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INTENT/PURPOSE OF FORM

- Previously this form was used to identify hazards for working alone situations and to identify hazards associated with all aspects of the client's home and/or environment.
- The purpose of the revised Safety Assessment Form Tool (SAFT) is to incorporate the requirements for screening and alert of the Provincial Healthcare Violence Prevention Program, clarify the expectations of the Animals in Client's Environments Operational Procedure while updating the hazards sections.

DEFINITIONS

- SAFT – Safety Assessment Form Tool
- Person of Interest - Identification of a person who is not seeking medical attention and has been identified as known to be high risk for behaviour that is violent or could be considered a precursor to a violent incident. This may include family members, neighbours, etc.
- VPPCP – Violence Prevention Program Care Plan Document

USED BY

- Used by Winnipeg Integrated Services – WRHA and Department of Families, and its partner agencies for community clients.

GUIDELINES FOR COMPLETION OF FORM


For specific details regarding processes or guidelines refer to

- 1) Occupational and Environmental Safety and Health Operational Procedures
 - Working Alone or in Isolation – Community/Client Visits Community/Corporate Health Services and Winnipeg Integrated Services (WIS)
 - Animals/Pets in the Client's Environment/Home, Community/Corporate Health Services and Winnipeg Integrated Services (WIS)
- 2) Any Program Specific documents

GENERAL INFO ABOUT FORM

INTAKE

- Person doing intake is responsible to screen and acquire as much information as possible recognizing that some hazards cannot be identified over the phone or without seeing the client's home.

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HOME VISIT

- Complete **ALL** questions at in home visit. Programs will define specifically in their program who is responsible to complete and update the form

OTHER

- If additional documentation required – person completing may write directly on the form in the appropriate section or attach additional information

SAFETY ASSESSMENT FORM TOOL [pages 1-4]

Note:

A re-assessment/screening including a new SAFT must be completed and communicated to staff by the fastest means possible:

- when new or additional hazards are identified (this may be through staff reporting)
- when the situation with the client and/or client's environment changes
- on an annual basis when the client's file reviewed as per program specific guidelines or at other times when the client's care plan is reviewed.

PAGE 01 [SAFT]

Top right corner

- enter ALL client identification/demographic information or place label if available on EVERY PAGE


Left side box

- Date of Safety Assessment: for new intake: date form was initiated. If existing client: date this form was completed
- Initiated by: name of person, title and designation who initiated the form
- Central Office Phone #: number of main office of person who initiated the form
- Identify type of location: check applicable box

Right side box

- Time of Visit(s): check applicable boxes to identify possible times of visits
- Length and Frequency of Visit(s)/Service Delivery: check applicable boxes to identify possible length and frequency of visit(s)/service delivery


Client function may SAFT and Safe Visit Plan: check box if client function may impact the client's ability to eliminate or reduce hazards such as securing animals, shoveling snow, changing light bulbs, performing repairs to the environment, etc.

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Page 01, 02, 03: SAFT

Section 1: Working Alone / Violence / Physical Hazards Assessment


- Working Alone: check box if the worker is the only worker for the employer at that workplace and is not directly supervised.
- Section 1a – Getting to Client’s home/site - check all identified hazards. If a hazard has been identified a safe visit plan is required. If no hazards check “No hazards associated with getting to client’s home/site”..
- Section 1b – Reported/Known/Observed site or neighborhood concerns - check all identified hazards. If a hazard has been identified a safe visit plan is required. Indicate if any of the hazards are impacted by the time of day. If yes indicate time and day of week. If no hazards check “No reported/known/observed site or neighborhood concerns”.
- Section 1c – Abusive and violent behavior – client: *Note: this section includes the screening tool, alert activation/deactivation and care planning tool of the Provincial Healthcare Violence Prevention Program.*
 - A. Current violence or aggression? Check all that apply. If none apply, check no evidence. If one or more boxes are checked in this section (excluding no evidence), activate an alert by marking an X in the “Activated on Initial/Repeat Screening” box in Alert Status below. If no evidence is checked, mark an X in the “Not Required on Initial/Repeat Screening” box in the Alert Status.
 - B. Past Active violence or aggression? Check all that apply. If none apply, check no evidence. If one or more boxes are checked in this section (excluding deactivated alert and no evidence), activate an alert by marking an X in the “Activated on Initial/Repeat Screening” box in Alert Status below. If no evidence is checked, mark an X in the “Not Required on Initial/Repeat Screening” box in the Alert Status.
 - C. Current risk factors for violence or aggression? Check all that apply. If two or more boxes are checked in this section (excluding no evidence), activate an alert by marking an X in the “Activated on Initial/Repeat Screening” box in Alert Status below. If no evidence is checked, mark an X in the “Not Required on Initial/Repeat Screening” box in the Alert Status.
 - Alert Status on Initial Screening/Repeat Screening: instructions are above in A., B., C.
 - Alert Deactivated: If the health care team determines that the risk of violence or aggression is resolved during the individual’s period of care provision without the ongoing use of the Safe Visit Plan, the alert may be de-activated. Mark with an X, “Deactivated During Period of Care Provision”. Person deactivating the alert must date and sign with designation. Rationale for Alert deactivation is to be documented in patient record. All Alert communication symbols are to be removed.

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- Possibility of: check all types of violent or aggressive behaviour that may be exhibited by the client.
- Behaviour Triggers: this section is part of the VPPCP used in acute care setting. Check all behaviour triggers that may be exhibited. Note: the checkbox for Substance use/withdrawal is to be used for issues related to alcohol.
- Section 1d – Abusive and Violent Behaviour – Person of Interest (POI) – note: this section is part of the Provincial Healthcare Violence Prevention Program. If no Person of Interest, check the No abusive or violent behavior concerns with POI. If there is a POI complete the following:
 - Name – complete the name of the POI
 - Relation to Client – indicate if they are a family member (specify), neighbor, etc.
 - Resides with Client – check box if they reside in the client’s environment
 - Has a key – check box if they have a key to the client’s environment
 - Type – check type of abusive or violent behaviour
- Section 1e – Hazards Inside Client’s Home/apartment - check all identified hazards. If no hazards check “no hazards inside the client’s home/apartment”. Question regarding whether client has phone **MUST** be asked for all clients at intake and ongoing. *Note: the Safe Visit Plan for some of these items will consist of notifying the staff of the situation. For example, cracked flooring.*
- Section 1e – Hazards associated with multi-tenant dwellings - check all identified hazards. If no hazards check “No hazards within the multi-tenant dwelling”. *Note: the Safe Visit Plan for some of these items will consist of notifying the staff of the situation or to assist with scheduling of staff. For example, if elevator is not functioning or there is excessive stair climbing staff who are not physically able should not be scheduled.*


Section 2. Other Hazards

- Section 2a– Animals in the Home/Site - Must be asked of all clients at intake and ongoing. If no animals check “No animals within the home/site”.
 - Animals in the home – check yes or no. Specify type, breed (if known), number and name(s) of.
 - Check the boxes that apply related to aggression, client’s functional status, issues related to fecal/urine, etc.
 - Risk Level – determine the risk level based on the information collected in this section and the definitions contained. Check the appropriate risk level. **Note: Excluding Service Animals every effort must be made and documented to contain or secure all low, medium and high risk animals/pets. This is not dependent on risk level or staff comfort with animals.**
 - Low Risk – no SVP required. All staff to be notified of animals, type/breed, number and name(s). Provide client with client expectation sheet.

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- Medium Risk – SVP required
- High Risk – SVP required

- Section 2b – Stray Needles (Sharps) in the Home/Site - ask client regarding injectables and how they dispose of needles and lancets. Check if there is a significant number of stray/improperly disposed needles. If no hazards check “No stray needles (sharps) in the home/site”.
- Section 2c – Infestation in the Home/Site - If infestation check evidence of infestation and indicate type. Determine if Personal Protective Equipment is required. If no personal protective equipment is required then a safe visit plan is not required. Notify staff in the comments section of the task sheet and refer to Standard/Safe Work Procedure. If personal protective equipment is required then a SVP is required. If no infestation check “No infestation in the home/site”.
- Section 2d – Mould in the Home/Site – If no hazards check “No mould in the home/site.” If there is evidence of mould observed in the care area, check box. Determine size of mould and check appropriate size box.
 - If the size is small or medium and the mould has not/will not be disturbed then check “no risk (mould contained)” This does not require a safe visit plan but the staff must be notified in the comments of the task sheet and referred to the Standard/Safe Work Procedures.
 - If the size is extensive and/or the mould has/will be disturbed then a safe visit plan is required.
- Section 2e – Asbestos in the Home/Site - If no hazards check “No asbestos in the home/site”. If there is evidence of asbestos in the home/site, check box. Determine if the asbestos is contained or may be airborne..
 - If asbestos is contained this does not require a safe visit plan but the staff must be notified in the comments of the task sheet and referred to the Standard/Safe Work Procedures.
 - If the asbestos is airborne then a safe visit plan is required.
- Section 2f – Smoke in the Home/Site - This section includes but is not limited to cigarettes, cigars, pipes, marijuana, e-cigarettes and aboriginal healing ceremonies. If there is no smoke in the home/site check “No smoke in the home/site”.
 - Specify the type/origin of smoke. If the WRHA smoke free policy is followed then no safe visit plan is required but staff must be notified in the comments section of the task sheet and referred to the Standard/Safe Work Procedures.
 - Use of sacred tobacco/medicine – No safe visit plan is required but staff must be notified in the comments section of the task sheet and referred to the Standard/Safe Work Procedures.
 - Client does not follow WRHA Smoke-Free Policy – indicate report number. Safe Visit Plan required.

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- Section 2g – Chemical Hazards in the Home/Site – If there are not chemical hazards check “no chemical hazards in the home/site”. If chemical hazards are present specify the type and create safe visit plan.
- Section 2h – Hazardous Medication (Cytotoxic and Non Cytotoxic) in the Home/Site – If the client is prescribed hazardous medication (cytotoxic or non-cytotoxic) check the box. If no hazard present check “No Hazardous Medication”.
- Section 2i – Biological Hazard – Possible exposure to occupational/communicable disease including but not limited to tuberculosis, mumps, chicken pox, measles, shingles or parasites such as scabies or lice. Consult Infection Prevention and Control manual and notify Occupational Health. If no hazards check “no biological hazards in the home/site”.

Section 3 – Musculoskeletal Injury Prevention/Ergonomics

- Ergonomic hazards for manual materials handling (laundry, food prep, housekeeping) and Safe Client Handling (HCA, wound care, etc.) can be dealt with through specific processes and recommendations. Should either of those services be required, please refer to their specific assessment processes and address the applicable hazards accordingly through safe work procedure and monitoring/enforcement of those safe work procedures by the supervisor.”

Section 4 – Completion and Communication Details


- SAFT completed by: person who completed the form signs with full name and designation and phone number.
- Date: date SAFT was completed
- SVP required: indicate yes or no
- Completed: - date SVP was completed.
- Recipients – indicate the recipients of copies of the SAFT and date notified.

FILING/ROUTING INSTRUCTIONS

- The communication plan and operational procedure in combination with program specific guidelines will determine who is to receive a copy of the SAFT, SVP, or both.
- The original SAFT should remain in the client office file.
- All subsequent updates to the SAFT should be placed in the client file.

PRINTING INSTRUCTIONS

- The blank SAFT should be printed from Insite or ordered through WRHA Printing Services if large amounts of the form are needed.
- The blank SAFT is also be available on the WRHA website and Insite at http://www.wrha.mb.ca/professionals/safety/policies_section13.php and on the FSCA website in pdf format.

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- SAFT is to be printed one sided on an 8 ½” by 11” sheet of paper.
- SAFT and SVP for the same client should be stapled together.

INSTRUCTIONS FOR USE OF AN INTERACTIVE FORM:

If the interactive (fillable) version of the form is being utilized the below guidelines must be adhered to as the form contains personal health information:

1. The form shall be completed only while situated at a WRHA office/facility on an eHealth assigned computer.
2. Absolutely no personal health information shall be electronically saved on the computer and/or shared electronically, e.g. e-mail.
3. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
4. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client file.
5. Do not print unnecessary duplicate copies of the form.
6. Regular audits of the eHealth assigned computer should be undertaken to ensure that no personal health information is being duplicated and saved.

AUTHOR:

- Shaun Haas
Regional Director
WRHA Occupational and Environmental Safety & Health (OESH)
Ph: 204-926-1042