

## HOUSE-CALL SAFETY POLICY

**Please review the Queen's University Postgraduate Medical Education Resident Safety Policy:**

[https://meds.queensu.ca/sites/default/files/inline-files/Trainee%20Health%20and%20Safety%20Policy%202022\\_0.pdf](https://meds.queensu.ca/sites/default/files/inline-files/Trainee%20Health%20and%20Safety%20Policy%202022_0.pdf)

House-calls are an important part of Family Medicine and learning the skills to do these efficiently, effectively and safely are an important part of residency training. This policy addresses the safety issues around house-calls to private residencies. This policy does not address:

- Decisions related to amount of supervision pertaining to house-call patient care
- Visits to care facilities (e.g. Nursing homes, group homes, retirement homes, long term care facilities).

The vast majority of house-calls do not pose any threat to safety and are a rewarding aspect of Family Medicine. However, personal safety involves a mix of preplanning and an awareness of circumstances with the flexibility to respond to environmental concerns and change approaches if necessary. The following procedures should be followed to reduce risk:

- Preplan when setting up the visit:
  - have a reporting system in place
  - think through plans in advance for how to react to concerning environmental issues.
- Flexibility involves paying attention to the environment and not ignoring growing concerns around safety. It is never wrong to call the supervisor and ask them to join a house-call if there are any concerns.
- **No home visit should be made or expected unless the resident feels assured of safety.**
- **Visits to non-traditional homes such as: shelters, patients living rough, encampments, etc. should always be accompanied by a supervisor.**

### **DAYTIME home visits**

Residents may attend home visits on their own, even if they have not been to that particular patient's home with a supervisor before, if the following three conditions are met:

1. The resident has had an orientation to home visits and has been on at least one home visit with a supervisor.
2. The supervisor has been to the home and feels it is safe.
3. The resident feels safe going alone.

**AFTER HOURS home and clinic visits:**

Residents must be accompanied by a supervisor.

## House-call Protocol For Residents

### Prior to the house-call:

- Discuss that you are planning on doing a house-call (see above about not doing first house-call alone) with your supervisor BEFORE doing the house-call.
- Review if there is a history of violent or aggressive behaviour by the patient or persons in the dwelling. Check the patient's Electronic Medical Record and discuss with your supervisor.
  - If there are any concerns do not do this visit alone.
- Discuss with your supervisor any triggers for the violent/aggressive behaviour, (e.g. when limits are set, or during specific activities)
  - If these triggers are anticipated to be part of the visit, then do not do this visit alone.
- Contact the patient prior to the visit and obtain as much information as possible (use the \*67 function to block your number):
  - Who else will be there?
  - Are there language barriers?
  - Are there designated parking areas or building access codes?
  - Will you need to bring special equipment?
  - Are there pets or animals in the home? If yes, ask that these be securely confined in another room before you arrive and while you are in the house.
- If the home location is in an identified 'high crime' area:
  - Have your supervisor with you.
  - Hide/put in the trunk packages/valuables so they are not visible in your car.
  - Do not sling a purse or bag pack over your shoulder or around your neck while walking to the home. Keep your car keys and cell phone on your person rather than in a pack or bag. Limit the money or number of valuables with you and carry essential identification only. Be alert and observant.

### During the House-call:

- If it is deemed safe for you to do this alone, ensure you have a working cell phone, that your supervisor has your number, knows the exact address (e.g. including apartment number) and phone number of the home you are planning on visiting. Make sure you know the number of your supervisor to access them during the house-call.
- Wear your name tag.
- Locate the closest and safest parking spot. Make sure vehicle windows are closed and all vehicle doors are locked. Avoid night visits if possible. If a night visit is unavoidable, you should arrange a meeting spot with your supervisor. Park under a streetlight. Do an environmental scan using your high beams to assist if necessary. Request that the entry

area light be on. Use a flashlight if need be. Survey the premises for possible exits in case of an emergency.

- Throughout your visit remain alert and observant. If at any time during the visit you feel unsafe (patient or others behaviour starts to escalate, environmental issues etc.) position yourself on an unobstructed exit path from the house (i.e. do not have the patient or potentially violent person between you and the door), end the visit and either plan another visit with a supervisor or leave the house until your supervisor can join you for the rest of the visit.
- Set up a time that you will call your supervisor, planning this time to be when you anticipate the house-call will be done. If finished earlier, as soon as you are safely back in your locked car following the house-call (approach your car with keys in hand, check the car interior before you get in and lock the car door as soon as you get in) call your supervisor to review the visit and let them know you have safely finished the house-call. If the visit goes longer than anticipated, call at the appointed time to let your supervisor know the status of the visit and plan another timed call, again anticipating the end of the house-call. Repeat as needed. The final call must be when the house-call is safely completed.
- You must promptly report to your preceptor any incidents or injuries that are the result of an off-site clinical visit. Depending on the nature of these, occupational health and KHSC may need to also be informed. This will be your responsibility.

Occupational Health, Safety & Wellness (Armstrong 1)

KINGSTON GENERAL HOSPITAL SITE

76 Stuart St. Kingston, ON, K7L 2V7

Phone: 613-549-6666 x4389 Confidential Fax (613) 548-2347

Email: [kghoccupationalhealthsafetywellness@khsc.ca](mailto:kghoccupationalhealthsafetywellness@khsc.ca)

## House-call Protocol for Supervisors

- Read the protocol for residents.
- In order for a resident to attend a home visit on their own, you must ensure:
  1. They have had an orientation to home visits and has been on at least one home visit with a supervisor.
  2. You have previously been to the patient's home and feel it is safe for the resident to attend alone.
  3. That the resident feels safe attending alone.
- If there are no safety concerns, review with your resident that they must call you before doing the house-call. Ensure you:
  1. Know the exact address and phone number of the home they will visit.
  2. Have the resident's cell phone number and that they have your phone number.
  3. Have your phone turned on and that you have it with you or are close to a landline.
- If there is any concern about safety, either because of identified risks or the resident is uncomfortable, you must attend the house-call with them.

- Set up a time that the resident will call you, anticipating the end of the house-call. If the resident has not called you at the designated time you must call them.
  1. If they do not answer, try texting, asking them to call you and call the home number.
  2. If neither of these approaches works and you have not been able to speak directly to the resident (an answered text is not enough) you must determine the next best steps for connecting with the resident, either going to the house and/or requesting police assistance depending on level of worry. If going alone to the house you should follow the same protocol for residents - that someone knows where you are going and a call once away from the home is set up.
- If the resident is involved in an incident or suffers an injury, occupational health at KHSC must be contacted. Please remind the resident this is their responsibility.

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