6. Services – Staff

02. Home Health Provider (Community Provider Services)

STATEMENT:

Healthcare Facilities (HCFs) providing home- or community-based health services (hereinafter referred to as community-based) should develop a security plan to protect staff traveling into the community in the performance of their job duties.

INTENT:

a. HCFs should conduct a focused security review prior to a visit to determine appropriate safeguards associated with community-based services. The security review process for community-based services may include but is not limited to:

   1) Patient history

   2) Patient's cohabitants and family history

   3) Research potential risks (e.g., social media/ public records)

   4) Community crime assessment

   5) Location specific risks

   6) Primary and secondary driving routes

   7) Available parking locations

   8) Identified locations of local safe havens

   9) Verified communication plan

b. Community-based health staff should be provided with education and training regarding risk identification and preventative safeguards. Training should be refreshed periodically, and records maintained. Training should include information and guidelines on:

   1) New patient intake risk assessment checklist,

   2) Situational awareness (safety in the field and home),

   3) Crime prevention practices,

   4) Personal safety,

   5) How to identify local safe havens,

   6) Use of available security or communication technology, and

   7) The reporting of concerning or close-call events that may occur during a visit.

c. HCFs should develop a communication process to protect community-based health staff. This should include procedures which allow staff to check in at arrival, departure and periodically as needed.

d. The HCF should develop follow-up procedures and response plans if a safety check is missed, unsafe physical conditions or concerns for personal safety are brought forward, or actual security incidents occur during the visit.

e. HCF's may utilize technology to provide additional staff protections such as:

   1) Cell phone and tablet,

   2) Automated check-in technology,

   3) GPS locating equipment, and

   4) Wearable or mobile duress alarm devices.

f. Security or other escorts should be considered and available for community health staff while providing services in areas or situations deemed at elevated risk. Secondary or alternative care locations may be required based on identified elevated risks.

SEE ALSO:

IAHSS Healthcare Security Industry Guideline 01.04, Security Vulnerability Assessments

IAHSS Healthcare Security Industry Guideline 01.09, Violence in Healthcare

IAHSS Healthcare Security Industry Guideline 06.01.01, General Staff Security Orientation and Education

OSHA 3148-06R 2016 www.osha. (2015, April). Retrieved October 5th, 2023, from https://www.osha.gov/sites/default/files/publications/osha3148.pdf https://www.osha.gov/Publications/osha3148.pdf

Integra vs OSHA (2019). Retrieved October 5th 2023 from

https://www.oshrc.gov/assets/1/6/Integra_Health_Management,_Inc.,_Docket_No._13-1124.htm

OSHA General Duty Clause. Retrieved October 5th, 2023, from

https://www.osha.gov/laws-regs/oshact/section5-duties

NIOSH Hazard Review – Occupational Hazards in Home Healthcare, Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, January 2010, https://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf

Approved: June 2008

Last Revised: December 2023