	Practice Guideline: *Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP) Guideline for PPH*	
Population and Public Health SAFT and SVP	**Approval Date:** *April 2018; updated May 28/18*	**Pages:** *1 of 3*
	Approval By: *PPH Program Director*	**Supercedes:** *New*

PURPOSE AND INTENT

Provide further program-specific implementation detail to support the OESH SAFT and SVP guidelines for WRHA Community.

Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP)
Safety Assessment Form Tool (SAFT) Form
SAFT Completion Guidelines
Safe Visit Plan (SVP) Form
SVP Completion Guidelines

SCOPE

Applicable to all PPH teams, centralized and community area services.

GUIDELINES

- PPH uses the above noted forms and follows the above noted OESH Safety Assessment Form Tool and Save Visit Plan guidelines. New forms were rolled out in February 2018. These are available on the OESH Insite page (link above).

- Per these guidelines, the SAFT must be completed for every client and an initial assessment needs to be done over the phone prior to the home visit.

- OESH guidelines address timing of updates to the assessment and Safe Visit Plan and Care Alert, as relevant.

- A key part of the assessment is to ask the client which other WRHA community services they are receiving so staff can share the safety assessment and SVP. Note: Per OESH, we are obligated to share these assessments across programs to support staff safety.

- SAFT/SVP must be stored in accordance with existing regional policies on personal health information. (See section 10.40).

- See Appendix A: Q and A for further details on implementation in PPH.

- **Section 1(c) of the SAFT and the SVP integrate the Screening Tool and the Care Plan of the C.A.R.E. (Caution and Respect Everyday) Provincial Violence Prevention Program.**

  o The screening tool identifies risk factors associated with violent, aggressive and responsive behaviours based on evidence of current and past violence or aggression, as well as current risk factors. Screening may result in the activation of an alert. Alerts should be flagged using the Care Alert sticker, both on the front cover of the chart and on the SVP, to ensure transfer of information at transitions in care.

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- o The Care Alert facilitates communication with all clinical and non-clinical staff and prompts the development of a Safe Visit Plan pertaining to client abusive or violent behavior.

TM CHECKLIST

- As per the current Operational Procedure, **every client receiving service requires a SAFT to be completed.**

- Ensure your staff are aware of OESH policies and guidelines, including SAFT/SVP and Working Alone. These must be followed. Ensure your team has processes in place: http://www.wrha.mb.ca/professionals/safety/policies_section13.php

- Ensure staff have completed the mandatory VPP modules in LMS.

- For clients for whom a Care Alert is i**ndicated by section 1 (c) of the SAFT, an SVP must be developed and the Care Alert communicated. Place a "Care Alert" sticker on the front cover of the chart and on the SVP.** For referrals to weekend services from community area offices for clients with an active care alert, **ensure any a care alert sticker is placed on the SVP prior to faxing.** Ordering information for the labels is filed in the PPHOT shared folder. The small square labels are recommended (NS 1745, 1.75" x 1.25").

- Labels look like this:

- Ensure your office has a mechanism to communicate/share SVPs and Care Alerts across programs (HC, MH, PC, PPH). Ensure all staff providing home visits are aware of SVPs and Care Alerts, including FFHVs. In the past, some teams without electronic records have used binders to share information. Please consult with your site privacy officer to ensure your system is compliant with both OESH and PHI requirements. Key principles include:

  - o PHI: SAFT and SVP contain PHI. Follow Regional Policies on collection, storage, confidentiality, and disclosure of PHI (section 10.40)

  - o Minimum need to know: if a staff member is providing care to a client for whom a SVP or Care Alert is in place, they need to see it prior to visiting. Sharing completed SAFTs facilitates efficient use of resources to adhere to regional SAFT and SVP policy and guidelines.

  - o If/when secure information systems are not in place and centralized binders are determined to be the most suitable option for sharing of SVPs, then the process would need to ensure: PHI is kept in a secure location and not left out for anyone to access and access to the PHI is auditable, i.e., you need to know who has accessed PHI when. Consult with your community site privacy officer as needed.

	Practice Guideline:	
Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé	*Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP) Guideline for PPH*	
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Documentation:

- Instructions are provided for filling out the SAFT and SVP forms, on the OESH website noted above.

- All client files with an <u>indication for a Care Alert per section 1 (c) of the SAFT and SVP</u> are required to have a Care Alert sticker on them.

- Share the SVP and Care Alert with any other programs the client identifies they are currently receiving services from and document on the SVP that you have done so. All staff directly involved in the client's care need to be made aware of an SVP and a Care Alert.

- SAFT, SVP and Care Alerts, as relevant, are to remain on the client record/chart.

- For **HPECD**, a note should also be entered into the **routing notes** indicating: SAFT completed, no concerns [specify address; date, initials]; or, SVP in place; or, SVP with Care Alert in place for [specify address; date, initials].

- Identify clients who are being referred to weekend services and let CA admin know, as per routine practice. Ensure SAFT and SVP and Care Alerts (section 1c of SAFT and SVP), if relevant, are included in the referral information being faxed to weekend services—a sticker must be placed on the SVP prior to faxing. See Appendix B for details.

- In **HSHR**, SAFT and SVP are filed on the paper chart, and a sticker is used to flag the existence of a <u>Care Alert related to section 1(c) of the SAFT and SVP.</u>

- For TB services, the SAFT/SVP and Care Alert remains on the paper chart. Ensure the sticker is on the front cover of the chart and on the SVP, and this information is to be included with referrals to other providers.

- For **TB services and Communicable Disease services**, a note should also be entered into iPHIS and the "alert" tab within iPHIS should be used to flag a SVP and Care Alerts. In iPHIS, general alerts are available to all iPHIS users regardless of role and program (e.g., CD or TB).

    - **NOTE: Please ensure you use the "general" option in the alert drop down menu,** so all users can see the alert.

- For Communicable Disease services, in the event a home visit is required, staff should check with their local PPH Admin to check iPHIS and HPECD if the client is already receiving PPH services and if so, check the routing notes for active alerts and SVPs. SAFT and SVPs are required for all home visits.

REFERENCES:
OESH SAFT and SVP guidelines for WRHA Community

APPENDIX A: Questions and Answers about SAFT and SVP for PPH teams
APPENDIX B: Interim Guidance for Weekend Services