



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Home visiting in safety

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate postnatal wards, birth suite and home visiting staff from WNHS (e.g. Visiting Midwifery Services (VMS), Community Midwifery Program (CMP), Midwifery Group Practice (MGP) and Adolescent Services)
This document should be read in conjunction with this Disclaimer	

Key points

- This guideline must be read in conjunction with the [NMHS Working Alone Policy](#) which contains Occupational Safety and Health (OSH) requirements, principles, roles and responsibilities.**
- A risk assessment must be completed prior to off-site premises being visited.¹**
- If a referral is received and a 'Home and Community Risk Assessment' form is not fully completed or available, the woman will be made an appointment to attend on-site at KEMH / OPH (e.g. VMS Postnatal Clinic, hospital MGP rooms, Family Birth Centre (FBC), OPH Assessment Unit (AU)),
- All staff members, including new and relief staff, must familiarise themselves with the completed home / community risk assessment before working with clients.
- The carrying of duress alarms by staff when community facing is mandatory. More details to follow in NMHS policy: Duress Alarms [*under development Apr 2023*].

Procedure

Risk assessment

Referring / hospital staff

Consider appropriateness of home visits prior to referring. When the patient is on health service grounds (e.g. antenatal clinic, birth admission), complete the 'Home and Community Risk Assessment form' (MR 255.04)

The risk assessment form must be completed by the midwife (in hospital) prior to transfer to community care



- **Adolescent Services:** Risks assessed in antenatal clinic
- **CMP:** Midwives attending the first appointment in the community must contact the client and complete the CMP form.
- **MGP:** Midwives attending the first appointment in the community must contact the client and complete the Risk assessment form. Prior to discharge from FBC/KEMH, midwife to update risk form and document on Postnatal Clinical Pathway, and handover any concerns to team/colleagues.
- **VMS:** The completed risk assessment form must accompany the VMS referral form

Initial risk grading and planning from review of the risk assessment form

	Risk factors	Stepped response
Higher risk	<ul style="list-style-type: none"> • Answers 'yes' to either question about aggression, drugs / alcohol • MR 255.04 not completed* 	<ul style="list-style-type: none"> • Not suitable for home visiting • Organise on-site check-up (e.g. postnatal VMS clinic, on-site check-ups FBC/ MGP rooms)
Moderate risk	<ul style="list-style-type: none"> • Answers 'no' to both questions about aggression, drugs / alcohol • Answers 'yes' to any other question with NO known or acceptable plan documented on form to avoid / minimise risk posed • Visiting outside of business hours or at night 	<ul style="list-style-type: none"> • Requires VMS Coordinator / supervisor / manager approval to be considered for home visiting. May require phone call to patient for more information / planning improved safety. • Consider if need 2 staff to visit • Consider alternate options (e.g. postnatal VMS clinic, on-site check-ups in FBC/ MGP rooms)
Lower risk	<ul style="list-style-type: none"> • Answers 'no' to all questions • OR Answers 'no' to both questions about aggression, drugs / alcohol but answers 'yes' to question 3 onwards AND there is an acceptable plan documented on the form to avoid or minimise risk posed (accessible home) 	<ul style="list-style-type: none"> • Home visiting may occur • Follow 'plan' documented e.g. ensure pets locked away, smokers agree not to smoke during the home visit, parking made available, access codes • See also sections- considerations on arrival and while in the home

Notes:

- Table excludes CMP- Suitability determined before accepting clients into the CMP home birth program- refer to CMP Inclusion Criteria guidelines
- * In situations where the degree of risk is unknown or cannot be assessed assume that the risk is high. The MR 255.04 can be completed during the on-site visit if suitability for further home visits is being considered.

Home visiting staff- Prior to conducting home visits

- Review all known information to determine risk factors associated with visiting the client.
 - A copy of the completed risk assessment form will be attached to the client application / referral form.
 - The risk assessment must be completed, and all mitigation strategies / plan must be identified on form.
- If any risks are identified the midwife must discuss the management strategy with the midwife's line manager / Clinical Midwife Consultant or Specialist (CMC or CMS) (in- hours) or Hospital Clinical Manager (HCM) (after hours). Do not undertake any home visits until this has been done.
- Suitability of home visiting will be assessed on an ongoing basis.
 - Employees conducting visits will undertake a risk assessment prior to every visit.
 - If an incident occurs, the home situation changes, or new information is received a new risk assessment must be completed. This must occur if the risk level is decreased or increased. This new assessment must be signed off by the line manager / CMC / CMS.
- When completing the Home and Community Risk Assessment Form and on completing the home visit the midwife must be mindful of circumstances and hazards that may be significant at night e.g. poor outside lighting, steps, uneven surfaces. These hazards should be addressed with the client and/or communicated to colleagues in a timely manner.

Arrival at the client's home

- Drive past the address to gain awareness of available exits.
- Park the vehicle facing the exit, avoiding driveways where possible.
- Keep the vehicle keys on your person for ease of access.
- Stand to one side of doors and windows, to listen for dogs and / or raised voices etc., before knocking or ringing the doorbell.
- Wait for the door to be answered. Do not respond to a call of "come in".

Inside the residence

- Observe the general environment for potential risks.
- Make yourself aware of who is in the house and their location.
- Where appropriate, position yourself between the person and the exit, to avoid being blocked in.

- **Smoking:**
 - It is recommended that consumers are asked not to smoke during visits.
 - If the consumer or another person is smoking, the employee can request they refrain from smoking.
 - Staff should decline to provide care in an environment that is visibly contaminated with environmental tobacco smoke.
 - If the consumer/other person refuses to refrain from smoking during the visit, staff should cease care and return at the next practical time or make alternative arrangements. Staff should seek further direction from their supervisor/manager.
 - See [NMHS Smoke Free Policy](#) (section '4.3.1 Community-based service')

- If during the visit there is any indication that your safety may be compromised, a situation escalates, or you become uncomfortable within the setting, terminate the visit. Leave immediately and upon return to the car, lock the vehicle doors and drive away from the vicinity. Contact your Manager / Shift Co-ordinator and inform them of the situation. Activate Duress Alarm if required; Call 000 for police if required.

Daily contact

- Ensure the duress alarm and mobile phone are charged with emergency contact numbers saved. The duress alarm and phone should be carried at all times, and a car phone charger should be available.
- CMP attend homes 24 hours a day for labour assessment and birth, and are to carry a duress alarm at all times.

Beginning of home visiting shift: Each midwife must communicate with their coordinator (VMS) or midwifery colleague/coordinator (MGP/CMP) when embarking on home visits, including their anticipated time of finish.

VMS: During shift: VMS maintain a 'running' sheet' with visit locations

- **The VMS coordinator** checks-in with staff around midday

At the end of their working day: (VMS) or **home visit** (MGP/CMP):

- **Home visiting staff** will communicate with their co-ordinator (VMS) / midwifery colleague (MGP/CMP) informing them of the completion of their home visit(s) (for handover and check-in purposes)
- **The coordinator / midwifery colleague** will:
 - Document these details in their diary
 - The coordinator / colleague must account for all employees undertaking home visits prior to close of business each day

Home visits continuing after-hours- Handover to HCM

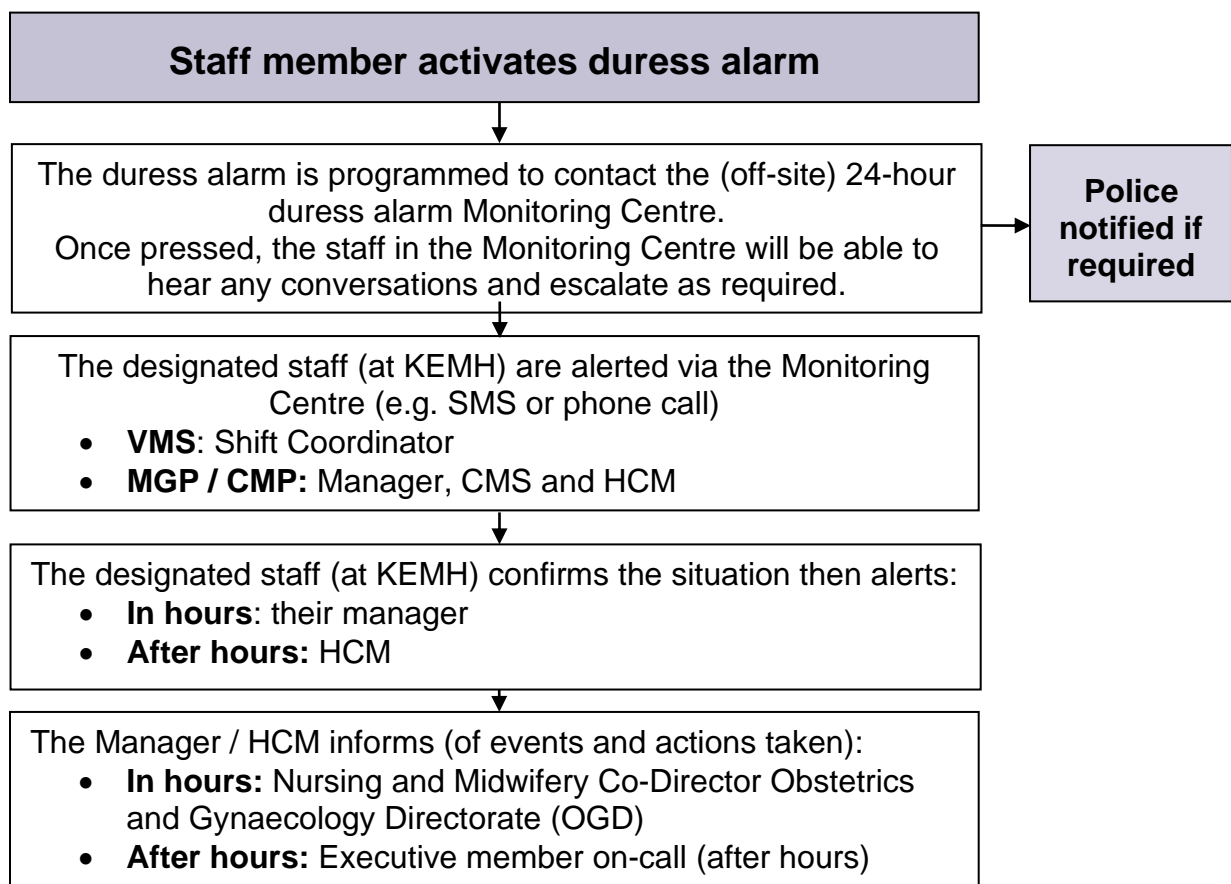
- **Home visiting staff:** If the midwife is behind time with the routine visits and they expect to go beyond their expected finish time, they are to inform their midwifery Coordinator of their anticipated revised finish time.
- **Coordinator / midwifery colleague:** If there are any visits planned or continuing beyond the end of the coordinator / colleague's shift, the coordinator / colleague is to inform the HCM, providing staff member(s) contact details and expected finish time.
 - In this situation, the home visiting midwife is informed by the coordinator / colleague to check-in with the HCM once their visits are finished.
- **MGP / CMP:** MGP and CMP will use their buddy staff member.
 - **MGP:** MGP team leader of the day, will document all staff have returned from home visits in their diary.

Procedure for incidents or emergencies

If an unsafe situation occurs during a visit

- Talk quietly in a calm voice while considering your options
- Press the duress alarm
- Leave the premises as soon as able
- **After:** Document in patient's notes, complete a Hazard / Incident form and inform the Coordinator and line manager / CMC / CMS

Activation of a duress alarm



Related policies:

- [WNHS Policy: Duress Alarms – Training, Testing and Evaluation](#)
- NMHS Policy: Duress Alarms [*under development Apr 2023*]

Failure to report back by midwives conducting home visits

If more than 30 minutes have passed since the expected time of return and the midwife is unable to be contacted, their Coordinator (VMS or MGP) must contact the CMC (in-hours) or HCM (afterhours) and inform them of the situation.

The following actions must then be taken:

- The shift co-ordinator or team leader are to try and contact the person on his/her mobile phone
- Check the Sofihub for last known Duress alarm GPS location
- Contact the last scheduled location (if known)
- Contact the staff member's residence
- Contact all the staff member's colleagues
- If this is unsuccessful the Manager / HCM is to contact the Nursing and Midwifery Director OGD (during office hours) or WNHS Executive member on call (out of hours and weekends)
- If the situation has not resolved, the Manager / HCM is to inform the Police and
 - Nursing and Midwifery Director OGD (in hours) or
 - Executive staff member on call (after hours and weekends)
- Document actions

Audit and compliance

WNHS conducts periodic auditing and compliance reporting. Examples for auditing may include:

1. Home and Community Visit Risk Assessment – completion of form elements
2. Staff undertaking home visits who have a means of communication available to enable them to call for assistance in the event of an emergency
3. That regular contact is made with the employee and proportion of employees trained in the procedure for contact
4. Duress alarm testing and evaluation- see [WNHS Policy Duress Alarms – Training, Testing and Evaluation](#)
5. Additional topics as deemed appropriate (e.g. number of persons with incomplete risk forms made appointments to be seen on-site, number of staff attending visits after-hours)

References

1. NMHS. Working alone policy. Perth, WA: NMHS. 2020. Available from: <https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/Corporate/NMHS.AW.OSHWorkingAlonePolicy.pdf>

Related legislation and standards

Legislation:

- [Work Health and Safety Act 2020](#)
- *[Repealed] Occupational Safety and Health Act 1984* and *[Repealed] Occupational Safety and Health Regulations 1996*

Standards: [AS/NZS 4804-2001: Occupational health and safety management systems - General guidelines on principles, systems and supporting techniques](#)

Related NMHS, WNHS policies, procedures and guidelines

NMHS policies (available to WA Health staff through HealthPoint):

- [OSH Working Alone Policy](#)
- [Security Policy](#)
- *[draft under development]* Duress Alarms
- *[draft under development]* Home and Community Visits

WNHS policy: [Duress Alarms – Training, Testing and Evaluation](#) (access via HealthPoint)

WNHS Clinical Guidelines: [Obstetrics and Gynaecology](#):

- Postnatal Care: Transfer of a Postnatal Woman by a Midwife to Home / Visiting Midwifery Service / GP Care
- Referrals: Visiting Midwifery Service

Useful resources

HealthPoint hub pages (available to WA Health staff through HealthPoint):

NMHS: [Safety and Health](#)









WNHS:

- [Adolescent Support Service](#)
- [Community Midwifery Program](#)
- [Visiting Midwifery Service](#)

Forms

- KEMH: Home and Community Risk Assessment form (MR 255.04)
- OPH: 'Ongoing Postnatal Care' page within Birth Clinical Pathway

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Version history

Version number	Date	Summary
1	Dec 2015	First version
2	Apr 2023	<ul style="list-style-type: none"> • Now links to general safety content that is covered in the NMHS Working Alone Policy. NMHS Duress Alarm policy under development. • Duress alarms are to be carried by all community facing staff • Risk assessments must be completed prior to off-site premises being visited. If incomplete form received, the woman is made an appointment to attend on-site at birth site KEMH/OPH (e.g. VMS Postnatal Clinic, hospital MGP rooms, FBC, OPH AU). • Smoking in the home details added with link to NMHS Smoke Free policy • Added more details for risk assessment, grading and stepped responses • Procedures for staff daily contact updated- read section • Process for incidents or emergencies revised- read section. Staff to call 000 if police attendance required. • Audit and compliance section added

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