### Safe Work Procedure

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| **Activity:**  Home visits | | | |
| **Location:**  Various | | **RA Number:** | |
| **SWP Number:** | **SWP prepared by:**  Barbara Kupke | **Date:**  6/2/2020 | **Review Date:**  6/2/2025 |

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| **HAZARDS** |

### *Refer to Risk Assessment*

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| Presence of pets (eg dogs), insects (eg bees, wasps, ants), reptiles (eg snakes) | Manual Handling - lift, move items, carry equipment, push wheelchairs etc |
| Entering participant homes alone | Ventilation |
| Vehicle accident | Lighting |
| Remote location | Cigarette or drug fumes / smoke in room |
| Aggression / threatening behaviour | Uncomfortable seating |
| Slip,trip,fall hazard | Stress - before and after visit |

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| **PRE-OPERATIONAL SAFETY CHECKS DO NOT USE DEFECTIVE OR FAULTY EQUIPMENT** |

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| 1. Complete Risk Assessment for home visit |
| 1. Complete Home Visit - WHS safety checklist | |
| 1. Explain to the participant beforehand when and why you would like to visit them | |
| 1. Have with you an appropriate charged mobile phone or other communication device with coverage in the area, including a programmed emergency number. | |
| 1. Ensure someone else knows where you are at all times, as recorded on checklist | |
| 1. Ensure there is an Emergency Plan if staff contact receives a call from a worker at risk, including the use of emergency code words. | |
| 1. Discuss visit with supervisor | |
| 1. Make safe travel and parking plans, including taking regular breaks | |
| 1. Ensure vehicle is road worthy and insured | |
| 1. If possible, hold meeting in a public place or on University campus | |
| 1. Check location and safety of home, including ensuring pets are restrained, observing trip hazards | |
| 1. Undertake home visits with a chaperone if possible | |

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| **OPERATIONAL SAFETY** |

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| 1 | Carry phone with you and phone in regularly |
| 2 | Leave immediately if feeling threatened at any stage |
| 3 | Observe carefully the environment, checking for trip hazards, animals, appropriate seating |
| 4 | Ask to move to a different room or make other adjustments if there is poor lighting, poor ventilation or fumes in the room |
| 5 | Request those present to avoid smoking |

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| **POST-OPERATIONAL** |

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| 1 | Discuss with supervisor any hazards or controls needed |
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| **FORBIDDEN** |

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| 1 | Do not accept alcohol |
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| **REFERENCES (EG. MANUFACTURER’S MANUALS / AUSTRALIAN STANDARDS)** |

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| Authorised by Supervisor: |  |  |  |
| *Name* | *Signature* | *Date* |

**Declaration**

I hereby state that I have read and understood the Safe Work Procedure on the previous page, and will abide by the operating requirements.

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| Name | Signature | Date |
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