

OCCUPATIONAL AND ENVIRONMENTAL SAFETY & HEALTH OPERATIONAL PROCEDURE

Subject: Working Alone or in Isolation – Community Home/Client Visits
Community/Corporate Health Services and Winnipeg Integrated Services (WIS)

Effective Date: August 2016 (version 3) **Supersedes:** July 2011 (version 2)

Review Date: 3 years or legislation or job changes

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1.0 GUIDING PRINCIPLES

- 1.1 In keeping with the Winnipeg Regional Health Authority (WRHA) and Department of Families commitment to providing a safe and healthy workplace as noted in the WRHA 'Workplace Safety and Health' policy (20.20.030), and Department of Families Workplace Safety and Health Policy, the following Operational Procedure has been developed to ensure these policies are supported by identifying known and potential hazards to workers, assessing the risks, implementing control measures to reduce or control these hazards, and communicating this information to staff related to working alone or in isolation when visiting client's environment/home.
 - 1.2 The WRHA Community Health Services Management Team along with Department of Families is committed to providing a safe and healthy working environment for all employees. We want all employees to feel safe and be safe. To accomplish this, we expect all supervisors and managers to take a clear, consistent and supportive role in handling of issues in the community, and all workers to share in the responsibility for their personal safety and to communicate unsafe conditions to their supervisors.
 - 1.3 This Operational Procedure must be applied fairly and evenly throughout the Winnipeg Health Region.
 - 1.4 This operational procedure is also designed to ensure that when followed the minimum requirements of Manitoba Workplace Safety and Health legislation is complied with and where possible exceeded.
 - 1.5 As with all matters relating to the Safety and Health of workers the Workplace Safety and Health Committee should be consulted for their input.
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2.0 DEFINITIONS

- 2.1 **The Act:** The Workplace Safety and Health Act W210 of Manitoba.

- 2.2 **Committee:** Means a workplace (occupational) safety and health committee established under section 40 of the Workplace Safety and Health Act.
- 2.3 **Employer:**
- 2.3.1 Every person who, by himself or his agent or representative employs or engages one or more workers,
- 2.3.2 and The Crown and every agency of the government.
- 2.4 **Supervisor:** Means a person who has charge of a workplace or authority over a worker.
- 2.5 **Worker:**
- 2.5.1 Any person who is employed by an employer to perform a service whether for gain or reward, or hope of gain or reward or not.
- 2.5.2 Any person engaged by another person to perform services, whether under a contract of employment or not
- 2.5.3 Any person undergoing training or serving an apprenticeship at an education institution or at any other place.
- 2.6 **Director:** means the person administratively responsible for the department or unit. Director includes heads of departments.
- 2.7 **OESH:** refers to the Occupational and Environmental Safety and Health Unit, WRHA.
- 2.8 **SHU:** refers to the Safety and Health Unit, Department of Families.
- 2.9 **Working Alone** means the performance of any work function by a worker who
- 2.9.1 Is the only worker for that employer at that workplace at any time; and
- 2.9.2 Is not directly supervised by the employer, or another person designated as a supervisor by the employer, at any time.
- 2.10 **Working in Isolation** means working in circumstances where assistance is not readily available in the event of injury, ill health or emergency.
- 2.11 **Client's Environment:** Sites/areas where care/service is provided which are not WRHA or Department of Families facilities, sites or offices including but not limited to: client's homes, hotels, apartment buildings, rooming houses, residential care facilities, shelters, supported living facilities.
- 2.12 **Safety Assessment Form Tool (SAFT) and Safe Visit Plan Form (SVP):** Form used for identification of known and potential hazards which are/may be present in a client's environment.
- 2.13 **Safe Visit Plan Form and Safe Visit Plan (SVP):** Form used to develop controls to reduce/eliminate risk to staff based on the hazards identified on the SAFT. These controls are used to develop a Safe Visit Plan which is communicated to staff members providing care to a specific client. It outlines any hazards that they may encounter and controls that have been put into place to protect them from these hazards.

3.0 OPERATIONAL PROCEDURE

- 3.1 Each site/program must implement a Working Alone or in Isolation program which consists of the following:
- 3.1.1 Risk Identification (SAFT Assessment Form Tool)

- 3.1.2 Elimination and/or control of risks including but not limited to Safe Visit Plans (SVP) and Safe Work Procedures (SWP) where applicable based on all hazards identified on the SAFT.
 - 3.1.3 Safe Work Procedures (Safe Visit Plan) must include
 - 3.1.3.1 Effective communication system such as:
 - 3.1.3.1.1 Radio communication, telephone or cellular phone communication based on a completed risk assessment, or any other means that provides effective communication given the risks involved
 - 3.1.3.1.2 Any of the following: a system of regular contact by the employer with the worker working alone or in isolation, limitations on or prohibitions of specified activities, the establishment of training requirements.
 - 3.1.4 Communication of the hazard and the controls to affected employees.
 - 3.1.5 Training
 - 3.1.6 Enforcement. An employer must ensure that workers comply with the safe work procedures.
 - 3.1.7 Emergency Response
 - 3.1.7.1 Personal alarms based on a completed risk assessment
 - 3.1.7.2 WRHA Security Mobile Patrol, Avion Security, Winnipeg Police Services (911)
- 3.2 The Safety Assessment Form Tool (SAFT) will be completed for ALL clients who receive visits or service that will require the employee to work off-site.
 - 3.3 The Safety Assessment Form Tool (SAFT) is used to identify hazards associated with all aspects of the client visit.
 - 3.4 If hazards are identified in the SAFT, a Safe Visit Plan (SVP) must be developed. Each identified hazard will be addressed in the SVP.
 - 3.5 Alternative ways to provide care to the client and/or placing client care on hold should be considered in consultation with management in situations including but not limited:
 - 3.5.1 Severe hazards are identified and risk cannot be managed through a SVP
 - 3.5.2 There is a delay in the implementation of the SVP
 - 3.5.3 There are repeated non compliance issues by the client
 - 3.5.4 The client cannot or is not adhering to this Operational Procedure or to the SVP
 - 3.6 Communication and documentation of the SAFT and SVP are as follows:
 - 3.6.1 All employees attending a client home
 - 3.6.2 The SVP must be provided to all WRHA and Department of Families employees who have a “need to know” by virtue of providing care to the client.
 - 3.6.3 The SAFT will be made available where applicable.
 - 3.6.4 The SVP and SAFT (SAFT only if applicable) will be available to health care partners (i.e. Hospitals) where the information is necessary for provision of care in a safe manner for client, family, and employees.
 - 3.6.5 The SAFT (is applicable) and SVP must be available to health care partners (e.g. hospital staff) where the information is necessary for the provision of safe care for client, family, and employees.
 - 3.6.6 A copy of the SAFT and SVP should be placed in the client’s file.

- 3.7 A re-assessment/screening including a new SAFT and where applicable must be completed and communicated to staff by the fastest means possible:
 - 3.7.1 when new or additional hazards are identified
 - 3.7.2 when the situation with the client and/or in the client's environment changes
 - 3.7.3 on an annual basis when the client's file is reviewed as per program specific guidelines or at other times then the client's care plan is reviewed.
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4.0 RESPONSIBILITIES

4.1 Employer

- 4.1.1 Act in accordance with the objects and purposes of the Act by ensuring, so far as is reasonably practicable, the safety, health and welfare at work of all his workers, and complying with the Act and regulations.
- 4.1.2 Ensure that all workers, and particularly managers, supervisors, care providers or similar persons, are acquainted with any safety or health hazards which may be encountered by the workers in the course of their service, and that workers are familiar with plans and directives to reduce the risk of harm from identified hazards including the use of all devices or equipment provided for their protection.

4.2 Person Receiving Intake/Referral (e.g. Central Intake, Central Nursing Intake):

- 4.2.1 Determines appropriateness for service as per program guidelines.
- 4.2.2 Initiates the SAFT through discussion with the client and/or contact person and/or referral source. It may be necessary to contact the referral source to obtain further information if the contact name is not provided and the client cannot be reached by phone. Contacts the client or contact person by phone and explains the purpose of a risk assessment.
- 4.2.3 Documents identified hazards in the appropriate section of the SAFT. Please note: some hazards are best identified during the first visit to the client's environment.
- 4.2.4 Sends the SAFT to service provider along with the referral form as per program guidelines. Alerts by phone call the service provider to the identified risk.

4.3 Person Receiving Intake/Referral in Hospital (Hospital Based Case Coordinator)

- 4.3.1 Initiates the SAFT through discussion with the client and/or contact person and/or referral source.
- 4.3.2 Documents identified hazards in the appropriate section of the SAFT. Please note: some hazards are best identified during the first visit to the client's environment.
- 4.3.3 Completes a SVP where applicable. Obtains additional information as required.
- 4.3.4 Seeks advice and direction from Team Manager and other parties as needed to develop plan (e.g. unusual SVP, circumstances, etc.)
- 4.3.5 Communicates the SAFT and SVP with other Coordinators for the client as required immediately upon completion.

- 4.4 **Referral Source (e.g. Family Physician, Client's Family Member, Client, Other Programs):**
- 4.4.1 Is alert to potential safety issues and shares information pertinent to these issues.
 - 4.4.2 Discusses potential safety issues with the client.
 - 4.4.3 Supports staff in the need to identify and plan to mitigate risks.
- 4.5 **Coordinator for the Client (e.g. Case Coordinator, Community Mental Health Worker, Public Health Nurse, Nursing Resource Coordinator):**
- 4.5.1 Receives and reviews referral and SAFT/SVP.
 - 4.5.2 Completes review of SAFT/SVP. Obtains additional information as required. Some hazards are best identified during the first visit to the client's environment.
 - 4.5.3 Reviews potential risks with the client or contact and develops a plan to mitigate the risks through the development of a SVP.
 - 4.5.4 Supports and participates in the development of a SVP with coordinators for Direct Service Staff, Team Manager and other parties as applicable.
 - 4.5.5 Seeks advice/direction from Team Manager as required (i.e. budget implications).
 - 4.5.6 Shares the SAFT and the SVP with other Coordinators for the client as required.
 - 4.5.7 Reports any changes in the SAFT and the SVP to those involved.
 - 4.5.8 Ensures that the SAFT and the SVP are also documented in designated area in the program specific location in electronic or paper client files and staff scheduling tools as per program guidelines.
- 4.6 **Coordinator for Direct Service Staff (e.g. Nursing Resource Coordinator, Resource Coordinator, Public Health Leads):**
- 4.6.1 Receives and reviews client referral, SAFT and when applicable the SVP.
 - 4.6.2 Supports and participates in the development of a SVP.
 - 4.6.3 Communicates the SVP and provides a copy of the SVP to direct service staff. A meeting may be required in complex situations. SVPs related to risks of violence and/or animals must be communicated to direct service staff by the fastest means possible.
 - 4.6.4 Receives information from staff and notifies service provider if a change in SAFT and/or SVP is required.
 - 4.6.5 Monitors the effectiveness of this Operational Procedure and the SVP through discussions with employees.
 - 4.6.6 Ensures that SAFT and SVP are documented in designated area in the program specific location in electronic client files and staff scheduling tools as per program guidelines.
 - 4.6.7 Seeks advice/direction from Team Manager as required.
 - 4.6.8 Ensure that Scheduling Clerks for Nursing Service communicate the SVP to nursing staff immediately by the fastest means possible.

- 4.7 **Direct Care/Direct Service Staff (staff who are entering the client's environment to provide care/service) :**
- 4.7.1 Notifies their supervisor by the fastest means possible and within 24 hours
 - 4.7.1.1 if the client is not in compliance with this Operational Procedure and/or SVP.
 - 4.7.1.2 regarding safety issues that arise.
 - 4.7.2 Notifies supervisor or the Provincial Health Contact Centre (PHCC) After Hours Services (AHS) immediately if the hazard has the potential to harm oneself or other staff.
 - 4.7.3 Participates in the development and/or review of the SVP as required.
 - 4.7.4 Carries out the SVP and provides feedback about the effectiveness of the plan.
- 4.8 **Service Recipient (Client):**
- 4.8.1 Provides accurate information.
 - 4.8.2 Participates in the development and implementation of the SVP.
 - 4.8.3 Carries out the SVP.
 - 4.8.4 Notifies the Coordinator(s) for the Client of changes that may affect the safety assessment or the SVP.
- 4.9 **Provincial Health Contact Centre (PHCC) – After Hours Service (AHS)**
- 4.9.1 Completes the SAFT as per the above procedure and faxes SAFT along with the report to the relevant office.
 - 4.9.2 On occasion, AHS develops a SVP and communicate this plan immediately to all applicable staff.
 - 4.9.3 AHS Supervisor collects information and works with the team including the DSS and client to conduct a safety assessment and develop a SVP.
 - 4.9.4 For clients known to Home Care: the AHS Supervisor faxes the SVP to the Community Case Coordinator and leaves a phone message.
 - 4.9.5 For a client who is not known to Home Care but will be referred to the community area: the AHS Supervisor will send the SAFT and the SVP (where applicable) with the referral and communicate this information to the Team Manager in the relevant Community Area.
- 4.10 **Team Managers:**
- 4.10.1 Ensures all levels of staff are aware of and are fulfilling their responsibilities related to this Operational Procedure including but not limited to the SAFT and the SVP. Provides staff with the PHCC AHS phone number.
 - 4.10.2 Support staff in the development of SVPs and review safety plans.
 - 4.10.3 Works with community area staff and partners to develop SVP for specific areas, e.g. apartment blocks.
 - 4.10.4 Monitor RL6, INM reports and safety/hazard issues and identify trends to Program or Community Area Director.
 - 4.10.5 Provides on-going education and support.

4.11 **Program Direct and Community Area Directors:**

4.11.1 Ensure that Team Managers and staff are compliant with the requirements of this Operational Procedure.

4.12 **Workplace Safety and Health Committees:**

4.12.1 Consult on the development and implementation of this operational procedure.

4.12.2 Review and monitor the effectiveness of this operational procedure.

4.12.3 Where required, assist with the identification of hazards and recommend control measures to minimize hazards.

4.13 **Occupational and Environmental Safety & Health (OESH) and Safety and Health Unit (Department of Families):**

4.13.1 Consult with the facility/site/program on all aspects of this operational procedure.

4.13.2 Assist with recommendations and control measures to minimize hazards.

5.0 **TRAINING REQUIREMENTS**

5.1 The training program must be workplace specific, effective and updated annually or when changes which may affect the procedure are introduced in the workplace.

5.2 All employees need to be informed of their rights and responsibilities related to this operational procedure at orientation.

5.3 All WRHA community/corporate health services and WIS employees shall receive training in: Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP).

5.4 All training must be documented. Records must be retained as required by the Workplace Safety and Health Act and Regulations.

In addition, educational material relating to all hazards (including pets), controls and safe visit plans are available to staff in the following formats:

- *paper copies upon request,*
- *electronically on the public website at www.xxx.xxx*

6.0 **REPORTING REQUIREMENTS**

6.1 All hazards must be immediately reported to the immediate supervisor/manager who shall make every effort to resolve safety and health concerns immediately/in a timely manner using the Hazard Elimination and Control Hierarchy as outlined in Definition 2.9 of the WRHA OESH Operational Procedure Report and Resolution of Safety and Health Concerns. This process may include updating the SAFT and SVP.

6.2 WRHA: In the event of an injury or near miss (not hazard reporting), the immediate supervisor/manager will instruct the reporting employee to call the OESH Injury/Near Miss (INM) Intake Line at 204-940-8482.

6.3 Department of Families: The employee will fill the Hazard Concern Report Form to report any unsafe conditions or actions. The employee will fill out the Incident Report Form to report incidents in their workplace

REFERENCES:

Government of Manitoba. (2002). *The Workplace Safety and Health Act – W210*. Winnipeg: Queen’s Printer. www.safemanitoba.com

Government of Manitoba. (2006). *The Workplace Safety and Health Regulation – 217/2006*. Winnipeg: Queen’s Printer. www.safemanitoba.com

Winnipeg Regional Health Authority: [WRHA Policy 20.10.040 Respectful Workplace](#)

Winnipeg Regional Health Authority: [WRHA Policy 20.20.010 Violence Prevention Program for Healthcare Workers](#)

Winnipeg Regional Health Authority: Occupational and Environmental Safety & Health Operational Procedure – Report and Resolution of Safety Concerns

Winnipeg Regional Health Authority: Occupational and Environmental Safety & Health Operational Procedure – Animals/Pets in the Client’s Environment/Home

APPENDIX:

Appendix A – Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP)