

## **Children's Continuing Care Service: Homecare health and safety risk screening tool.**

### **Purpose of this document**

The Complex and continuing care Service employs nurses and children's support workers to support families caring for children with exceptional health care needs. The care provided by these staff allows children with complex physical and learning disabilities to live at home. The aims of the service include provision of a service that is sensitive to family life & lifestyle that meets the child's changing needs, and supports social inclusion.

This Screening Tool forms part of the risk assessment framework for the Outreach Service, to support safe and effective long-term care in the home. The Tool is an aid to identifying potential hazards and controlling risk to staff, child and family. Risks identified through the screening process will be subject to the risk assessment process detailed in the SBC health and safety policy Health & Safety Policy.

### **Definitions used**

**Child** refers to the named child or young person.

**Home:** the named family home address. Where care is agreed for another address a separate assessment is needed.

**Care Area:** all rooms where staff will deliver care to the child or young person, plus any area that staff use with family permission, such as kitchen and toilet.

**Staff:** Any trained nurse, support worker, bank or agency nurse employed by or contracted by SBC health and safety policy/Swindon CCG to work on the child's care package.

**Appendix of 6 pages follows**

<b>CHILDREN'S CONTINUING CARE: HOMECARE HEALTH &amp; SAFETY RISK SCREENING TOOL</b>
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<b>Childs name</b>		<b>Date of birth</b>	
<b>Hospital ID</b>		<b>NHS</b>	
<b>Address</b>			
<b>Post code</b>			
<b>The risk screening was done in consultation with:</b>			
<b>Parent or guardian 1</b>		<b>Relationship to child</b>	
<b>Parent or guardian 2</b>		<b>Relationship to child</b>	
<b>Assessed by</b>		<b>Position:</b>	
<b>Signed</b>		<b>Date</b>	

**Definitions:**

- **The Home** is the named family home address. Where care is agreed for another address a separate assessment is needed.
- **The Care Area** - all rooms where staff will deliver care to the child, plus any area that staff use with family permission, such as kitchen and toilet.

<b>1.</b>	<b>Pre-screening criteria</b>	<b>Date</b>
<b>1.1</b>	The MAP has agreed to the homecare package	
<b>1.2</b>	Occupational Therapy home assessment undertaken	
<b>1.3</b>	Anticipated hospital discharge date (if appropriate)	

<b>2.</b>	<b>Specific planning is needed if:</b>	<b>YES</b>	<b>NO</b>	<b>ACTION IF YES</b>
<b>2.1</b>	The child requires oxygen therapy.	<input type="checkbox"/>	<input type="checkbox"/>	Follow <i>Home Oxygen Guidance</i>
<b>2.2</b>	The child is technology dependent	<input type="checkbox"/>	<input type="checkbox"/>	Specific preparation & risk assessment from clinical team.
<b>2.3</b>	The child or any other member of the household has a history of challenging or self-harming behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	Specific risk assessment & plan. Agreement from SBC health and safety policy risk assessment officer
<b>2.4</b>	The home is exceptionally isolated or poses particular care challenges eg. Caravan, no mains electricity, high rise building.	<input type="checkbox"/>	<input type="checkbox"/>	Specific risk assessment & plan. Agreement from SBC health and safety policy risk assessment officer.
<b>2.5</b>	There are language, hearing impairment or other barriers in communicating with the family?	<input type="checkbox"/>	<input type="checkbox"/>	Specific risk assessment & staff training
<b>2.6</b>	Clinical waste is generated by the child's homecare	<input type="checkbox"/>	<input type="checkbox"/>	Community Waste Risk Assessment and Clinical/Special Waste Uplift
<b>2.7</b>	Are there pets in the home?	<input type="checkbox"/>	<input type="checkbox"/>	Type:
<b>2.8</b>	<b>Other specific issues:</b>			

### 3. Homecare Health & Safety Screening.

<b>Date of screening:</b>
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The Screening Tool is to be used to assess the home and surroundings for possible hazards. Assessment should be done in collaboration with a parent or guardian. Each **Issue** is answered by ticking:

<b>OK</b>	No hazard identified.
<b>Assess</b>	Possible hazard. Will need adjustment to care environment and/or specific plans. A more detailed risk assessment is required. Note this work in <b>Action Plan - Section 5</b> .
<b>N/A</b>	Does not apply

This list is not exhaustive. Please use the relevant space to note any additional hazards and the work necessary to control risk.

<b>Issue</b>	<b>Approach to the home</b>	<b>OK</b>	<b>Assess</b>	<b>N/A</b>
<b>3.1</b>	There is parking close to the home or easy access to public transport. The route is well lit and avoids dark or secluded places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.2</b>	Entry to the home is direct from the street or a shared entry protected by locked door & entry phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.3</b>	There is no history or evidence of physical or personal hazards for individuals in the vicinity of the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.4</b>	There are no dangerous dogs or other pets in household or vicinity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.5</b>	There is good local mobile phone reception.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Issue</b>	<b>General risks in the home</b>	<b>OK</b>	<b>Assess</b>	<b>N/A</b>
<b>3.6</b>	Entry into the home is protected by adequate locks, which allow easy exit. Doors locked from the inside have a key left in the lock.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.7</b>	Functioning smoke alarms protect the home. Fire Brigade Home Safety Check advised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.8</b>	The route from the care area to the exit door is unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.9</b>	Fires or heating appliances are protected by guards where needed and furniture is at least one metre away from fires or portable heaters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.10</b>	There are no smokers in the household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.11</b>	The care area is free from slip and trip hazards such as loose carpets, floorboards or stair treads, trailing cables or water leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.12</b>	There are no known faults with the electrical system or appliances. Flexes are in good condition and appliances used safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.13</b>	A land phone line is available for emergency use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Issue	Specific risks in the care area	OK	Assess	N/A
3.14	The care area is uncluttered with sufficient space to use care equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.15	Equipment is easily accessible without need for excessive manual handling or over-reaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.16	There are enough electrical sockets for all care equipment without the need to overload sockets. Adapter plugs and extensions are used safely and there is no obvious damage to plugs, sockets or cables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.17	Care equipment, including any <b>not</b> supplied by SBC health and safety policy, has been safety checked and has a service schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.18	An accessible area is identified for the charging and storage of emergency or back-up equipment or battery packs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19	Lighting in the care area is adequate for observation and performance of care duties. "Task lighting" is available for detailed work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.20	Hand washing and drying facilities are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.21	Clinical waste can be stored safely in the correct bags or containers, out of the reach of children, in the care area & while awaiting uplift.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.22	Medicines can be stored safely & securely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.23	Family members can be readily contacted or roused in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.24	Functioning intercom/monitor device is in place if carer is not required to sit in child's room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Issue	Staff comfort and access to facilities	OK	Assess	N/A
3.25	Seating is available which will give back support and allow easy observation of the child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.26	Adequate heating & ventilation is provided in the care area and can be controlled by staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.27	Staff can access a toilet with lockable door.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.28	Staff access to kitchen facilities is agreed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.29 Other hazards identified:

4	Advice given to family:	YES	NO	N/A
4.1	Family given a copy of Swindon Fire & Rescue Service booklet <b><u>Your Guide to Fire Safety</u></b> . Relevant issues from booklet discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Community clinical waste storage and uplift arrangements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please note if other specific advice given/needed:</b>

<b>5 Action Plan arising from homecare health &amp; safety screening</b>			
<b>Issue No</b>	<b>Action</b>	<b>By whom</b>	<b>By when</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

<b>Risk assessment review date</b>	
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