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On-call and After Hours Activities Policy & Procedure

APPROVED BY: Pathways SouthWest Board of Management

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THIS POLICY & PROCEDURE APPLIES TO: Pathways SouthWest Board of Management, Staff, Students, Volunteers, Consumers, Carers, other Stakeholders and the General Public

On-call and After Hours Activities

Policy & Procedure

Purpose

Pathways SouthWest is committed to provide a safe environment for staff and clients when ever services are provided. Staff delivering services are required to provide an after-hours service to some clients. This requires staff to be rostered on-call outside of business hours.

This guideline covers measures to be followed by staff where after hours contact is required.

Definitions

After-Hours Emergency: a medical illness or complaint requiring *immediate* treatment. All requests of a *non-urgent* nature should be referred to be responded to during business hours.

Hours of Business / Business Hours: The eight hours during which usual business is conducted. This may vary between individual care plans.

Responsibilities

Manager

Ensure that all on-call staff and other organisational staff are aware of all security related policies and procedures.

All On-Call Staff

Be aware of responsibilities to self and colleagues and follow the security measures outlined in these guidelines.

Liaise / consult with client regarding involvement in after-hours arrangements including development and implementation of a Wellness Recovery Action Plan (WRAP) which will be used to respond to individual need.

Liaise / consult with client, family members and any other relevant person regarding involvement in after-hours arrangements and WRAP.

Contribute to the maintenance of all systems that enhance the safety of staff and others in the organisation.

Report all incidents as described in Incident Reporting

Report any identified hazards on a OHS Hazard Report Form

Assessing the Need for Call-Outs

An assessment is made by the staff member to ascertain if the situation warrants an after-hours call out, i.e. whether it is an emergency or other urgent matter or not. If, in the staff member's professional judgement, the situation is not considered an

emergency, the client is told to contact the agency during business hours. If the situation is considered an emergency, a risk assessment is undertaken to ascertain the appropriate response.

Risk assessment should include:

- whether the client and/or household has a history of violence
- whether the client is currently displaying signs of aggression or violence
- whether the client has a weapon
- whether the client is suffering from the effects of alcohol or other drugs or from withdrawal symptoms
- whether there are signs of acute mental illness such as psychosis or hallucinations
- whether there are any other doubts / concerns about the situation

If the answer to any of these questions is yes, extreme caution should be maintained in ascertaining if the client needs to be seen from a clinical perspective (noting that an aggressive state may in itself be caused by a medical condition). If the decision is made that the client needs to be seen urgently consult client's WRAP for options:

- A family member (who has agreed to undertake the role previously) maybe contacted and invited to take client to ED for assessment, and/or
- Ruralink should be contacted and requested to assess the situation.

On call staff must not carry out home visits after hours without pre-approval from management.

Call-Out by Phone

Call-outs made by phone create a helpful security barrier but make assessment more difficult and these elements should be considered.

Repeat calls from the same client need to be managed very carefully, even though the initial assessment may have concluded a non-urgent situation. Persistent calls may indicate a serious case that is not being adequately communicated and may therefore warrant attention and the assistance of an assessment by Ruralink must be sought.

WRAPs

Wellness Recovery Action Plans needs to address the following points:

- Early warning signs,
- Strategies to relieve early warning signs,
- Crisis warning signs,
- Strategies to relieve crisis warning signs
- Contact information of people who have agreed to be part of response.

Pathways office is used for appointments and groups.

- Staff also accompany clients when engaging in day-today public life.
- Various community venues are used e.g. Bunbury Commercial Club and the Druids Lodge.

In all aspects of service delivery there is rarely cause for concern. These procedures are part of the preventative framework which underpins duty of care responsibilities to both staff and clients.

Fundamental to all policies and procedures is the orientation of all clients and staff to the **Statement of Client's Rights and Responsibilities**.

Staff are also orientated to the **Staff Code of Conduct** and use of risk minimising strategies, which may require to be utilised if clients are experiencing difficult circumstances. At all times staff are expected to maintain personal safety, client safety and carry out their role within the policies and procedures of Pathways SouthWest.

Safety Procedures When Home-Visiting

Home-visiting clients is part of the routine support offered to clients.

1. When home visiting, staff record who is being visited and where the meeting is, if it is not in the clients' home. When visiting more than one client, they should be listed in the order that it is planned to visit. Any alteration to this order is phoned to the office and recorded.
2. Home visiting information is recorded on the whiteboard in the office where all team members share the responsibility for being aware of when colleagues are expected to return.
3. When there is knowledge that a client is experiencing deterioration, or undesirable social circumstances, a home visit should be arranged in conjunction with a colleague or the case manager. When this assessment has been made it should be documented and the client's file flagged (an adhesive red dot should be applied to the Client Entry Information Form adjacent to their name, see attached) to indicate that the precautionary action is in place. This arrangement should continue until the situation is reviewed and it is considered unnecessary to continue with the precaution. The review is to be documented and countersigned by the Executive Officer or deputy. The warning indicator should be removed from file after review is finalised.
4. When home-visits are carried out in Busselton (housing inspections), these should be assessed on an individual basis as to whether or not a second person is required. Factors considered include familiarity with client and the purpose for the visit.
5. When arriving at a client's home the surroundings should be observed for any indications that may suggest that something is amiss – e.g. someone loitering, an unfamiliar car present, broken windows or anything else unusual.
6. Consideration should be given to where you park your car. Avoid parking where you can be easily blocked in or have to reverse out.
7. Before going to the door you should have both your car keys and your mobile phone easily accessible.
8. When the client answers the door it is necessary to quickly appraise the appearance of the client (mood, manner, signs of alcohol or drug use etc.), the

visible condition of the house, and anything else that may indicate that all is not as it should be. It is usually not appropriate to stay if someone else is unexpectedly present, particularly if they are unknown.

9. It is essential that staff leave a client's home immediately if they feel there is any cause for concern. Depending on the circumstances it can be advisable to use a diversionary strategy – lack of time for appointment and an offer to reschedule. It is important to understand that calling off a visit prior to entering a house is easier than trying to do so once you are inside.
10. If signs of illegal drugs or their use are present, support visits must be terminated.
11. This is in accordance with the **Statement of Client's Rights and Responsibilities**.
12. When actually in a client's home be aware of exits and ensure you are positioned where there is no one between you and a direct route to an exit.
13. If a difficult situation develops you should leave as soon as possible. If unable to do so, utilise the de-escalation techniques.
14. If a staff member fails to return to the office at the expected time, contact should be made via their mobile phone.
15. If there is no answer then the listed clients' homes should be phoned in reverse order.
16. If still unable to establish contact and the expected return time has passed, a decision must be made regarding contacting the police.

Safety Procedures at Pathways Office

1. Access to the offices of Pathways SouthWest is restricted to the front door. The rear door is for staff access via individual key. On occasions clients use the back door with staff supervision.
2. If a client behaves inappropriately they will be supported and encouraged to conform to the Statement of Client's Rights and Responsibilities. If they are unable to modify their behaviour they will be asked to leave the premises. This should be done respectfully utilizing the de-escalation techniques. If the clients refuses to leave it will be necessary to phone for police assistance. At a later time a discussion needs to take place to ensure the client has the opportunity to talk about the incident.
3. Duress alarms are located with staff and throughout the office and should be activated if there is cause for concern. These alarms should be tested six weekly by administration staff. A record of this testing is kept.
4. When alone in the office it is mandatory to have a duress alarm on your person.
5. When carrying out a client activity after-hours, it is necessary to avoid leaving the premises individually. It should be arranged that people including staff leave in at least pairs. It is also essential that cars be parked in areas that have lighting.

6. There is an evacuation plan for the office and a drill is carried out twice per year, and records kept of this.

Procedures for Maintaining a Safe Environment at Activities in the Community

1. If a client behaves inappropriately they will be supported and encouraged to conform to the **Statement of Client's Rights and Responsibilities**. If they are unable to modify their behaviour they will be asked to leave the premises. This should be done respectfully utilising the de-escalation techniques. If the client continues to refuse to leave it may be necessary to terminate the activity. If there is a risk to other clients or staff it may be necessary phone for police assistance. At a later time a discussion needs to take place to ensure the client has the opportunity to talk about the incident. It will also be necessary to support the clients who are present at such an incident.
2. Activities that involve a number of clients are supervised by Support Workers. There should be a minimum of two members of staff present throughout the duration of the activity. Volunteers are appreciated, but are not counted for this purpose.
3. Specific activities may be exempted from the provision of two staff members if a risk assessment is carried out and the activity is found to be very low risk. The risk assessment process must be documented prior to the activity occurring. In the case of recurring activities the risk assessment process must be carried out quarterly.
4. Evacuation plans are required for each premise where an activity is regularly held. Clients who attend program activities are orientated in the relevant evacuation process, and a drill carried out twice per year and records kept of this.

Procedure Regarding Client's Medication

1. Pathways staff will not deal with client's medication. This includes collection from pharmacy or clinic and delivering it to clients. Clients can be offered transport to collect medication.
2. Staff will encourage clients to comply with medication as prescribed and refer any queries clients may have about medication to the person prescribing it or their case- manager.

De-Escalation Techniques

When utilising these techniques they should be incorporated into normal interaction as much as possible.

- Engage in conversation, acknowledge concerns and feelings
- Ensure that your verbal and non-verbal communications are non-threatening
- Maintain an adequate distance (2 arm lengths) between you and the client
- Move towards the door and avoid corners
- Explain your intentions to the client and to any others present
- Talk quietly and try to appear calm, self-controlled and coherent
- Reduce stimulation, offer or request for television or radio to be turned off
- Ask for facts about the problems and encourage reasoning
- If a weapon is produced ask for it to be put down rather than handed over.

If unable to de-fuse try to summon help on your mobile phone.