**[Insert organisation name/logo]**

Home visiting risk management plan

***Note\****

*This template provides an example of a risk management plan for home visiting. It provides specific guidance to staff members in managing concerns that arise when providing direct client services. Other resources available as part of the Risk Management Policy include:*

*1. Client drug overdose risk management plan*

*2. Mental health episodes risk management plan*

*All material provided by the Network of Alcohol and other Drugs Agencies (NADA) is for guidance purposes only. The information should be reviewed in relation to your organisation’s individual circumstances and policies.*

*\*Please delete this note when using the examples provided to develop risk management plans for your organisation.*

**Home Visiting Risk Management Plan**

This risk management plan for home visiting requires the implementation of the following strategies and actions:

|  |  |
| --- | --- |
| **Strategy** | **Actions** |
| **Staffing, training and supervision** | * Recruitment of staff ensures appropriately skilled and/or qualified staff are employed.
* Education regarding home visiting safety measures is provided to all new staff, and to existing staff annually.
* Advice and information are provided to staff regarding new and emerging threats and trends.
* Advice and education related to home visiting safety is routinely provided to staff and clients – including notification procedures for before, during and after visits are conducted.
* Monitor client and employee compliance with these home visiting safety control procedures.
* **[Insert other action]**
 |
| **Identify, assess and act** | * Conduct a preliminary off-site check with the client over the phone to ask about access, people who may be present, and whether the client owns dogs or other animals.
* Ensure that relevant client information has been reviewed to inform the client visit. This may involve seeking advice from local mental health services where necessary.
* Ensure an environmental safety assessment is conducted, including a home assessment and an assessment of the risk of aggression. Depending on the type of service being provided, this may be undertaken prior to, or on the initial visit, by two staff members (preferably during office hours).
* Home visit information should be included in assessments and care plans as appropriate.
* **[Insert other action]**
 |
| **Prepare and communicate** | * Develop and prioritise actions for managing identified risks.
* Staff who are uncertain as to the level of risk involved in a home visit must discuss the situation with their supervisor before going to and/or entering the client's home.
* Prepare any required personal protective equipment (PPE) for the visit e.g. COVID-19 PPE.
* Plan activities to avoid triggers and dangerous situations.
* Always carry a mobile phone that is charged and in good working order.
* Have ‘000’ and the relevant office numbers programmed into the speed dial function of the mobile phone.
* Inform and brief other colleagues of your visit and contact details.
* Park on the street in a well-lit place, where your car cannot be obstructed.
* Call the office immediately before entering the home and provide an estimate length of time the visit is expected to take. Make a follow up call on exit.
* Staff are alert and vigilant of their environment when working with clients, which includes:
	+ Carrying organisation identification at all times.
	+ Identifying exit routes in closed environments and ensuring that there is ease of access and exit.
* **[Insert other action].**
 |
| **Eliminate or reduce the risk**  | * Do not carry out the visit if:
	+ the risk is assessed as high, and arrange an alternative neutral and safe environment for the meeting or activity;
	+ violence is known to have recently occurred and the perpetrator (client or other person) is at the address, or is likely to return during the visit;
	+ you can hear people arguing at the premises;
	+ the client or other person present is exhibiting signs of aggression and/or being intoxicated by alcohol and/or drugs; or
	+ you feel unsafe.
* Carry a personal alarm when possible.
* Office-based staff must be aware of the outreach staff’s expected location, visitation timeframe and circumstances at all times.
* Office-based staff must monitor outreach staff’s whereabouts and act accordingly. Office based staff must contact outreach staff within **[insert time, e.g. 5 minutes]** of when scheduled updates have been missed.
* Office-based staff must inform management ASAP when outreach staff cannot be reached.
* Senior management must escalate to emergency services as appropriate.
* **[Insert other action].**
 |
| **Review**  | * Ensure all incidents, concerns and significant observations are routinely and accurately documented.
* Consult with staff to assess whether the risk control processes are effective.
* Review incident – triggers/underlying risk.
* Review external factors of the risk.
* Modify procedures, protocols and work practices as necessary.
* Inform staff of any changes. Individual client care plan to be reviewed with the client to provide alternatives to home visiting arrangements, if possible.
* **[Insert other action].**
 |
| **[Insert other strategy]**  | * **[Insert actions]**
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