information to determine risk factors associated with visiting the client. If a risk factor is identified, the midwife must not visit the patient alone. A strategy to manage the risk must be discussed with the manager
- A copy of the completed risk assessment form will be attached to the client application / referral form.

- The risk assessment ratings must be completed and all mitigation strategies must be identified on form.
- If any risks are identified the midwife must discuss the management strategy with the manager on call. Do not undertake any home visits until this has been done.
- Suitability of home visiting will be assessed on an ongoing basis. If the situation at any time changes or new information is received a new risk assessment must be completed. This must occur if the risk level is decreased or increased. This new assessment must be signed off by the service manager.
- When completing the Risk Assessment Form and on completing the home visit the midwife must be mindful of circumstances and hazards that may be significant at night e.g. poor outside lighting, steps, uneven surfaces. These hazards should be addressed with the client and/or communicated to colleagues in a timely manner.

### **Daily Contact (Monday – Sunday) with a midwifery colleague when all Home Visits have been assessed as Low Risk**

- Each midwife is to text their midwifery colleague when embarking on their ordinary working day, including their anticipated time of return at the end of their working day (this should be by 16:30).
- If the midwife is behind time with the routine visits and they expect to go beyond their expected return time, they are to inform their midwifery colleague of their revised return time.
- At the end of their normal working day they will contact their midwifery colleague / co-ordinator via text informing them of the completion of their day. The midwifery colleague will document these details on the appropriate form.
- All employees undertaking home visits must be accounted for prior to close of business each day, by the colleague monitoring them.
- Ensure the mobile phone is charged with emergency contact numbers saved. The phone should be carried at all times, and a car phone charger should be available.

### **Arrival at the Clients Home**

- Drive past the address to gain awareness of available exits
- Park the vehicle facing the exit, avoiding driveways where possible.
- Keep the vehicle keys on your person for ease of access.
- Stand to one side of doors and windows, to listen for dogs and / or raised voices etc. before knocking or ringing the doorbell.

- Wait for the door to be answered. Do not respond to a call of “come in”.

### **Inside the Residence**

- Observe the general environment for potential risks.
- Make yourself aware of who is in the house and their location.
- Where appropriate, position yourself between the person and the exit, to avoid being blocked in.
- If during the visit there is any indication that your safety may be compromised, a situation escalates, or you become uncomfortable within the setting, terminate the visit. Leave immediately and upon return to the car, lock the vehicle doors and drive away from the vicinity. Contact the service manager / shift co-ordinator and inform them of the situation.

### **If a situation occurs during a visit**

- Talk quietly in a calm voice while considering your options.
- If carrying a duress alarm. Press the large middle button on the duress alarm. Once pressed, the monitoring station will be able to hear any conversations and escalate as required.
- Leave the premises as soon as able.
- Complete a Hazard / Incident form form.

### **Failure to Report Back by Midwives Conducting home Visits or Activation of a Duress Alarm**

- If more than 30 minutes have passed since the expected time of return and the midwife is unable to be contacted, the monitoring midwife must contact the service manager / shift co-ordinator and inform them of the situation.
- If notified that a duress alarm has been activated the VMS shift co-ordinator must alert the VMS Clinical Manager (in hours) and HCM after hours of the situation. The managers must then alert the Director on Nursing and Midwifery (OGCCU) in hours and the executive member on call after hours of events and any actions taken.
- If the situation is high risk or unknown, the service manager / hospital clinical manager will contact the police and inform them of the situation

The following actions must then be taken:

- The service manager / shift co-ordinator / HCM are to try and contact the person on his/her mobile phone.
- Contact the last scheduled location (if known).
- Contact the staff member’s residence

- Contact all the staff member's colleagues
- If this is unsuccessful the manager / HCM is to contact the Nursing and Midwifery Director OGCCU (during office hours) or WNHS executive member on call (out of hours and weekends).
- If the situation has not resolved, the manager / HCM is to inform the police and Nursing and Midwifery Director OGCCU (in hours) or executive staff member on call (after hours and weekends)

#### REFERENCES (STANDARDS)

National Standards – 15 Corporate Systems and Safety  
 Legislation  
 Occupational Safety and Health Act 1984  
 Occupational Safety and Health Regulations 1996  
 Standards – Risk Management 4804:2001

Related Policies - – [NMHS SPE 23 OSH Working Alone in Safety Policy](#)  
 Other related documents : [KEMH VMS Referrals](#)

#### RESPONSIBILITY

<b>Policy Sponsor</b>	Nursing and Midwifery DirectorOGCCU
<b>Initial Endorsement</b>	December 2015
<b>Last Reviewed</b>	
<b>Last Amended</b>	
<b>Review date</b>	December 2018

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