 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>COMMUNITY HEALTH INFORMATION FORM COMPLETION GUIDELINE</b></p>	<p><b>Form Name:</b> Safe Visit Plan [SVP]</p>	<p><b>Form Number:</b> Form # W-00452</p>
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## **INTENT/PURPOSE OF FORM**

- The Safe Visit Plan (SVP) form is used to develop controls to reduce/eliminate risk to staff based on the hazards identified on the Safety Assessment Form Tool (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.

## **DEFINITIONS**

- SVP – Safe Visit Plan

## **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**


### **COMMUNICATION PLAN** [page 1]

**Complete for ALL clients and indicate who should receive communication regarding SAFT and SVP**

*Check all appropriate boxes*


### **SAFE VISIT PLAN** [page 2, 3, 4 ]

**Note : For any changes a NEW SVP is required. No initialing will be permitted.**

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**Note: Employee is to be notified of the specifics of all hazard and the details of the SVP.**

- SVP Initiated on: for new intake: date form was initiated. If existing client: date this form was completed
- Completed by: name of person and designation who initiated the form
- General/Working Alone –
  - If time of visit is restricted – complete do not visit client between ...
  - Check if possibility of severe hazard. The employee is to immediately leave area or client and notify the supervisor
- Section 1a – Hazards Associated with Getting to Client’s Home/site  
Check all options that are part of SVP. Specify the details of the hazards identified on the SAFT. If other safe prevention plans checked – specify what they are.
- Section 1b – Reported/Known/Observed Neighborhood Concerns  
Specify the details of the hazards identified on the SAFT. Check all options that are part of SVP.  
If employee to phone in to call monitor indicate option selected  
If joint visit is indicated specify with whom  
If Other safe prevention plans checked – specify what they are
- Section 1c - Abusive and Violent behavior  
Notify the employee that a CARE alert has been activated. Specify the details of the possibility of aggression and behavior triggers identified on the SAFT. Create a care/safe visit plan based on this information. Check all options that are part of SVP.  
If employee to phone in to call monitor indicate option selected  
If joint visit is indicated specify with whom  
If Other safe prevention plans checked – specify what they are and include behavior triggers.
- Section 1d – Hazards Inside Client’s Home/Apartment  
Check all options that are part SVP.  
If other safe prevention plans checked – specify what they are. *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 options that are part of SVP.  
If other safe prevention plans checked – specify what they are.  
*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*

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*elevator is not functioning or there is excessive stair climbing staff who are not physically able should not be scheduled.*

- Section 2a – Animals in the Home/Site  
**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.**

**Service animals are not be secured or contained. However, Staff must be notified of their presence.**


Staff must be notified of the presence of all animals regardless of risk. Indicate animal type/breed (if known), number and name(s) of. Check boxes related to animal secured or free roaming Where applicable check box related to aggression and provide explanation Where applicable check box related to urine/fecal matter and provide explanation Indicate risk level determined on the SAFT

Where a plan is in place to contain/secure the animal check appropriate boxes outlining the plan.

Where it has been agreed that the animals(s) remain free roaming specify the directions for these animals.


Check all options that are part of SVP.  
If other safe prevention plans checked – specify what they are

- Section 2b – Stray Needles (Sharps) in the Home/Site  
Check all options that are part of SVP.  
If other safe prevention plans checked – specify what they are
- Section 2c – Infestation in the Home/Site – SVP only required for infestations where personal protective equipment is required. If no personal protective equipment is required notify staff in the comments section of the task sheet and refer to Standard/Safe Work Procedure.  
Check all options that are part of SVP.  
If other safe prevention plans checked – specify what they are
- Section 2d – Mould in the Home/Site – SVP only required where mould may be airborne. Indicate location of mould.  
Check all options that are part of SVP.  
If other safe prevention plans checked – specify what they are

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- Section 2e – Asbestos in the Home/Site - SVP only required where asbestos may be airborne in the care area. Indicate location of asbestos. Check all options that are part of SVP. If other safe prevention plans checked – specify what they are
- 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 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.  
  
Check all options that are part of SVP.  
If other safe prevention plans checked – specify what they are
- Section 2g – Chemical Hazards  
Indicate other known chemical name  
Check all options that are part of SVP. If other safe prevention plans checked – specify what they are
- Section 2h – Hazardous Medication (includes cytotoxic and non-cytotoxic)  
Check all options that are part of SVP. If other safe prevention plans checked – specify what they are
- Section 2i – Biological Hazard  
Check all options that are part of SVP. If other safe prevention plans checked – specify what they are
- 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, alternative ways for providing care to the client may be considered after documenting the SVPs that were considered and why they were discounted/discontinued. Consult with manager regarding client care options that do not involve going to the client's home/environment
- Completion and Communication Details

Indicate the name, title and designation of the staff who completed the SVP.  
Indicate the name of who was given the SVP for communication to staff.

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Check the method by which the SVP is communicated to staff – Procura print out or copy of the form.

Indicate the date the information was communicated to the appropriate care providers.

- 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 SVP should remain in the client office file.
- All subsequent updates to the SVP should be placed in the client file.


### **PRINTING INSTRUCTIONS**

- The blank SVP should be printed from Insite or ordered through WRHA Printing Services if large amounts of the form are needed.
- The blank SVP is also available on the WRHA website and Insite at [http://www.wrha.mb.ca/professionals/safety/policies\\_section13.php](http://www.wrha.mb.ca/professionals/safety/policies_section13.php) and on the FSCA website in pdf format.
- SVP is to be printed one sided on a 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.

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