

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p align="center">HEALTH & SAFETY - SAFETY IN COMMUNITY SETTINGS – MENTAL HEALTH & ADDICTION SERVICES</p>	<p align="center">Policy 5.3.1 Protocol 14</p>
<p align="center">HEALTH & SAFETY PROTOCOL</p>		

PURPOSE

Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Services (MH&AS) are committed to ensuring the safety of staff in keeping with the requirements of the Health & Safety at Work Act (2015) by:

- Having a proactive process to assess Health & Safety risks and manage them when faced by staff during the delivery of services in community settings (e.g. community venues or locations, private homes and residences, community clinics, etc.)
- Ensuring as safe an environment as is possible for all staff when providing services, whether in BOPDHB premises or during community and home visits.
- Offering tangata whaiora an appropriate service by facilitating consumers’ access to treatment.
- Compliance with Health & Disability Service Standards.

SCOPE

All BOPDHB MH&AS staff working in a community setting.

STANDARDS TO BE MET

ACTION	RATIONALE
<p>1. Premises</p>	
<ul style="list-style-type: none"> • Where services are delivered in health care premises other than conventional hospital / BOPDHB premises (e.g. clinics, community houses, Marae) the Service Leader / Team Leader of that workplace / team is responsible for ensuring: <ul style="list-style-type: none"> - All appropriate advisory services have been consulted in the initial commissioning / setup of the building (to address issues such as security, emergency / fire protection, environmental hazard management, etc.); AND - The usual on-going hazard management is in place. 	<ul style="list-style-type: none"> • Please refer to BOPDHB policy 5.3.1 P2 Health & Safety Management Systems – Roles & Responsibilities
<p>2. Rights and Responsibilities</p>	
<ul style="list-style-type: none"> • A staff member has the responsibility to identify and report to the Team Leader that delivery of service in a home, or community setting is no longer safe. 	<ul style="list-style-type: none"> • BOPDHB is committed to health and safety by: • Actively involving all employees in the Hazard identification, assessment and control – refer to BOPDHB Policy 2.1.3 Protocol 2 Hazard Management – Home Visit Management Standards

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<p>Protocol Steward: Quality & Patient Safety Coordinator, MH&AS</p>	<p>Authorised by: GM, Corporate Services</p>	

ACTION	RATIONALE
<ul style="list-style-type: none"> It is the expectation that the staff member who has to investigate the issue will explore every alternative option to maintain the required service delivery in collaboration with the Service Leader / Team Leader while also maintaining staff safety. 	<ul style="list-style-type: none"> Clinical Co-ordinators / Team Leaders are required to support staff safety as well as service delivery. A decision to cease provision of services can only be mandated by the Clinical Co-ordinator
3. Preparation For Home Visits	
<ul style="list-style-type: none"> Each service will maintain a community and home visits staff contact system. 	<ul style="list-style-type: none"> To ensure that the base service have an a process for monitoring staff safety.
<ul style="list-style-type: none"> Before conducting a home visit, the staff member documents all the appropriate information in the service's home visits staff contact system. 	<ul style="list-style-type: none"> To locate staff in the event of an emergency
<ul style="list-style-type: none"> Each home visit staff contact system captures the following: <ul style="list-style-type: none"> Date Name of clinician Name of tangata whaiora Telephone number and address of Tangata whaiora. Staff member's cellphone / pager number. Estimated return time of each staff member. <p>BOPDHB car registration number</p>	<ul style="list-style-type: none"> To locate staff in the event of an emergency
4. Safety	
<ul style="list-style-type: none"> All home visits are to include an assessment of risk that incorporates general environmental risk, as well as clinical risk. The FM.H4.6 H&S Homecare Hazard Management Checklist maybe used as the assessment tool. 	<ul style="list-style-type: none"> BOPDHB is committed to health and safety by: <ul style="list-style-type: none"> Actively involving all employees in the Hazard identification, assessment and control BOPDHB Policy 2.1.3 Protocol 2 Hazard Management – Home Visit Management Standards
<ul style="list-style-type: none"> All staff members undertaking home visits will have familiarised themselves with this protocol and have either enrolled in or completed MHAS Community Safety training, Safe Practice Effective Communication (SPEC) or DAO training. 	<ul style="list-style-type: none"> BOPDHB is committed to health and safety by: <ul style="list-style-type: none"> Providing Health and Safety information through effective induction training, supervision and systems of communication that ensure the competency of its staff and representatives to perform their OHS management requirements and other duties safely. BOPDHB Policy 2.1.3 Protocol 2 Hazard Management – Home Visit Management Standards
<ul style="list-style-type: none"> All new contacts are required to be made preferably on BOPDHB or known premises and / or dual home visits to include a risk assessment with every first appointment 	<ul style="list-style-type: none"> To maximise staff safety CPM.M5.10 Assessment CPM.M5.26 Risk Assessment

ACTION	RATIONALE
<ul style="list-style-type: none"> If there is any known indication of risk, two (2) people are required to make the visit. 	<ul style="list-style-type: none"> To maximise staff safety
5. Alternative Arrangements	
<ul style="list-style-type: none"> Where safety cannot be reasonably assured, arrangements will be made to deliver the service under more suitable conditions (e.g. a different venue, presence of a supporting staff member, etc.) 	<ul style="list-style-type: none"> BOPDHB is committed to health and safety by: <ul style="list-style-type: none"> Reporting, investigating and taking corrective and preventative actions for all accidents that result in serious harm or involve significant hazards, extensive property damage, including fire and / or customer service interruption. BOPDHB policy 5.3.1 P2 Health & Safety Management Systems – Roles & Responsibilities
6. Incident Reporting	
<ul style="list-style-type: none"> The usual BOPDHB procedures are required to be followed for any incident where there is the potential, or actual, occurrence of harm. 	<ul style="list-style-type: none"> 5.4.7 Threatening Behaviour, Bullying, Harassment and Violence Management 2.1.1 Risk Management 2.1.3 Hazard Management 5.4.7 P1 Management of Violence Against Staff Members
7. Police Involvement	
<ul style="list-style-type: none"> In the absence of BOPDHB security, staff may be required to involve the Police in the management of some events. 	<ul style="list-style-type: none"> Please refer to Bay of Plenty District Health Board policy 5.4.7 protocol 1 Management of Violence Against Staff Members
8. Communication	
<ul style="list-style-type: none"> Where a staff member is visiting tangata whaiora they will carry a cellphone and / or pager that will be turned on at all times. 	<ul style="list-style-type: none"> To assist with two (2) way communication between staff and the base service, particularly in the case of dangerous situations.
<ul style="list-style-type: none"> Quick call dials will be entered to the Police and the base service. 	<ul style="list-style-type: none"> To ensure a timely response in the event of danger to staff members / clients / others.
9. Client Health Records	
<ul style="list-style-type: none"> When it is necessary to take the tangata whaiora's health records to the home visit, the health records are carried in a locked briefcase. Only the health record of the tangata whaiora being visited are to be taken into their home. 	<ul style="list-style-type: none"> Please refer to BOPDHB policy: 2.5.2 P4 Health Record Transportation by BOPDHB Staff
<ul style="list-style-type: none"> Health records are locked in the vehicle and not left in view of the public. The staff member ensures that the vehicle is locked at all times and that the keys are in their possession. 	<ul style="list-style-type: none"> Please refer to BOPDHB policy: 2.5.2 P4 Health Record Transportation by BOPDHB Staff

ACTION	RATIONALE
<ul style="list-style-type: none"> The health records should be returned to base each day unless the staff member has specific approval from their Service Leader / Team Leader. 	<ul style="list-style-type: none"> Please refer to BOPDHB policy: 2.5.2 P4 Health Record Transportation by BOPDHB Staff
10. Monitoring Visits	
<ul style="list-style-type: none"> Service Leader / Team Leader or delegate is responsible for monitoring home visits, the home visits Recording / Contact system, and documenting all relevant phone-calls. 	<ul style="list-style-type: none"> Managers and Supervisors are to ensure all hazard management requirements are met including identification, assessment establishing of corrective/ preventative actions and the recording of hazards. Please refer to BOPDHB policy 5.3.1 P2 Health & Safety Management Systems – Roles & Responsibilities
<ul style="list-style-type: none"> At the completion of each day, the staff member calls into the Team Leader or delegate / receptionist, and notify if return to base will be later than scheduled. 	<ul style="list-style-type: none"> To affirm safety.
<ul style="list-style-type: none"> The staff member informs the Team Leader / delegate if there is any change in times to those stated in the home visits recording / schedule. 	<ul style="list-style-type: none"> To affirm safety.
<ul style="list-style-type: none"> If the staff member calls into the Team Leader / delegate for assistance, the Team Leader / delegate informs the Clinical Co-ordinator / Team Leader and if appropriate also the Police. 	<ul style="list-style-type: none"> To ensure a timely response to emergency situations.
<ul style="list-style-type: none"> The Service Leader / Team Leader: <ul style="list-style-type: none"> phones the staff member's cellphone, or phones tangata whaiora's house or community facility at which the appointment is taking place. phones the Police if emergency service required 	<ul style="list-style-type: none"> To enable consultation with the staff member, verification of the risks faced and to confirm the level of response required.
<ul style="list-style-type: none"> When there is any concern about the staff member's wellbeing, the Service Leader / Team Leader contacts the Police and informs the Business Leader. 	<ul style="list-style-type: none"> Managers and Supervisors are to ensure all hazard management requirements are met including identification, assessment establishing of corrective / preventative actions and the recording of hazards. Please refer to BOPDHB policy 5.3.1 P2 Health & Safety Management Systems – Roles & Responsibilities

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REFERENCES

- [Health and Safety at Work Act 2015](#) and [Regulations 2016](#)

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 2.1.1 Risk Management](#)
- [Bay of Plenty District Health Board policy 2.1.3 Hazard Management](#)
- [Bay Of Plenty District Health Board Policy 2.1.3 Protocol 2 Hazard Management – Home Visit Management Standards](#)
- [Bay of Plenty District Health Board policy: 2.5.2 protocol 4 Health Record Transportation by BOPDHB Staff](#)
- [Bay of Plenty District Health Board policy 5.3.1 protocol 2 Health & Safety Management Systems – Roles & Responsibilities](#)
- [Bay of Plenty District Health Board policy 5.4.7 Threatening Behaviour, Bullying, Harassment and Violence Management](#)
- [Bay of Plenty District Health Board policy 5.4.7 protocol 1 Management of Violence Against Staff Members](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.10 Assessment](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.26 Risk Assessment](#)
- [Bay of Plenty District Health Board Form FM.H4.6 H&S Homecare Hazard Management Checklist](#)

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