

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>Population and Public Health SAFT and SVP</b></p>	<p><b>Practice Guideline:</b> <i>Appendix A to Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP) Guideline for PPH</i></p>	
	<p><b>Date:</b> <i>April 2018</i></p>	<p><b>Pages:</b> <i>1 of 3</i></p>

**Appendix A: Questions and Answers about SAFT and SVP for PPH teams:**

**Q1.** Clients are highly mobile and the SAFT/SVP is relevant to place....safety hazards associated with security, physical building/infrastructure issues, etc. **Does this mean we need to repeat the SAFT each time the client moves?**

A: Yes. If the client moves, an evaluation of hazards associated with the worker visiting the client would need to be accessed or reassessed. See top of the SAFT Form and page two of Information for completion guideline under note.

**Q2. Who can do the SAFT?**

A: Currently in PPH, the PHN continues to be the role responsible for completion of the SAFT and the SVP. SAFT and SVP requires communication across the team involved in a client or family's care, so PHNs gather information from FFHVs and Outreach workers to inform their assessment.

When a client moves community areas, the receiving PHN would reassess, including gathering information over the phone when setting up a home visit as well as at the actual visit. When families receiving the Families First program move, PHNs gather information over phone and from FFHV involved in the care. Per established practice within the FF program, PHN follow up is as follows: Contacts, by telephone and/or home visit(s) depending on families need and issues with each family a minimum of once every 3 month once the family is established on the FF program.

**Q3. Do we need to complete all questions prior to visiting or are there some core questions?**

A. The SAFT asks the basic core questions

**Q4. How do we manage SAFT/SVP items that are “expected” in large proportion of residences in certain areas? How do we efficiently document and manage?**

- For example, if it is known to expect walkway hazards in a specific neighborhood in the winter, is it sufficient to note this at team meetings and/or place an fyi in the SVP binder flagging this for staff, vs. filling out a SAFT/SVP for each client unable to clear their walk?
- Client function may impact ability to do repairs (a very large proportion of clients, i.e., low income, or poorly maintained rental accommodations).
- Lack of a buzzer or security system in apartment buildings.—rationale for this noted, but is there a more efficient way of flagging if multiple clients are being served in a particular building?
- Animal running at large in the community—common in some areas.

A. The OESH guideline indicates that every client receiving services has to have a SAFT completed. So if every client has a SAFT then individual hazards are identified on the form, filed on the client's chart/record.

Staff should be advised of common hazards such as uncleared walkways, and poorly maintained stairways, etc. As an employer, we are obligated to provide direction to staff regarding what to do when they encounter such hazards. This needs to be documented for specific clients. The SAFT and SVP are the tools the Region has chosen for this purpose.

If you know that a particular address at which staff frequently visit clients continues to have particular hazards, such as lack of a buzzer system, it is acceptable to start the SVP when the referral is received, and pre-select these items on the form to assist in plan formation. This must be reviewed and signed off by the PHN. This is one way the team can support completion of SAFT and SVP.

**Q5. Okay but that is a lot of SVPs that might need to be completed. In my area it is very common for the buzzer system to not work and for sure there isn't on site security. Why do we need to fill in a SVP?**

A. Manitoba Work Place Safety and Health Legislation requires the employer to provide workers with information relating to any Known or Foreseeable hazards associated with their work location along with control measures to within what is reasonable and practicable to protect the workers.

This is the purpose of the SAFT and the SVP. The intent of this is to ensure workers are informed of any potential hazards associated with multi-tenant dwellings and a plan documented and shared with all staff serving clients in such dwellings.

For example, if there were known issues relating to the worker attending to a dwelling such as gang related issues, and there was on site security, the SAFT would indicate potential gang issues, the SVP could indicate that if there security issues relating to the worker experiencing gang concerns, they would report to security. If there is no security on site, then the employer needs to ensure a realistic control measure is developed and communicated for the worker to follow when visiting a client in a dwelling with known gang concerns.

If there are no issues with a worker entering a multi-tenant dwelling, the absence of a buzzer may not pose a hazard. If however the dwelling has a buzzer and it is not functioning, that could pose a hazard to the worker and the employer has a responsibility to inform the worker and provide a viable control measure on how as the employer you would expect the worker to address that hazard.

The SAFT and SVP are our selected mechanisms for WRHA Community Health Services to document hazards, and ensure a safety plan is documented and communicated to our staff. Please refer to the SAFT and SVP Information Form Completion Guidelines on the OESH Insite page.

**Q6. What if the client does not comply with the arrangements made at the time the SVP was put in place, e.g., don't smoke when FFHV visits, securely put away any weapons, etc.**

A. There is a client expectation sheet used by some. We need to do everything we can to deliver services. Consult your manager (who in turn may consult with their CAD) if challenges. Do not stop delivering service until discussion with manager and CAD occurs and a plan for alternate service provision can be put in place. Alternate Services refers to having the client receive service at another location until the safety aspects relating to providing a client services in a residential location can be resolved. This requires input from Senior Management.

**Q7. I don't think anyone would know if there is asbestos in the home.**

A client might inform a worker of asbestos in the home, or if the employer was to become aware of asbestos then that would become a known hazard and must then be addressed. The expectation is not to go looking for asbestos or mould, but if reported and / or observed in the course of one's duties, needs to be reported to the employer, and a SVP developed, documented and shared.

**Q8. I appreciate the depth of details in the new form and certainly it is relevant for Home Care with multiple workers in and out of the home. For Public Health, we may go in 2-3 times except for Family First families.**

Manitoba Work Place Safety and Health Legislation requires the employer to provide workers with information relating to any Known or Foreseeable hazards associated with their work location along with control measures to within what is reasonable and practicable to protect the workers.

This is the use of the SAFT and the SVP.

**Q9. When I was filling the new SAFT form out last week, I was thinking about whether we need to specifically ask each question directly to answer it and whether there are mandatory questions before visiting?**

A. SAFT contains the minimum, i.e., “core” items to be assessed. PHNs are experts at conducting assessments through observation and artful conversation, e.g., FFS and Parent Surveys. Treat the SAFT similarly. Gather the information you need to complete the assessment and develop a SVP if required, as you build your relationship with the client and assess their environment as you do for other aspects of your practice. Be transparent with clients about why you are asking. This is workplace safety and health. We value our employees and take our obligations to protect them seriously.

**Q10. Which charts require a Care Alert sticker?**

A. Section 1(c) of the SAFT and the SVP integrate the Screening Tool and the Care Plan of the C.A.R.E. (Caution and Respect Everyday) Provincial Violence Prevention Program. Any clients with an indication for a Care Alert per section 1(c) of the SAFT and SVP require a sticker to be placed in a visible location on the front of the chart, as well as on the SVP. The existence of a Care Alert must be communicated to all members of the team providing direct care to the client.

Care Alert stickers look like this:

