

CONTINUING CARE Procedure

Title:	Continuing Care Safety Risk Assessment Procedures for Community-Based Visits	Number: CC-SR-001
Sponsor:	Senior Director, Continuing Care	Page: 1 of 9
Approved by:	VP, Integrated Health Services, Community Support & Management	Approval Date: April 15, 2019 Effective Date: May 30, 2019
Applies To:	Continuing Care Staff involved in processing referrals for and conducting Community-Based Visits.	

PREAMBLE

1. These procedures support safe Community practice and guide Staff who provide Community-Based Visits. They fulfil Continuing Care’s responsibilities as per [NSHA CL-SR-030 Safety Risk Assessments in Community Settings](#).
2. These procedures align with Occupational Health & Safety legislation and regulations and all NSHA policies and procedures addressing safety.

This policy does **not** address:

- Safe Work Practices
- Safety Risk Management processes and tools
- Safety Risk Assessments in NSHA site locations as per [Occupational Health & Safety Management System](#)

GUIDING PRINCIPLES AND VALUES

1. The Internal Responsibility System is the foundation of the Occupational Health and Safety (OHS) Act, which is based on the principle that staff at all levels of the organization are responsible and accountable to work safely at all times, to identify and report hazards, and to take whatever measures are necessary and reasonable in the circumstances to protect and promote health and safety. Nova Scotia Health Authority

(NSHA) has developed and implemented an integrated [Occupational Health & Safety Management System](#) to support compliance with the OHS Act and Regulations and to meet health, safety and wellness targets and objectives.

2. Continuing Care Staff are presented with unique safety risks when providing service in settings such as Client homes or other offsite locations. These Staff members often travel and work alone, provide service in remote locations, work in unfamiliar environments, and are at an increased risk for exposure to environmental hazards.
3. Continuing Care works collaboratively with Clients and families to identify and mitigate risks related to providing service in their home.
4. Continuing Care respects the rights of individuals to knowingly live at risk.
5. Risk assessment and mitigation is an ongoing process as strategies to address risks are tested and monitored. Strategies will vary depending on the types of risks and may include working with other team members involved in that Client's care to address identified risks.

PROCEDURE

1. **Directors and Managers** are responsible to:
 - 1.1. Strive to ensure the safety of Staff when working in the Community.
 - 1.2. Provide education, equipment, and resources required for Staff to work safely in the Community.
 - 1.3. Monitor compliance with these procedures.
 - 1.4. In situations where incident(s) occur, complete the investigation and follow up procedures to prevent future occurrences.
2. **Staff members** are responsible to:
 - 2.1. Maintain competency requirements related to:
 - Safety
 - Equipment use
 - Safe Work Practices, and
 - Incident reporting related to providing Community-Based Visits.
 - 2.2. Complete incident reports using the Safety Improvement & Management System (SIMS) and/or the SAFE Line (Central Zone).
 - 2.3. Follow the identified Safety Risk Management process as required throughout service planning and implementation.
 - 2.4. Complete comprehensive Safety Risk Assessments:
 - 2.4.1. At the time of intake

2.4.2. At the first home visit

2.4.3. Annually or sooner if there is a change in the Client's home environment or health status that impacts safety risk.

2.5. Communicate to the Client that in order to receive service, identified risks must be mitigated sufficiently to ensure the safety of individuals providing care or service in the home.

2.5.1. This can occur at any time in the service delivery process (e.g. intake, assessment, treatment).

2.6. Terminate a Community-Based Visit if a situation occurs that threatens their safety.

2.6.1. Report it immediately to their manager.

3. Before Visit:

3.1. The **Staff member completing the intake process** is responsible to:

3.1.1. SEAScape users:

- Complete the worker safety concerns section.
- Complete the client safety concerns section.

3.1.2. Non-SEAScape users:

- Complete Section A of the Safety Risk Assessment Tool.

3.1.3. If risks are identified, instruct the Client on how to address or resolve any noted risk.

3.2. Before making initial contact with the Client to schedule a home visit, **the Staff member providing the initial Community-Based Visit** is responsible to:

3.2.1. Review the worker and client safety concerns sections in SEAScape or Section A of the Safety Risk Assessment Tool completed during intake.

3.2.2. Review any other Safety Risk Assessments completed by other care providers (if available).

3.3. Upon initial contact with the Client to schedule a home visit, **the Staff member providing the initial Community-Based Visit** is responsible to:

3.3.1. Validate safety risk information gathered at the point of intake and ask additional questions to complete Section A of the Safety Risk Assessment Tool.

3.3.2. If risks are identified, instruct the Client on how to address or resolve any noted risk.

4. During Visit:

4.1. The **Staff member providing the Community-Based Visit** is responsible to:

- 4.1.1. Conduct a Safety Risk Assessment using the Safety Risk Assessment Tool to identify internal and external safety risks to Staff and the Client.
- 4.1.2. Assess the identified risks, including the severity and likelihood of occurrence.
- 4.1.3. Discuss identified risks with the Client (if applicable). The discussion may include:
 - Education and information on why the issue is a risk
 - Referral for additional help or resources
 - The need to involve other individuals (e.g. family members)
 - Developing a plan of action and timeline to make changes that eliminate or reduce the risk.

4.2. If a Safety Risk Assessment has been previously completed by another Continuing Care Staff member as part of their initial visit within the past 30 days, the **Staff member providing the Community-Based Visit** is responsible to (during their initial visit):

- 4.2.1. Review the completed Safety Risk Assessment before the visit.
- 4.2.2. Assess safety risks during the visit.
- 4.2.3. If there are no new safety concerns identified since the last documented assessment, document “No New Safety Concerns Identified”.
 - Nurse, OT, PT: as per current practice
 - Care Coordinator: in SEAscape - in worker safety concerns and/or client safety concerns sections
- 4.2.4. If there are new safety concerns identified, complete a Safety Risk Assessment as per Section 4.1 and Section 5 of these procedures.

5. After Visit:

- 5.1. The **Staff member providing the Community-Based Visit** is responsible to:
 - 5.1.1. Use information gathered through the Safety Risk Assessment to inform decisions about service or care planning.
 - 5.1.2. Document identified safety issues.
 - Nurse, OT, PT: using the Safety Risk Assessment Tool
 - Care Coordinator: in SEAscape (worker safety concerns, client safety concerns sections)
 - 5.1.2.1 If no safety risks are identified, document “No Safety Risks Identified”.
 - 5.1.3. Document the conversation and outcome(s) with the Client regarding identified risks.

- Nurse, OT, PT: as per current practice
- Care Coordinator: in SEAscape (worker safety concerns, client safety concerns sections).

5.1.4. Document resolutions to any identified safety issues.

- Nurse, OT, PT: as per current practice
- Care Coordinator: in SEAscape as a continuation note **and** update worker safety concerns and/or client safety concerns sections

5.1.5. Communicate the identified safety risks and/or resolution of previously identified risks to any known providers in the Client’s Circle of Care and who also provide Community-Based Visits.

- Nurse, OT, PT: as per current practice
- Care Coordinator: in SEAscape using the Worker Safety Concerns and Client Safety Concerns reports

Note: Significant Risks must be communicated to known providers in the Client’s Circle of Care as soon as reasonably possible via the most efficient method (e.g. phone).

5.1.6. The Nurse, OT, PT are responsible to place the completed Safety Risk Assessment Tool in the Client’s paper file.

5.1.7. If making a referral to another service, communicate that a Safety Risk Assessment was completed (identify date) and the results (i.e. identified risks, planned mitigation/resolution OR note if none identified).

REFERENCES

Legislative Acts

Nova Scotia Occupational Health & Safety Act, Statutes of Nova Scotia. (1996, c.7). Retrieved from the NS Legislature Website
<https://nslegislature.ca/sites/default/files/legc/statutes/occupational%20health%20and%20safety.pdf>

Nova Scotia Personal Directives Act, Statutes of Nova Scotia. (2008, c. 8). Retrieved from the Nova Scotia Legislature Website
<https://nslegislature.ca/sites/default/files/legc/statutes/persdir.htm>

References

- Accreditation Canada. (2019). *Case management standards*. Retrieved from <http://intra.nshealth.ca/accreditation/Standards%20v14/Case%20Management%20v.14.pdf>
- Nova Scotia Health Authority. (n.d.). Violence in the workplace program [Intranet page]. Retrieved from <http://intra.nshealth.ca/ohsw/SitePages/Workplace%20Violence%20Program.aspx>
- Nova Scotia Health Authority. (2015). *Rights and responsibilities- Occupational health and safety* (Policy No. AD-OHS-001). Retrieved from http://policy.nshealth.ca/Site_Published/NSHA/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=57803
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- Nova Scotia Health Authority. (2017). *Safety risk assessment in community settings* (Policy No. CL-SR-030). Retrieved from http://policy.nshealth.ca/Site_Published/NSHA/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=68980
- Nova Scotia Health Authority. (2019). *Safety management system*. Retrieved from <http://intra.nshealth.ca/ohsw/SitePages/Safety.aspx>

RELATED DOCUMENTS

Continuing Care Safety Risk Assessment Process Map

Continuing Care Safety Risk Assessment Tool

[SEAscape Procedures](#)

Continuing Care Progress Report Guidelines

Continuing Care Safe Work Practices

Appendix A: Definitions

Circle of Care	<p>Regulated health professionals and other “Custodians” defined under the Personal Health Information Act (PHIA). Information can be shared within the “Circle of Care” for the purpose of providing ongoing care on the basis of the patient’s Knowledgeable Implied Consent. Custodians under PHIA include but are not limited to:</p> <ul style="list-style-type: none"> ▪ A regulated health professional in private practice; ▪ NSHA/IWK; ▪ A Representative under the <i>Adult Capacity and Decision Making Act</i> ▪ A pharmacy licensed in Nova Scotia; ▪ A continuing care facility licensed by the Minister under the Homes for Special Care Act or a continuing care facility approved by the Minister; and ▪ Any entity as defined in the PHIA Regulations.
Client	<p>An individual who receives or has requested health care or services from NSHA and its health care team members or their Substitute Decision Maker.</p>
Community	<p>Any location outside of a designated NSHA facility, site, or location. These locations could include but are not limited to clients’ homes, someone else’s home, coffee shops, non-profit organizations, libraries, community centres, shopping malls, schools, etc.</p>
Community-Based Visit	<p>The provision of health care service to a Client in a location in the Community.</p>
Safety Risk Assessment	<p>A comprehensive review of internal and external physical environments, chemical, biological, fire and falls hazards, Client risk factors, emergency preparedness, and in the case of Community-Based Visits, medical conditions requiring special precautions.</p>
Safety Risk Management	<p>Processes, tools, and procedures used to manage situations where Clients, through their actions, their environment, or the actions of others in their household,</p>

pose a risk to Staff, other NSHA health care partners, or service providers.

Safe Work Practices

Documented practices and methods outlining how to perform a task with minimum risk to people, equipment, materials, environment, and processes. Safe Work Practices are developed as a result of completing a hazard assessment.

SEAscape

Single Entry Access Simultaneous Client Assessment Placement Evaluation. SEAscape automates and facilitates Continuing Care processes such as referral (intake), assessment, long term care waitlist management, and service planning. SEAscape is Continuing Care's electronic health record.

Significant Risk

A risk that has a moderate to high likelihood of occurring and a moderate to high severe impact as determined by the assessment of identified risk.

Staff

Any NSHA employee, physician, or volunteer delivering services in the Community.

Substitute Decision Maker

The delegate or statutory decision maker with the legal authority to make personal care decisions on behalf of the Client pursuant to the *Personal Directives Act*.

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New to NSHA 2019-05-30	