

Community Health Services
SAFE VISIT PLAN (SVP)

Client Health Record #
 Client Surname
 Given Name
 Date of Birth
 Gender
 MFRN
 PHIN
 Address

The SVP must be developed for all hazards identified on the Safety Assessment Form Tool (SAFT). If you require assistance developing the SVP contact WRHA Occupational and Environmental Safety & Health (OESH) or Department of Families Safety and Health Unit. For severe hazards that cannot be managed immediately through the development of a SVP, see options for alternative ways for providing care to the client on page _____.

The SVP must be updated when additional hazards are identified or when the situation with the client and/or in the client's home changes. At minimum, the SVP must be reviewed and updated annually at time of re-assessment for your program or at transfer of program.

SVP Initiated on:

D	D	M	M	Y	Y	Y	Y		

 Initiated by: _____

SAFE VISIT PLAN

General/Working Alone
 Time of visit is restricted. Do not visit client between

 and

 Employee to immediately leave area or client if severe hazard is present and notify supervisor.
As part of the Operational Procedure Working Alone or in Isolation, worker check in procedure IS required.

Section 1.a. Hazards associated with getting to client's home/site
Employee to be notified of hazard and details of SVP outlined in this section.
 Only schedule employees with access to a vehicle.
 There are lighting hazards and you must carry a flashlight.
 Restricted Access: Use an alternate entryway to gain access into client's home/site. Specify: _____
 There are walking surface hazards. Specify: _____
 There are seasonal hazards related to snow/ice, etc. Specify: _____
 The required precautions are: _____
 If repeated issue: Where applicable the Resource Coordinator/Case Coordinator/Client Liaison is to talk to client/building owner/building manager/City of Winnipeg to attempt to alleviate issue.
 Employee to call client, or specified contact, prior to visit to ensure the client's property has been cleared, salted, sanded, etc. Name: _____ Contact information: _____
 Other Safe Visit Plan, specify: _____

Section 1.b. Reported/Known/Observed Neighbourhood Concerns
Employee to be notified of type of neighbourhood concerns and details of SVP outlined in this section.
 Type of Neighbourhood concern: _____
 Employee to read and follow directions contained in OESH Standard Procedures.
 Use an alternate bus stop (check bus schedule first).
 Client Employee to call City of Winnipeg to report animal running at large.
 Employee to always carry a loan out cell phone personal alarm
 Employee to phone in to call monitor. Monitor phone number: _____
 Call Options: Call before visit Call when leaving client's home/site
 Call monitor every _____ minutes or _____ hours during visit
 Joint visit with: On-site security/mobile patrol Winnipeg Police Service
 Co-worker. Name/Contact information (if known) _____
 Other Safe Visit Plan, specify: _____

Section 1.c. Abusive and Violent Behaviour – Client
Completion of this section indicates an alert has been activated.
Employee to be notified of Activation of Alert and details of SVP outlined in this section.
 Employee to read and follow directions contained in OESH Standard Procedures.
 Ensure glasses, hearing aids, etc. are used. Involve interpreter/translation strategy.
 Develop/maintain routines (same time, activity, etc.)
 Minimize environmental overstimulation (decrease noise, light, etc.)
 Follow plan to manage paranoia/delusions/hallucinations _____
 Therapeutic activities/touch blankets available; engage client in meaningful activity
 Use actions identified as helpful/works for client when upset _____
 Employee to always carry a loan out cell phone personal alarm
 Client's family member to be present during service. Call prior to visit to confirm presence
 Employee to phone in to call monitor. Monitor phone number: _____
 Call Options: Call before visit Call when leaving client's home/site
 Call monitor every _____ minutes or _____ hours during visit
 Joint visit with: On-site security/mobile patrol Winnipeg Police Service
 Co-worker. Name/Contact information (if known) _____
 Other Safe Visit Plan, specify; including behavioural triggers: _____



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<p>Section 1.d. Abusive and Violent Behaviour – Person of Interest (POI) <i>Employee to be notified of name and relation to client</i></p>	<p>Name of POI: _____ Relation to Client: _____</p> <p><input type="checkbox"/> Person of Interest to be away from home during service.</p> <p><input type="checkbox"/> Employee to call ahead prior to visit to confirm the absence of person of interest.</p> <p><input type="checkbox"/> Employee to phone in to call monitor. Monitor phone number: _____-_____-_____ Call Options: <input type="checkbox"/> Call before visit <input type="checkbox"/> Call when leaving client's home/site <input type="checkbox"/> Call monitor every _____ minutes or _____ hours during visit</p> <p><input type="checkbox"/> Joint visit with: <input type="checkbox"/> On-site security/mobile patrol <input type="checkbox"/> Winnipeg Police Service <input type="checkbox"/> Co-worker. Name/Contact information (if known) _____</p> <p><input type="checkbox"/> Other Safe Visit Plan, specify: _____</p>
<p>Section 1.e. Hazards Inside Client's Home / Apartment <i>Employee to be notified of type/location of hazards identified and details of SVP outlined in this section.</i></p>	<p>Type/Location of Hazards Identified: _____</p> <p><input type="checkbox"/> The planned escape route out of home/apartment in case of an emergency is _____ <input type="checkbox"/> The employee is to ensure that the escape route is accessible, free of clutter and obstacles.</p> <p><input type="checkbox"/> Employee to avoid using stairs if stairs are poorly maintained or if railing is missing or unsafe and there is another safe option for access. If no other option, employee to call supervisor for guidance.</p> <p><input type="checkbox"/> If permissible, Employee to clear work area, as able, before proceeding with task.</p> <p><input type="checkbox"/> Employee to perform a "spot check" for any observable problems with equipment. Employee to avoid using equipment and appliances which are in poor working order. Employee to report condition to supervisor.</p> <p><input type="checkbox"/> If weapons (guns, knives not meant for food preparation) are not stored and are out in the open, employee to contact supervisor and ask for guidance.</p> <p><input type="checkbox"/> Other Safe Visit Plan, specify: _____</p>
<p>Section 1.f. Hazards Associated with Multi-Tenant Dwellings <i>Employee to be notified of type / location of hazards identified and details of SVP outlined in this section.</i></p>	<p>Type/Location of Hazards Identified: _____</p> <p><input type="checkbox"/> Employee not to use common stairs. Employee to use elevator only.</p> <p><input type="checkbox"/> Employee to be notified if elevator is not functioning and given alternate directions. Alternate Directions: _____</p> <p><input type="checkbox"/> Employee to be given key/card access to gain access into building.</p> <p>If employee cannot gain access into building: <input type="checkbox"/> Employee to call building management/security/superintendent/client for entry. Contact Info: _____</p> <p><input type="checkbox"/> Employee to phone in to call monitor. Monitor phone number: _____-_____-_____ Call Options: <input type="checkbox"/> Call before visit <input type="checkbox"/> Call when leaving client's home/site <input type="checkbox"/> Call monitor every _____ minutes or _____ hours during visit</p> <p><input type="checkbox"/> Joint visit with: <input type="checkbox"/> On-site security/mobile patrol <input type="checkbox"/> Winnipeg Police Service <input type="checkbox"/> Co-worker. Name/Contact information (if known) _____</p> <p><input type="checkbox"/> Other Safe Visit Plan, specify: _____</p>
<p>Section 2.a. Animals in the Home <i>Client is given Animals client expectation sheet/develop SVP in consultation with the client for medium and high risk level.</i></p>	<p>Animal type/breed (if known)/number and name(s) of: _____</p> <p><input type="checkbox"/> Service Animal</p> <p><input type="checkbox"/> Animal is secured at all times (caged bird, snake in aquarium, hamster in cage, outside dog)</p> <p><input type="checkbox"/> Animal is free roaming</p> <p><input type="checkbox"/> Current/past history of aggression. Explain: _____</p> <p><input type="checkbox"/> Urine/fecal matter: Instructions for staff: _____</p> <p>Risk Level: <input type="checkbox"/> Medium: animal(s) move freely inside home with no negative behavioural history that MAY come into contact with staff <input type="checkbox"/> High: animal(s) move freely inside environment and have negative behavioural history</p> <p><input type="checkbox"/> Client <input type="checkbox"/> Family member/neighbor is able to isolate animal(s) Name: _____ Contact Information: _____ <input type="checkbox"/> kennel/cage <input type="checkbox"/> other area with full door <input type="checkbox"/> other area with baby gate <input type="checkbox"/> fenced yard <input type="checkbox"/> secured outside <i>Note: these are weather dependent.</i></p> <p>Where it has been agreed that the animal(s) remain free roaming: directions for unsecured animals include: _____</p>

continued



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	<p>In the event that the client:</p> <p><input type="checkbox"/> has not/will not follow the SVP outlined above</p> <p><input type="checkbox"/> is unable to secure animal(s) due to functional status</p> <p><input type="checkbox"/> is unable to secure animal(s) due to lack of availability of assistance from others</p> <p>The following SVP has been created: _____</p>
<p>Section 2.b Stray Needles (sharps) in the home/site</p>	<p>If client cannot/will not dispose of sharps appropriately:</p> <p><input type="checkbox"/> Employee to inform supervisor, Supervisor to ensure discussion re: appropriate disposal with client.</p> <p><input type="checkbox"/> Employee to ask client to dispose of all sharps in a puncture resistant container.</p> <p><input type="checkbox"/> Other Safe Visit Plan, specify: _____</p>
<p>Section 2.c. Infestation in the Home/Site <i>Employee to be notified of type/location of infestation and details of SVP outlined in this section.</i></p>	<p>Type of Infestation: <input type="checkbox"/> mice <input type="checkbox"/> rats <input type="checkbox"/> cockroaches <input type="checkbox"/> bed bugs <input type="checkbox"/> other: _____</p> <p><input type="checkbox"/> Employee to be issued Personal Protective Equipment (PPE) where appropriate</p> <p><input type="checkbox"/> Gown <input type="checkbox"/> Tyvek Suit <input type="checkbox"/> Booties <input type="checkbox"/> Gloves <input type="checkbox"/> N95 respirator (refer to mice guideline)</p> <p><input type="checkbox"/> Employee to follow standard/safe work procedure and wear PPE where required.</p> <p><input type="checkbox"/> If infestation is severe, employee is to notify supervisor and ask for guidance. Supervisor to speak to client regarding infestation solutions.</p> <p><input type="checkbox"/> Other Safe Visit Plan, specify: _____</p>
<p>Section 2.d. Mould in the Home/Site</p>	<p><input type="checkbox"/> Mould is located: _____</p> <p><input type="checkbox"/> Mould may be airborne <input type="checkbox"/> PPE issued</p>
<p>Section 2.e. Asbestos in the Home/Site</p>	<p><input type="checkbox"/> Asbestos is located _____</p> <p><input type="checkbox"/> Asbestos may be airborne <input type="checkbox"/> PPE issued</p>
<p>Section 2.f. Smoking in the Home/Site <i>Client is given the client expectation sheet "Please ensure a healthy smoke free environment"</i></p>	<p><input type="checkbox"/> There is the presence of second/third hand smoke in the home/site.</p> <p>If client does not follow expectations:</p> <p><input type="checkbox"/> Employee to inform supervisor, supervisor to discuss expectations with client.</p> <p><input type="checkbox"/> Employee to phone client one hour prior to visit to remind the client of the expectations.</p> <p><input type="checkbox"/> If client smokes/uses sacred tobacco in front of employee and refuses to stop, employee is to call supervisor to discuss essential care options and whether to leave the client's home/site.</p> <p><input type="checkbox"/> Other Safe Visit Plan, specify: _____</p>
<p>Section 2.g. Chemical Hazards</p>	<p><input type="checkbox"/> Other known chemical identified as: _____</p> <p><input type="checkbox"/> Employee to follow directions on container and/or Safety Data Sheet (SDS).</p>
<p>Section 2.h. Hazardous Medications (cytotoxic and non-cytotoxic) in the Home/Site.</p>	<p><input type="checkbox"/> Employee to be notified of use of hazardous medication (cytotoxic and non-cytotoxic).</p> <p><input type="checkbox"/> Employee issued appropriate Safe Work Procedure and PPE</p> <p><input type="checkbox"/> Providing Care</p> <p><input type="checkbox"/> Cleaning</p> <p><input type="checkbox"/> Soiled Laundry</p> <p><input type="checkbox"/> Hazardous Medication/Waste Exposure</p>
<p>Section 2.i. Biological Hazard</p>	<p><input type="checkbox"/> Employee to follow standard/safe work procedure and wear PPE where required.</p> <p><input type="checkbox"/> Employee issued appropriate personal protective equipment as per Infection Prevention & Control manual</p>

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Alternative Client Care Options

If severe hazards are identified which can adversely affect the health and safety of an employee, and a SVP is not possible at this time, alternate ways for providing care to the client may be considered after documenting SVPs that were considered and why they were discounted/discontinued. Explain:

Alternative ways for providing care to the client and/or placing client care on hold may be considered in consultation with management. Please choose one of the following options until or while a SVP is being created.

No services provided in the client's care environment at this time. Date:

D	D	M	M	M	Y	Y	Y	Y	Y

Alternate Care Options:

- Client to attend a WRHA clinic or WRHA/FS community office site
- Self and Family Managed Care
- Client's family to provide care to client
- Client to arrange agency to provide care
- Other care options. Specify: _____

Comments:

No alternative care options available at this time.

Comments:

Completion and Communication Details

Contact WRHA Occupational and Environmental Safety & Health (OESH) or Family Services Safety and Health Unit (SHU) at _____ regarding any questions, concerns, or if assistance is needed regarding the identification of hazards, completion of the SAFT, and the development of the SVP.

SAFT and SVP completed by:

PRINTED NAME, TITLE and DESIGNATION

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

Given to _____

for communication to staff on: _____

SVP to be communicated by:

- Procura
- Copy of form given to staff

Communicated to appropriate care providers on:

D	D	M	M	M	Y	Y	Y	Y	Y

Recipient	Date	Recipient	Date
	D D M M M Y Y Y Y		D D M M M Y Y Y Y
WRHA Home Care Case Coordinator – Hospital		Department of Families	
WRHA Home Care Case Coordinator – Community/Centralized		Children's Special Services/Family Support Worker	
WRHA Home Care Resource Coordinator/Scheduling Unit		Child Development Worker	
WRHA Home Care Nursing Resource Coordinator		Direct Service Worker (DSW)	
WRHA Direct Service Staff (HCA, HSW, RA, ISW, Allied Health)		Supported Living/Community Services Worker	
WRHA Home Care Visiting Nurses		Employment and Income Assistance Case Coordinators	
WRHA Healthy Aging Resource Team		Employment and Income Assistance Investigators	
WRHA Public Health Nurse		Vocational Rehabilitation Counselor	
WRHA Family First Home Visitor		Childcare Coordinator	
WRHA Midwife		Other: specify	
WRHA Community Mental Health Worker		Community Therapy Services (CTS)	
WRHA Community Mental Health Access Coordinator		Home Care Back-up Agency : specify	
WRHA Community Mental Health Proctor/Support Worker		Long Term Care: specify	
WRHA Community Facilitator		Other: specify	
WRHA Geriatric Program Assessment Team (GPAT)		Other: specify	
WRHA Geriatric Mental Health Team (GMHT)		Other: specify	
WRHA Day Hospital		Other: specify	
WRHA Adult Day Program		Other: specify	
WRHA Palliative Care Coordinator		Other: specify	