WRHA Occupational and Environmental Safety & Health

Working Alone
Operational Procedures

Community Health and Social Services

SAFE Healthcare – Everyone's Responsibility
Preface

For more information on the requirements for “working alone”, please contact:

- Your site Occupational Health and Safety Service

- Winnipeg Regional Health Authority, Occupational and Environmental Safety & Health at 926-6066.

Guiding Principle

Under the Working Alone Regulation, employers are required to assess the workplace and take preventative measures that eliminate or minimize risks when their employees work alone.

**Working alone means** the performance of any work function by a worker who (a) is the only worker for that employer at that workplace at any time, and (b) is not directly supervised by his or her employer, or another person designated as a supervisor by his or her employer, at any time (reference Manitoba Regulation 105/88 R).

In short a worker providing care to a client, a group of clients who are not with a co-worker or a supervisor are deemed to be working alone.

The WRHA Community Health Services Management Team along with Family Services and Housing is committed to providing a safe and healthy working environment for all staff. We want our workers to feel safe and be safe. To accomplish this, we expect all supervisors and managers to take a clear, consistent and supportive role in handling of working alone issues in the community and all workers to share in the responsibility for their personal safety and to communicate unsafe conditions to their supervisors.

This procedure is not intended to document the many and varied circumstances in which a worker may be required to work alone or to specify a method of monitoring required for each specific working alone situation, but rather it is intended to introduce and reinforce key concepts.

The key concepts contained in the Working Alone Operational Procedures are:

1. The necessity of assessing all working alone situations to determine the conditions or circumstances which may result in misfortune to a worker working alone,
2. Designing procedures to eliminate or reduce the probability of misfortune; and;
3. Systems to monitor a workers safety status.
4. Methods to provide assistance for workers in the event of injury or other misfortune when working alone.
OPERATIONAL PROCEDURES

WRHA/FSH employees may work alone in one of three situations:

1. Those who have regularly scheduled appointments to deliver service, but do not regularly attend the office such as Home Care Visiting Nurses, Home Care Direct Service Workers, Midwives, Mental Health Proctors and FSH Respite Workers.

2. Those who have client visits and regularly attend the office such as Home Care Case Coordinators and Resource Coordinators, Family First Home Visitors, Public Health Nurses, Community Mental Health Workers, Employment and Income Assistance Case Coordinators, Supported Living and Children Special Services Case Workers, Child Care Workers and Child Development Counselors.

3. Those who work alone after hours at the office such as Administrative staff, Managers, other office workers and educators.
Situation 1 Operational Procedure

Those who have regularly scheduled appointments to deliver service, but do not regularly attend the office: Home Care Visiting Nurses, Home Care Direct Service Workers, Midwives, Community Mental Health Proctors, FSH Respite Workers.

Assessment:
Use the “Safety Assessment Form Tool” (SAFT/Safe Visit Plan)
This is a two-page document.

Page 1: is used to determine what hazards may be present and the likelihood of them presenting (“Low” or “High”).

Page 2: has a “Safe Visit Plan” to be used to document responses to identified hazards and for notation of special safety concerns or procedures. The Safe Visit Plan will be provided to care providers to ensure their safety for each visit. Additionally all staff will consider WRHA/FSH Employee Hazard Awareness Guideline during each visit (see appendix 3). See Appendix I for Safety Assessment Form Tool (SAFT/Safe Visit Plan)

1. A SAFT & Safe Visit Plan will be completed for all clients who will receive visits or service that will require the provider to work alone.
2. This will require 4 steps to complete:
   a. Prior to the first visit collect as much information as possible from the client, family, or referral source. Use this information to complete as much as possible of page 1 the “Intake Assessment”. Some information such as the “Environmental Hazards (C3) will be best observed during the first visit.
   b. Develop a “Safe Visit Plan” (Usually this will be completed by Case Coordinator or a Public Health Nurse who coordinates care)
   c. Meet with the client and complete the SAFT page 1.
   d. Complete the Safe Visit plan page 2 when indicated.
3. The SAFT information and Safe Visit Plan will be updated:
   a. When new risks or reduced risk is identified.
   b. When the client file is reviewed as per program specific guidelines.
4. The safety assessment information will be available to all WRHA and FSH staff who have a “need to know” by virtue of providing a “working alone” service.
5. The SAFT information will also be provided to health care partners (i.e. Hospitals) where the information is necessary for provision of care in a safe manner for client, family and staff.
Responsibilities

Person receiving Intake/Referral shall:

- Determines appropriateness for service (as per program guidelines).
- Initiates the Safety Assessment Form Tool (SAFT) through discussion with the client and/or contact person and/or referral source. It may be necessary to contact the referral source to obtain further information if the contact name is not provided and the client cannot be reached by phone.
- Documents identified hazard(s) in the appropriate space on the SAFT.
- Sends the SAFT to service provider along with the referral form as per program guidelines. Alerts by phone call the service provider to the identified risk.

Referral Source:

- Is alert to potential safety issues and shares information pertinent to these issues.
- Discusses potential safety issues with client.
- Supports staff in the need to identify and plan to mitigate risks.

Service Provider (e.g. Case Coordinator, Community Mental Health Worker, Public Health Nurse)

- Receives and reviews referral and SAFT.
- Contacts the client or contact person by phone and explains the purpose of a risk assessment.
- Obtains additional information as required.
- Reviews potential risks with the client or contact and develops a plan to mitigate the risks (Safe Visit Plan).
- Reviews safety visit plan with Team Manager or designate prior to the visit.
- Shares the safety assessment information and Safe Visit Plan with other service providers as required.
- Reports any changes in the safety assessment and the Safe Visit Plan to those involved.
- Coordinates joint visits with the designated person(s) as required.
- Ensures that the SAFT and the Safe Visit Plan are placed in the appropriate section of the paper file. Where an electronic data base is maintained (MDS-HC) the presenting situation will identify that a safety plan is in place.

Coordinator for Direct Service Staff (Nursing Resource Coordinator, Resource Coordinator, Public Health Lead Roles)

- Provides a copy of Safe Visit Plan to direct service staff. A meeting may be required in complex situations.
- Receives information from staff and notifies case coordinator if a change in SAFT and/or Safe Visit Plan is required.
- Supports and participates in the development of a Safe Visit Plan.
- Monitors the effectiveness of the Safe Visit Plan through discussions with staff.
- Ensures entry of the safe visit plan into Procura and ensures the trigger in Procura is activated for Home Care.
- Seeks advice/direction from Team Manager as required.

Note: Scheduling Clerks for Nursing Service may be required to communicate Safe Visit Plan to nursing staff.
**Direct Service Staff:**
- Participates in the development and or review of the safety plan as required.
- Carries out the safe visit plan and provides feedback about the effectiveness of the plan.
- Notifies supervisor regarding safety issues that arise within 24 hours.
- Notifies supervisor/after hours **immediately** if the risk has the potential for posing immediate risk to other staff.

**Service Recipient (Client):**
- Provides accurate information.
- Participates in the development and implementation of the safe visit plan.
- Carries out the safe visit plan.
- Notifies the Service Provider(s) of changes that may affect the safety assessment and/or the safe visit plan.

**After Hours Service (AHS):**

**Safety Issue Identified by Coordinator of Care and Safety Process Applied**

**When AHS must institute service for a new client or when there is a safety issue identified for an existing client:**
- SAFT will be completed as per the above procedure and faxed along with the report to the relevant office.
- Occasionally AHS must institute a safe visit plan and communicate this plan immediately:
  - The AHS Case Coordinator will collect information and work with the team including the DSS and client to conduct a safety assessment and develop a Safe Visit Plan.
  - Client known to Home Care:
    - The AHS Case Coordinator will fax the Safe Visit Plan to the Community Case Coordinator and also leave a phone message.
  - Client not known to Home Care but will be referred to the community area:
    - The information will be sent with the referral.
    - The AHS Case Coordinator will contact the Team Manager in the relevant Community Area.

**Safety Issue Identified by DSS but After Hours Services is not open**

- When a safety issue is identified by a DSS after the AHS has dispatched the DSS to a client and the DSS cannot contact AHS because AHS is not open - the DSS will communicate the safety issue to their RC.

The RC shall determine whom to contact. (In most situations it will be a client known to the program who is in a different area. The client can be looked up on either MDS or Procura or Central Response Team RC can be contacted to help problem solve).
Team Managers:
- Ensure Supervisors and staff are aware of and fulfilling their responsibilities related to SAFT and Safe Visit Plans.
- Perform exercises to test system and to ensure awareness.
- Ensure staff are aware of procedures.
- Ensure orientation of new staff.
- Provide all staff with the after hours emergency plan number.
- Provide introductory and ongoing training to existing staff to ensure awareness and compliance.
- Set up and review processes within the work unit to report safety issues.
- Monitor safety issues and identify trends to Community Area Director.
- Support staff in the development of Safe Visit Plans and review safety plans.
- Works with community area staff and partners to develop Safe Visit Plan for specific areas. E.g. apartment blocks.
- Provide on-going education and support.
- Manages occurrence process including debriefing.

Community Area Directors:
- Ensure that Team Managers and staff are compliant with the requirements of the Working Alone Procedures.

Training

All WRHA Community Health Services and FSH staff shall receive training in:
- SAFT (Safety Assessment Form Tool) and Safe Visit Plan.
- Employee Hazard Assessment Guideline.
- Procedure for Responding to Notification of Unknown Whereabouts of a Worker.
- Personal Safety Awareness And Tips.
Situation 2 Operational Procedure

Those who have client visits and also regularly attend the office: Case Coordinators, Family First Home Visitors, Public Health Nurses, Public Health Educators, Community Mental Health Workers, Employment & Income Assistance Case Coordinators, Supported Living &Children Special Services Case Workers, Child Care Workers and Child Development Counselors.

Assessment:
Use the “Safety Assessment Form Tool” (SAFT)
This is a two-page document.

Page 1: is used to determine what hazards may be present and the likelihood of them presenting (“Low” or “High”).

Page 2: has a “Safe Visit Plan” to be used to document responses to identified hazards and for notation of special safety concerns or procedures. The Safe Visit Plan will be provided to care providers as to ensure their safety for each visit.

See Appendix I for Safety Assessment Form Tool (SAFT)

1. A SAFT & Safe Visit Plan will be completed for all clients who will receive visits or service that will require the provider to work alone.
2. This will requires 4 steps to complete:
   a. Prior to the first visit collect as much information as possible from the client, family, or referral source. Use this info to complete as much as possible of page 1 the “Intake Assessment”. Some info such as the “Environmental Hazards (C3) will be best observed during the first visit.
   b. Develop a “Safe Visit Plan” (Usually this will be for a Coordinator of Care).
   c. Meet with the client and complete the SAFT page 1.
   d. Complete the Safe Visit plan page 2.
3. The SAFT information and Safe Visit Plan will be updated:
   a. When new risks or reduced risk is identified.
   b. When the client file is reviewed as per program specific guidelines.
4. The safety assessment information will be available to all WRHA and FSH staff who have a “need to know” by virtue of providing a “working alone” service.
5. The SAFT information will also be provided to health care partners (i.e. Hospitals) where the information is necessary for provision of care in a safe manner for client, family and staff.
Responsibilities

Person receiving Intake/Referral shall:

- Determine appropriateness for service (as per program guidelines).
- Initiates the Safety Assessment Form Tool (SAFT) through discussion with the client and/or contact person and/or referral source. It may be necessary to contact the referral source to obtain further information if the contact name is not provided and the client cannot be reached by phone.
- Documents identified hazard(s) in the appropriate space on the SAFT.
- Sends the SAFT to service provider along with the referral form as per program guidelines. Alerts by phone call the service provider to the identified risk.

Referral Source:

- Is alert to potential safety issues and shares information pertinent to these issues.
- Discusses potential safety issues with client.
- Supports staff in the need to identify and plan to mitigate risks.

Service Provider (e.g. Case Coordinator, Community Mental Health Worker, Public Health Nurse, E.I.A. Case Coordinator, S.L.P or C.S.S. Case Worker, Child Development Counselor)

- Receives and reviews referral and SAFT
- Contacts the client or contact person and explains the purpose of a risk assessment.
- Obtains additional information as required.
- Reviews potential risks with the client or contact and develops a plan to mitigate the risks (Safe Visit Plan).
- Reviews safety visit plan with Team Manager or designate prior to the visit.
- Shares the safety assessment information and Safe Visit Plans with other service providers as required.
- Reports any changes in the safety assessment and the Safe Visit Plan to those involved.
- Coordinates joint visits with the designated person(s) as required.
- Ensures that the SAFT and the Safe Visit Plan are placed in the appropriate section of the paper file. Where an electronic data base is maintained (MDS-HC) the presenting situation will identify that a safety plan is in place.

Coordinator for Direct Service Staff (Nursing Resource Coordinator, Resource Coordinator, Public Health Lead Roles)

- Provides a copy of Safe Visit Plan to direct service staff. A meeting may be required in complex situations.
- Receives information from staff and notifies case coordinator if a change in SAFT and/or Safe Visit Plan is required.
- Supports and participates the development of a Safe Visit Plan.
- Monitors the effectiveness of the Safe Visit Plan through discussions with staff.
- Ensures entry of the safe visit plan into Procura and ensures the trigger in Procura is activated for Home Care.
- Seeks advice/direction from Team Manager as required.

Note: Scheduling Clerks for Home Care Visiting Nurses may be required to communicate Safe Visit Plan to nursing staff.
**Direct Service Staff:**
- Participates in the development and or review of the safe visit plan as required.
- Carries out the safety plan and provides feedback about the effectiveness of the plan.
- Notifies supervisor regarding safety issues that arise within 24 hours.
- Notifies supervisor/after hours **immediately** if the risk has the potential for posing immediate risk to other staff.

**Service Recipient (Client):**
- Provides accurate information.
- Participates in the development and implementation of the safe visit plan.
- Carries out the safe visit plan.
- Notifies the Service Provider(s) of changes.

**After Hours Service (AHS):**

**Safety Issue Identified by Coordinator of Care and Safety Process Applied**

When AHS must institute service for a new client or when there is a safety issue identified for an existing client:
- SAFT can be completed in most situations as per the above procedure and faxed along with the report to the relevant office.
- Occasionally AHS must institute a safe visit plan and communicate this plan immediately:
  - The AHS Case Coordinator will collect information and work with the team including the DSS and client to conduct a safety assessment and develop a safe visit plan.
  - Client known to Home Care:
    - The AHS Case Coordinator will fax the Safe Visit Plan to the Community Case Coordinator and also leave a phone message.
  - Client not known to Home Care but will be referred to the community area:
    - The information will be sent with the referral.
    - The AHS Case Coordinator will contact the Team Manager in the relevant Community Area.

**Safety Issue Identified by DSS but After Hours Services is not open**

- When a safety issue is identified by a DSS after the AHS has dispatched the DSS to a client and the DSS cannot contact AHS because AHS is not open – the DSS will communicate the safety issue to their RC.

The RC shall determine whom to contact (In most situations it will be a client known to the program who is in a different area. The client can be looked up on either MDS or Procura or Central Response Team RC can be contacted to help problem solve).
Team Managers/FSH Supervisors or Area Directors:

- Ensure Supervisors and staff are aware of and fulfilling their responsibilities related to SAFT and Safety Plans.
- Perform crises to test system and to ensure awareness.
- Ensure that staff is aware of procedures.
- Ensure orientation of new staff.
- Provide all staff with the after hours emergency plan number.
- Provide introductory and ongoing training to existing staff to ensure awareness and compliance.
- Sets up and review processes within the work unit to report safety issues.
- Monitor safety issues and identify trends to Community Area Director.
- Support staff in the development of Safe Visit Plans and review Safe Visit Plans.
- Works with community area staff and partners to develop Safe Visit Plan for specific areas. E.g. apartment blocks.
- On-going education and support.
- Manages occurrence process including debriefing.

Community Area Directors:

- Ensure that Team Managers/FSH Area Directors and Supervisors and staff are compliant with the requirements of the Working Alone Procedures.
**Sign-In and Sign-Out Operational Procedures**

Each community health and/or social services site, will develop a sign in / sign out process. The purpose of the log is to provide a standard procedure for staff to advise the employer of their whereabouts during work time. A standard log has been created and will be maintained at the reception area of each site. This log will require that you provide the details of where you are going each day and how you may be reached.

**See Appendix 2 for Sign In/Out Sheet:**
The Manager of Administration shall designate a person to monitor the log at each site.

The following general procedures will be implemented:

1. All staff members will utilize the log to report their whereabouts during work hours.
2. Should staff be away for extended period (i.e. Vacation) it should be noted in the log as leave with start and end dates.
3. Logs will be removed weekly on Monday AM by the Log Monitor.
4. Staff who are planning to start their day off site are required to record this in the log prior to leaving on the day prior or by calling the log monitor that morning.

**Responsibilities**

All staff will:

- Record on log sheet: when/where they are going and when they expect to return.
- Record pager number/cellular phone number.
- Inform Site Log Monitor on return.
- Phone Site Log Monitor by 4:15 P.M. when they are delayed, plans have changed or they are not returning to office.

**Training**

All WRHA Community Health Services and FSH staff shall receive training in:

- SAFT (Safety Assessment Form Tool and Safe Visit Plan)
- Employee Hazard Assessment Guideline.
- Procedure for Responding to Notification of Unknown Whereabouts of a Worker
- Personal Safety Awareness And Tips.
- Procedure for Sign-in/out Log
Situation Three Operational Procedure

Those who work alone after hours at the office: Administrative staff, Managers, other office workers and educators.

a) 1) A Working Alone Plan will be developed for staff who work alone at each site or off site location.
2) The Community Area/ Program Director will select a site team to develop a Working Alone site plan.
3) The site team will:
   a) Consult with the Regional Director of Security.
   b) Consult with the site Workplace Safety and Health Committee.
   c) Will outline the process for each staff to:
      i. Conduct a safety assessment of the site.
      ii. Develop an emergency phone contact. i.e site security (if available), a co-worker, a friend or a family member.
      iii. Develop parking plan to ensure worker is safe to their vehicle.
4) Each staff will ensure the “Phone Monitor” has a written record of:
   a) Phone numbers to access the working alone person.
   b) The address where the person is working alone.
   c) The emergency response procedures if the staff calls for help or the Monitor cannot contact the person working alone.
5) The site team will be advised If new unsafe conditions are discovered, or if previously reported unsafe conditions have improved and the Working Alone Plan will be updated.
6) Workers and Supervisors will sign the Working Alone Plan to indicate understanding of the plan and agreement to comply with safety procedures.
7) A copy of the Working Alone Plan shall be posted on the Workplace Safety & Health Committee Bulletin board.
Operational Procedure for Responding to Notification of Unknown Whereabouts of a Worker

This operational procedure does not apply to situations where an employee does not report to work. Such situations are handled in accordance with Human Resources policies and procedures.

WRHA Community Health Services and/or FSH Social Services staff will initiate the emergency recovery protocol upon notification that a worker:
- Has not attended to client visit(s)
- Has not returned to office or logged out
- Has not returned home at the regularly scheduled time

Current employee contact information will be maintained on Procura / WRHA shared drive:
- Name of Worker
- Home Address
- Telephone Number
- Cell Phone Number
- Vehicle Make/Model/License plate number
- Name of emergency contact/family telephone numbers and cellular phone numbers

1. Community Area Staff/After Hours Service Staff will:
   - Record the time a staff member is reported missing by clients/family/friend/co-worker.
   - Record details of when the staff member was last seen or heard from.
   - Immediately attempt to contact the employee (Attempts to reach the employee by pager and cell phone should continue to be made).
   - Report all information gathered and what actions have been taken to the employee’s immediate supervisor or the Team Manager.

2. The WRHA Team Manager/FSH Area Director will:
   - Contact the missing employee’s family/partner/friend. (Do not alarm the family/partner/friend unnecessarily).
   - Notify the Community Area Director during regular business hours and/or the WRHA Administrator On Call outside of regular business hours to discuss further steps.

3. WRHA Security Services and/or Winnipeg Police Services will be contacted as deemed necessary by the Community Area Director or his/her designate.
Appendix 1
Safety Assessment Form Tool/Safe Visit Plan
(Insert SAFT/Safe Visit Plan here)
APPENDIX 2 Sign In/Sign Out Sheet
(Insert Sign In/Sign Out Sheet here)
Appendix 3 WRHA/FSH Employee Hazard Awareness Guideline

(Insert WRHA/FSH Employee Hazard Awareness Guideline here)
Appendix 4 Personal Safety Awareness

*(Insert Personal Safety Awareness here)*