Community Visiting Procedure

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1. Guiding Principles

Goldfields Mental Health Service (GMHS) endorses community visits as an integral part of service delivery, which on occasion requires staff to work in isolation.

To ensure that staff are provided with a safe workplace regardless of location or level of supervision, the clinical and physical environment in which care is to be delivered must be assessed for possible risks and those risks managed.

2. Procedure

High risk assessment precludes community visiting alone

- Clinical risk assessments inform staff who are conducting community visits about patient related factors relevant to the delivery of safe care. The SMHMR905 Mental Health Risk Assessment and Management Plan (RAMP) for adults and the CAMHS002 Risk Assessment and Management Plan (CRAMP) for children and adolescents, are paper based tools which assist in estimating the current level of risk. The Brief Risk Assessment (BRA) is the electronic version available in PSOLIS. These assessments are to be completed by all Case Managers / clinical staff and are the accepted form of risk assessment.
- In circumstances when there is no current RAMP/BRA, or patients are not known to the service, **and** available information suggests the risk is high, the patient is to be advised to attend the GMHS community service or the hospital Emergency Department (ED) in the first instance.
- No staff member is to perform a community visit or provide patient transport on their own or work alone with a patient if there is an identified risk to staff or the public.

Clinicians planning a community visit are to:

- Wherever possible and indicated an Aboriginal Mental Health Worker (AMHW) should accompany a clinician on community visits.
- Check for alerts in the patient's medical record and on PSOLIS.
- Undertake a clinical risk assessment to identify potential risks using the RAMP/BRA or Working Alone – Safety Risk Alert form (Appendix 1) in cases of:
  - New or unknown patients to GMHS
  - Changed circumstances since the previous risk assessment or
  - No previous risk assessment has been completed
- Notify staff and other relevant agencies of any identified risks associated with visiting GMHS patients.
- Report all unresolved identified hazards, incidents and accidents using the WACHS Safety Risk Report Form
- Ensure all equipment, including mobile phones, vehicles and other electronic equipment to be used are operating effectively. Phones must be left on. If the community visit is out of mobile range, use a satellite phone if available.

Prior to leaving Community Mental Health (CMH)

- Contact the patient prior to the home visit to confirm visit arrangements, review latest risk assessment and ensure infection control (including COVID-19) screening is completed.
- Re-check the status of clinical risks.
- Staff are to log their whereabouts on their individual Outlook diaries or use the Staff Movement Form. Outlook diaries must, as a minimum, be made 'read only' to the Team Leader and designated administration staff.
- In Kalgoorlie, information is to be posted on the Staff Movement Board including
  - Patient details
  - Initials of staff visiting
  - Estimated time of return
- In Esperance, the Staff Movement Board is to indicate that staff member is out of office and the expected time of return.
- It is also prudent to verbally inform administration staff of the visit occurring.

On arrival at the patient's location

- Park in a location, which allows an easy and fast exit. Do not park in driveways or where you may be blocked in.
- Observe the house for signs of unusual or potentially hazardous situations.
- Stand to the side of doors or windows and listen for sounds of concern i.e. shouting, fighting.
- Wait for the door to be opened; do not respond to calls of 'come in'.
- State clearly who you are, where you have come from and why you are visiting wearing visible identification at all times.
- If refused entry or asked to leave, comply courteously.
- Always keep the vehicle keys and mobile phone on your person, not in a handbag etc.

Inside the location of the visit

- Be aware of whom you are talking to and who else in the vicinity.
- Observe any potential weapons in the areas.
- Deliver any clinical service in a common area rather than an enclosed room where practicable and appropriate.
- Always be aware of and maintain appropriate personal space and distance between yourself and the patient.
- If a seat is offered, position yourself between the patient and the door if possible.
- In a group situation, work first with the person expressing high emotion.
- If during the visit, there is an indication that your safety maybe compromised, a risk situation escalates, or you become uncomfortable with the setting, terminate the visit and negotiate alternative arrangements.
- If a situation occurs and begins to escalate – LEAVE.

If the patient is not known to this service

- If the patient is not known to this service, the clinician is to gain as much collateral information as possible, complete a phone triage, arrange triage at GMHS or the ED, or another safe place.
- If a home visit has to be completed and there is potential for risk, visit in pairs, inform the WA Police and/or request WA Police assistance.

When the patient is to be conveyed to GMHS or hospital

- If the patient has been identified to have risk factors that indicate high risk to themselves or others, they must sit in the rear of the vehicle behind the front passenger seat with the escort behind the driver.
- If a patient is being transported for periods longer than an hour, a second staff member or responsible person must be present regardless of assessed risk levels.
- Preferably, patients should not be conveyed in GMHS vehicles without two clinicians present.

Changes to scheduled home visit time

- If the estimated time of return changes, it is important that the staff member contacts administration staff:
  Kalgoorlie Adult – 9088 6200
  Kalgoorlie CAMHS – 9079 8128
  Esperance Adult – 9071 0444
  Esperance CAMHS – 9079 8128
- If the home visit indicates that it will extend beyond 16:30, it is essential that they phone the Team Leader or a senior clinician with an estimated time of return. This phone call must be made prior to 16:15.

On return to Community Mental Health

- Upon return, remove the home visit details from the Staff Movement Board and inform administration staff, Team Leader and senior clinician, as appropriate.
- Update In and Out Boards

Staff overdue for return

- If a staff member is more than 15 minutes overdue returning from an appointment where an element of risk has been identified, an administration staff member/ Team Leader is to call the staff member's mobile phone to ascertain for reason for not having returned. If there are no problems, the Staff Movement Board is to be updated to reflect the new estimated time of arrival.
- If a staff member is more than half an hour late from an appointment where no risk has been identified, administration staff/ Team Leader is to call that person's mobile phone to ascertain the reasons for not having returned. If there are no problems, the Staff Movement Board is to be updated to reflect the new estimated time of arrival.
  - If staff members are unable to be contacted, administration staff are to advise the Team Leader or senior clinician, who is to attempt to contact the staff member again. If there is a response, ask questions that would require a yes or no answer e.g. 'are you safe?' or 'do you require assistance? (with or without WAPOL)
- **Important:** All staff are responsible for monitoring the Staff Movement Board. If concerned that a staff member has not returned on time, contact administration staff to ensure that a call is made to check on the absent staff member.

Requests by clinicians for assistance from WAPOL or Ambulance services during community visits

- If the patient is assessed as a high risk, WAPOL are to be requested to transport the person in a secure vehicle or travel with the patient and clinicians in the GMHDS vehicle. WACHS Interhospital Patient Transfer of Mental Health Patients Guideline

- When a staff member has serious and significant concerns about the current welfare of a patient but checking on the person poses a risk to the staff member or to any other person present it may be appropriate to request Police assistance where:
  - There is genuine concern and immediate risk of self-harm and injury to any other person
  - a person is violent towards the clinician or any other person
  - a person is causing significant damage to property and if not contained may cause further damage
  - a person is believed to have committed a criminal offence, which is current or immediate
  - a person present is armed with a weapon
  - there are other parties present who pose a threat or are abusive or violent towards the clinician or any other person
  - the clinician has knowledge or experience of a person's recent prior history of violence and a Police presence is reasonably necessary for the clinician's safety, or
  - The clinician believes that due to the geographical location, isolated location, time of day or nature of the situation, a Police presence is reasonably necessary for safety.
- Police are authorised under the WA Mental Health Act 2014 to assist in the transport of:
  - Persons referred for an examination by a psychiatrist Form 1A
  - Involuntary patients on a community treatment order (CTO) whose order is revoked Form 5A
  - Or patients on a CTO ordered to attend for treatment Form 5F
- Medical Practitioners, Authorised Mental Health Practitioners, or psychiatrists authorise Police by:
  - Completing a Form 4A (Authorisation for Transport Order) and
  - Completing the SMHMR990 Mental Health Transport Risk Assessment Form to assist the police in the prioritisation of their response.
- In instances where the matter is an emergency or life threatening, i.e. the equivalent of a "000" emergency and it is clear that Police can reach the person first:
  - Wherever possible, mental health clinicians should attempt to join the police promptly, and as a minimum provide other appropriate assistance as requested.
  - If the concern relates to an acute physical health emergency, there must be timely consideration of a request for urgent Ambulance attendance either with or as an alternative to Police attendance.
- Before calling the Police for assistance you should aim to know the whereabouts of the patient as the Police may not have the capacity to search for a patient however this should not be a barrier to calling 000 in any emergency situation requiring Police assistance.

3. Definitions

Community setting	Any setting that is not within the regular health care site, or visiting clinical services site. For Community Mental Health Esperance Staff record In/Out on the Staff Movement Board.

Working alone	A person is alone when they are on their own when they cannot be seen or heard by another person.
Staff Movement Board	Whiteboards in Community Mental Health Kalgoorlie and Community Mental Health Esperance Reception areas.
In and Out board	Located near the rear entrance of Community Mental Health Kalgoorlie to identify whether staff are in or out of the building. For Community Mental Health Esperance Staff record In/Out on the Staff Movement Board.

4. Roles and Responsibilities

Clinical Director and Regional Manager are to:

- Assist clinicians in the resolution of any issues or problems that arise in the use of this procedure and approved forms
- Develop systems to ensure all GMHS staff are provided with training to the WA Mental Health Act 2014 and accompanying documentation and are made aware of their obligations
- Ensure that the principles and requirements of this procedure are applied, achieved, and sustained
- Develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

Team Leader /Clinical Nurse Manager (CNM) are to:

- Oversee and ensure clinical governance within the GMHS
- Monitor and manage this procedure's processes through the MDT clinical review meetings.
- Ensure that all GMHS staff receives sufficient training, instruction, and supervision in the use of this procedure and responding to difficult behaviours
- Ensure staff comply with this procedure.

Case Managers are to:

- Operate within the parameters of the Working Alone - Community Visiting Procedure and provide timely feedback to the Team Leader of any risks or problems associated with working alone and community visiting.
- Ensure that community visits are at all times provided in a manner that is consistent with their professional duty of care.
- Ensure up-to-date information is entered on the Staff Movement Board, and contact administration staff when plans change or if there are any problems during the community visit.

Administration staff are to:

- Monitor the Staff Movement Board and ensure clinical staff are contacted when they are late returning from a community visit.

All staff are to:

- Promote a recovery oriented, patient-centred culture within the GMHS

- Work within clinical practices, policies, operational directives, guidelines and legislation to ensure a safe, equitable and positive environment for all.

5. Compliance

This procedure is mandatory under the *WA Mental Health Act 2014*. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

This document is to be reviewed every five years.
Monitoring of compliance will occur by

- Regular audits (at site level) of staff compliance in regard to the call in plan.
- Clinical risk reporting managed through the Clinical Governance and Risk meeting
- Adverse incidents are to be reported on the WACHS Safety Risk Report Form for assessment of the incident to determine if actions were appropriate and if the procedure requires review.

8. Standards

National Safety and Quality Health Service Standards – 1.10; 1.30a; 5.33; 5.34; 6.7b; 6.9; 6.11; 8.1b; 8.5; 8.9; 8.10
Australian Aged Care Quality Agency Accreditation Standards – 8.(3)(b); 8.(3)(d)
National Standards for Mental Health Services - 2.12; 2.13
National Standards for Disability Services – 6.1

9. Legislation

Occupational Safety and Health Act 1984
Occupational Safety and Health Regulations 1996
WA Mental Health Act 2014

10. Related Forms

CAMHS002 Risk Assessment and Management Plan (CRAMP)
Form 1A Referral for Examination by Psychiatrist
Form 4A Transport Order
Form 5A Community Treatment Order
Form 5F Order to Attend
SMHMR905 Mental Health Assessment and Management Plan (RAMP)
SMHMR990 Mental Health Transport Risk Assessment Form
WACHS Safety Risk Report Form
Working Alone – Staff Movement Form

11. Related Policy Documents

Working in Isolation - Minimum Safety and Security Standards for all Staff Policy
GMHS Prevention of Workplace Aggression Procedure

12. Related WA Health System Policies

MP 0099/18 Community Mental Health Status Assessments: Role of Mental Health Clinicians Policy
MP 0159/21 Workplace Aggression and Violence Policy

13. Policy Framework

Mental Health

14. Appendices

Appendix 1: Working Alone – Safety Risk Alert Form

This document can be made available in alternative formats on request for a person with a disability

Contact:	Team Leader Goldfields Mental Health Service		
Directorate:	Mental Health	**EDRMS Record #**	ED-CO-13-12384
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Working Alone – Safety Risk Alert Form

This form is to be used on any occasion where safety of the client, carer or staff may be at risk. Form is printed on red paper, completed as appropriate and secured on the inside of front cover of the medical record.

No	Risk	Examples
1	**Infectious disease**	HIV, Hepatitis, CMV, TB, VRE
2	**Allergies**	Respiratory disorders, skin conditions
3	**Medical conditions**	Asthma, susceptibility of complications with viral infection, e.g. immunodeficiency diseases
4	**COVID-19**	As per WACHS COVID-19 requirements e.g. screening, PPE needs
5	**Environmental Hazard**	Heavy smoker, allergens, home access, isolation, weapons/guns on property, disused needles
6	**Behavioural**	History of or potential violence or aggression of client/carer, substance abuse, known to carry weapons, forensic history
7	**Animals**	Aggressive dogs, vermin
8	**Other factors**	Other residents, property where drugs are known to be sold

Box No	Specify condition	Action /Precaution recommended	Staff initial	Date and reason resolved	Staff Initial