



Effective Date: April 1, 2024

Category: D. Critical Events and Incidents

Title: 3. Staff Safety

Applies to:

- St. Peter's Health Partners (SPHP)
- All SPHP Component Corporations **OR** Only the following Component Corporations: [\(Click here for a list\)](#)

- All SPHP Affiliates **OR** only the following Affiliates: [\(Click here for a list\)](#)
 All Community Health Connections Care Management Agencies
- St. Peter's Health Partners Medical Associates (SPHPMA)

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PURPOSE

The ultimate goal of the Health Home is to provide added support, coordination and navigation of care systems. The purpose of this policy is to support Care Management Agency practices around personal safety of Care Coordinators, to summarize existing best practices and to support community-based services in a way that promotes safety and security for both the Health Home Members and Candidates and Care Management Agency staff.

POLICY STATEMENTS

Care Management Agencies continue to be responsible for the agency's policies and procedures related to the safety of Care Management Agency staff. This policy serves as a

shared document of the cumulative best practices and the annual competency requirements related to personal safety. Care Management Agencies may have more strict policies and procedures, but these policies must be followed, at a minimum.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Community Health Connections Health Home program.

DEFINITIONS

Health Home Candidate: An individual who is in active Client Search (Outreach) status, but who has not yet been enrolled in Health Home services

Health Home Member: An individual who is enrolled in Health Home services

PROCEDURE

A. Personal Safety

1. Each Care Management Agency should have policies in place to ensure the safety of all staff. Policies should address the use of vehicles to transport Members, for any agencies that provide transportation services to Members.
2. It is recommended that policies, practices, and training related to safety include the following topics.
 - Awareness
 - Accompanied or Partnered Home Visits
 - Contingency Plans
 - Safety Routines (Checking in and out)
 - Limit Setting
 - Notifying Others of Whereabouts
 - Carrying a Cell Phone
 - Ending Visits when Safety is at Risk
 - Carrying Identification
 - Conducting Visits with Unknown Members
3. As a best practice, Care Coordinators should adhere to the following list when working in the community. Staff should also be provided a copy of the CHC-developed Safety Guidelines (Attachment A) to help promote a culture of safety.
 - a. Don't wear or carry or wear anything of value (i.e., expensive jewelry or clothing, large amounts of money or valuables, etc.)
 - b. Don't carry a weapon
 - c. Don't be afraid to ask for and utilize supports
4. Care Coordinators must always exercise healthy and professional boundaries when working with Candidate and Members.

5. Care Coordinators or other staff may choose to use the CHC-developed Pre-Home Visit Risk Assessment (See Attachment B) prior to visiting a home for the first time. Whenever possible, staff should complete the Mental Health History and Sex Offender Status sections of the Risk Assessment with the referent or other provider.

B. Mental Health Safety

1. Care Coordinators should be trained on and understand the Ten Rules from the Office of Mental Health Safety Training for Mental Health Workers in the Community as outlined below.
 - a. Respect – offer it and expect it
 - b. Offer space – keep space by not getting too close
 - c. Be Aware – assess each person, each day in each situation: ask/approach, respond, evaluate
 - d. Trust your instincts
 - e. Try not to make things worse
 - f. Communicate a desire to help
 - g. Defuse – use verbal skills
 - h. Utilize a safety plan
 - i. Evaluate and process and incidents
 - j. Use your own good judgment

REFERENCES

Approving Official: Senior Vice President, Population Health, Advocacy		Effective Date: April 1, 2024
Key Sponsor: Regional Health Home Director		
Reviewed By: Regional Health Home Operations Manager		Original Date: December 15, 2017 Reviewed/Revised Date: April 1, 2024
Search Terms:		*Reviewed, No Revisions **Revised without Full Review
Replaces: Safety Critical Events and Incidents: Staff Safety (December 15, 2017)		

ATTACHMENT A: Safety Guidelines



CHC Safety Guidelines

Help Support a Culture of Safety

- Take someone with you on your initial visits or anytime you feel the situation is risky.
- **Communicate** to your team/supervisor where you are going. For example, include the Member's name and address/location of appointment on outlook calendar, etc.
- Ensure your cell phone is charged and your vehicle has enough gas.
- **Look** for potential safety risk before exiting your car and scan the area before entering the home.
- Make sure you can see the person before you enter.
- Ask if anyone else is present in the home upon arrival.
- **Be aware** of signs of aggression, violence, substance or alcohol use, or suspicious behavior.
- Be **alert** for noises indicating disturbances and odors indicating substance use or manufacturing, electrical, gas or fire hazards.
- Take note of the exits and positions yourself where you can have easy access to the exit.

If you feel unsafe, end the visit and leave.

Your safety is paramount.

ATTACHMENT B: Pre-Home Visit Risk Assessment



Pre-Home Visit Risk Assessment

Prior to conducting your first home visit with a new Member, obtain the information below to help ensure your safety and the Member's safety. Whenever possible, referral sources should be contacted to obtain mental health and sex offender status information.

Home Environment

- a. In what type of housing does the Member live?
- Apartment Private Home Duplex Shelter
- Homeless Supported Housing Other: _____
- b. How many people live in the home? _____
- c. Will anyone else be present during the visit? Yes No
If yes, who: _____
- d. Are there any pets in the home? Yes No
- e. Does anyone in the home smoke? Yes No
- f. Is anyone in the home using oxygen? Yes No
- g. Does anyone in your home use substances? Yes No
- h. Are there any weapons in the home? Yes No
If so, are they locked and secured? Yes No

Mental Health History

- a. Is there a history of violence or thoughts to harm others? Yes No
- b. Is there a history of suicide or thoughts to harm self? Yes No
- c. Obtain Mental Health history, if possible

Sex Offender Status

- a. Is the Member a registered Sex Offender? Yes No