

# SECURITY AND SAFETY FOR HOMECARE FIELD PERSONNEL

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## 1 Introduction

Field homecare personnel are required to deliver products and services to patients' homes. The homes can be in areas subject to high criminality leading to risks to staff during the delivery process. Some of the patients and patients' relatives, or people in the area, have been known to threaten and assault member company staff. These threats and assaults have included physical and verbal abuse as well as the use of weapons.

Companies shall have a zero tolerance to threats, violence and abuse against its staff.

## 2 Scope and purpose

### 2.1 Scope

This publication is applicable to field personnel who deliver product or services to patients. For the technical requirements for the supply of medical oxygen systems see EIGA Doc 89 *Medical oxygen systems for homecare supply*. [1]<sup>1</sup>

### 2.2 Purpose

To assist in the preparation of guidance to field staff such that they, their managers and schedulers are better able to identify potential threats and risks. The intent is to provide guidance so that staff can stay safe and secure when undertaking their duties.

## 3 Definitions

For the purpose of this publication, the following definitions apply.

### 3.1 Publications terminology

#### 3.1.1 Shall

Indicates that the procedure is mandatory. It is used wherever the criterion for conformance to specific recommendations allows no deviation.

#### 3.1.2 Should

Indicates that a procedure is recommended.

#### 3.1.3 May and need not

Indicates that the procedure is optional.

#### 3.1.4 Will

Is used only to indicate the future, not a degree of requirement.

#### 3.1.5 Can

Indicates a possibility or ability.

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<sup>1</sup> References are shown by bracketed numbers and are listed in order of appearance in the reference section.

## **4 Risks assessment**

### **4.1 Introduction**

Field homecare personnel can face specific safety and security challenges while travelling or at patients' homes.

Causes of incidents in homecare personnel include pet aggressions, assaults, violent acts or aggressive behaviour and being struck by objects.

### **4.2 Risks assessment process**

When carrying out a risk assessment at home and the surrounding environment, the presence of pets and other animals shall also be taken into consideration.

#### **4.2.1 Dangerous behaviour of persons outside the home**

The home could be in a high crime or unsafe area or an isolated location. In such locations, field homecare personnel can be at risk of assaults. The presence of gang members, drug or alcohol abusers can also present an increased risk of work related assaults and robbery.

#### **4.2.2 Family members and visitors**

Violence to field homecare personnel can result from patients and occasionally from hostile family members and others present in the home who feel stressed, disturbed, frustrated, vulnerable, or out of control. Family members can become argumentative because of their frustration with the patient's condition or the care arrangements.

Additionally some patients or relatives with mental illness can pose a threat to homecare personnel by frightening behaviour or even violent behaviour such as physical attacks. They can also act aggressively, or feel frustrated or angry because of their health situation and dependence on others.

#### **4.2.3 How to carry out a risk assessment**

Risk assessment is the process of evaluating risks to workers' safety and health from workplace hazards. A risk assessment is a systematic examination of all aspects of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks.

For most businesses, especially small and medium-sized enterprises, a straightforward five-step approach (incorporating elements of risk management) such as the one presented below should work well.

Step 1: Identifying hazards and those at risk: Looking for those things at work that have the potential to cause harm, and identifying workers who could be exposed to the hazards.

Step 2: Evaluating and prioritising risks: Estimating the existing risks (the severity and probability of possible harm) and prioritising them in order of importance.

Step 3: Deciding on preventive actions: Identifying the appropriate measures to eliminate or control the risks.

Step 4: Taking action and putting in place the preventive and protective measures through a prioritisation plan.

Step 5: Monitoring and reviewing.

Records of the assessment should be kept and reviewed at regular intervals to ensure that it remains up to date. Annex 1 is an example of the template for a risk assessment.

However, it is important to know that there are other methods that work equally well, particularly for more complex risks and circumstances.

Homecare environments can be emotionally charged and potentially unstable places which can present a unique set of security challenges not seen elsewhere within the industrial gases business.

The aim is to provide high quality healthcare services, equipment and medical oxygen within a safe and secure environment that protects ill patients, visitors (including family members) and their property plus our field staff and the physical assets of our organisations.

This means EIGA members have to be aware of the following:

- Personal safety of patients, caregivers and family members.
- Protection of field personal and company property, drugs and other assets.
- Operating environment at patients home in which the uninterrupted delivery of quality health care can be guaranteed and delivered in partnership with others (example: government and local agencies, patients' caregivers and family and other stakeholders).

Management should ensure that security training is provided initially, and on a regular basis, for all field staff. This training should cover general security matters, and the security responsibilities of the individual employee. It should include issues such as how to manage aggression during home visits and when travelling, whether that aggression is from a patient, relative or some other person. Field staff operating in zones already identified as dangerous shall be prioritised for awareness and training.

All homecare field personnel need to be clear about their role in helping to manage their safety and security. This includes the security of their fellow workers, patients, caregivers and also the security of their workplace and all its assets.

Their personal responsibility for security extends in particular to:

- Following security rules;
- Keeping a secure environment in order to protect patients, staff, information, drugs and other assets. This includes maintaining awareness of what is happening around a patient and the equipment being used, in order to reduce the risk of someone manipulating or doing things that could cause harm to a patient;
- Immediately reporting suspicious incidents and/or behaviours, people, security breaches and or security concerns to their managers and/or security personnel;
- Pay attention to other people in the immediate environment.

Natural surveillance (what people see and hear) and being alert is one of the best security deterrent measures.

### **4.3 Risk factors**

There are a number of factors which have to be taken into account in determining risk, including:

- known past security incidents at the patients home;
- known past security incidents at nearby locations or locations officially identified as unsafe by the authorities;
- vulnerability, together with the consequences and probability, of future incidents occurring; and
- threat exposure to any home hazards, including related to people that live there and/or are patients.

#### 4.4 Lone worker risk assessment

Managers have a duty to identify lone workers (such as drivers, technicians, pharmacists and nurses visiting patients) and the significant lone worker risks within its organisation and implement suitable risk reduction to reduce those risks so far as is reasonably practicable. This includes deciding whether lone working is reasonable or not at a given location.

The following questions can assist managing lone worker risks:

- Does the location present a special security risk to the lone worker? If so, is that risk low, medium or high? Does this have implication for scheduling any visit? The methodology will be developed using local knowledge and individual company's processes.
- Is there a safe way in and out of the location and or area?
- Is there a risk of violence or other criminal act?
- Is there evidence of alcohol and drug use by patients and relatives with whom the lone worker could come into contact? Alcohol and drug use can make people aggressive and their behaviour unpredictable.
- Are young, inexperienced, pregnant or disabled workers particularly at risk working alone?
- Are there any other reasons why any particular individual or work group for example, drivers, service and maintenance staff, nurses, could be more vulnerable than others?
- Is any travel route safe, and is the method of travel safe?
- If lone workers are working during the late evening/early hours, then are they aware that these times there could be an increased risk of violence because there could be
  - fewer people around;
  - greater number of "unsavoury characters"; and
  - people under the influence of alcohol or drugs.
- Are field personnel aware of any cultural and gender issues that could increase risk related to their lone working at or in a particular location?
- If the lone worker needs emergency assistance, is it available? Are the field personnel contact details and location known? Does any assistance/response system work effectively?

##### 4.4.1 Regular contact

It is good practice to set up processes that ensure there is regular contact between the lone worker and their supervisor, using landlines or mobile phones, SMS messaging, radios, e-mail, etc., in accordance with local and company regulations.

In some locations it may be useful to issue lone workers with devices designed to raise an alarm in an emergency (operated manually), for example, a personal panic button that sends out an emergency signal.

**Example:** If a lone worker takes longer than anticipated at a service and does not check in at the expected or agreed time, an alert could be sent to their mobile phone. The worker then would send a text to confirm that there are no problems. If no response, the matter shall be escalated internally in accordance with company procedures.

**NOTE** It is possible to have mobile phones that have an emergency button.

NOTE Mobile phones shall only be used while driving in accordance with legal and company requirements.

#### 4.4.2 Considerations for lone workers

The following are some general issues to be considered by lone workers performing home visits:

- Are lone workers aware of their own behaviour and the part it can play in both triggering and preventing aggression in others?
- It is good practice for lone workers to obtain as much prior information as possible (within the boundaries of confidentiality) in planning for the home visit.
- Has the patient / caregiver been given information about the visit and the role of our personnel? Was the appointment planned so they know what to expect?
- What awareness do staff have about managing their own safety and security whilst travelling and undertaking their duties? Do they continually reassess risk as circumstances change?
- Lone workers need to understand and be aware of their surroundings, such as:
  - Be alert at all times and be aware of the situation they are in; and
  - Understand how their actions could be perceived by others.
- If lone workers are able to recognise warning signs (including if anyone present is under the influence of alcohol, drugs, confused, animals present, etc.) they can take action, including a decision to continue to work or withdraw as appropriate.

#### 4.4.3 High risk locations

Those planning the service schedule should ensure that more than one person attends patients/locations considered as high risk for example, during the night. If a lone worker is uneasy about making any visit they should be able to request support, for example to go with a colleague.

#### 4.4.4 Feedback from lone workers

It is good practice for managers/supervisors to seek feedback from staff on risks and concerns related to home visits they have made, including information on the patient/relatives they have encountered, and the local environment.

#### 4.4.5 Advice to lone workers

The managers should provide the following advice to lone workers going on home visits:

- Before starting a car journey, lock property into the boot/trunk out of sight;
- Avoid parking in deserted, poorly lit locations, or in a confined space that could become blocked;
- When removing property from the car, check they are not being watched;
- Secure the vehicle when parked;
- Do not leave valuable belongings on show in the vehicle;
- In identified specific situations, report their arrival to the manager before entering the home;
- Take particular care when entering known risk areas, high-rise flats, lifts or rear entry to buildings;



- Ensure identification card and communication equipment is within easy reach;
- If the home has a pet that is known to be excitable or dangerous, ask for it to be put into another room, or secured during the visit;
- When returning to the car after the visit, reduce the risk of carjacking by carrying car keys in their hand and do not open doors with the remote control until arriving at the vehicle; and
- If at any time during a home visit the lone worker feels vulnerable, unsafe, or feel that a potentially violent or aggressive situation is developing beyond their control, they should make an excuse and leave the premises quickly. Once safe, notify the manager. If necessary, call the police and complete an incident report.

#### **4.5 Unacceptable behaviours**

Behaviours that are considered unacceptable include, but are not limited to:

- Physical assault resulting from the intentional application of force to the person, without lawful justification, resulting in physical injury or personal discomfort;
- Threats or threatening behaviour;
- Abusive language that involves excessive swearing or offensive remarks;
- Inappropriate behaviour which can (or does) cause distress and/or constitutes harassment;
- Derogatory racial or sexual remarks and/or offensive sexual gestures or behaviours;
- Malicious allegations relating to personnel, patients or relatives; and
- Abusing and or using alcohol or illicit drugs (for example, drugs not prescribed for treatment purposes).

#### **4.6 Good practice to reduce risks**

To reduce the risk of verbal incidents, abuse and violence by or to field personnel, the following is good practice:

- Ensure all staff receive training in how to address threatened violence, the appropriate use of physical restraint, and how to identify danger signs;
- Ensure timely reporting of incidents of violence, aggression and inappropriate behaviour to management; and
- Following an incident, ensure staff make a detailed note of what occurred, and make those notes available to the internal investigator.

### **5 Reporting incidents**

Security incidents shall be reported either at the time of the incident, or as soon as possible thereafter. If necessary, they should also be reported to the authorities and to the prescribers or customers when relevant to support the solution of the issue.

All cases reported or uncovered shall be investigated. This includes root cause analysis, instigating plans to prevent repetition of incidents, and protection of victims and witnesses.

**6 Counselling for field personnel**

Companies should offer and encourage counselling whenever a staff member is threatened or assaulted.

**7 References**

- [1] EIGA Doc 89 Medical oxygen systems for homecare supply [www.eiga.eu](http://www.eiga.eu)

## Appendix 1 – General check-list (informative) Examples of preventative measures

### 1. DRIVING TO THE PATIENT'S HOME

- 1.1 Informing the client before travelling; finding out who should be in the home.
- 1.2 Carrying a torch, a mobile phone and possibly a personal alarm when visiting patients; planning the safest route to the patient's home; keeping the vehicle well maintained; taking precautions in the event of a vehicle breakdown.

### 2. THE DANGEROUS BEHAVIOUR OF PERSONS OUTSIDE THE HOME

- 2.1 Don't leave personal items visible in the vehicle; when it is dark; park your vehicle in a open spot near a streetlight.
- 2.2 When travelling and working alone, the risk of exposure to violent behaviour can be reduced by: sticking to busy roads and streets, locking the vehicle while driving, avoiding bus stops that are poorly lit or where there are few people, walking directly to the nearest place of business – without running or looking back – if you feel you are being followed.

### 3. ANIMALS

- 3.1 Ensuring that potentially aggressive pets are leashed or locked in a separate room before leaving the vehicle or entering the home.

### 4. PSYCHOSOCIAL ISSUES

#### Patient / carer behaviour including violence

- 4.1 The field personnel may leave the home when feeling threatened; use specific techniques to calm the family members and other people present, as trained; refrain from arguing or raising the voice; try to maintain a safe distance from the patient.
- 4.2 Being aware of any mental distress or unusual behaviour.
- 4.3 Being aware of specific triggers, and ways to minimise violent behaviour; being informed if the patient has a history of violent behaviour.
- 4.4 When arriving at the patient's home, assess the patient's mood before starting work.
- 4.5 Contact manager or patient family members to find different ways to communicate with the patient.

#### Family members and other people present

- 4.6 Being informed of violent behaviour from the patient's family.
- 4.7 The staff may leave the home when feeling threatened; using specific techniques to calm the family members, as trained
- 4.8 Contacting manager; using specific techniques to increase the trust of the family members in the Homecare service; the field person may leave the home when feeling threatened.

## 5. EMERGENCIES

An emergency action plan shall be prepared for the client's home:

- Identifying the fastest way for an evacuation (escape routes);
- Listing emergency phone numbers in the case of a threatening situation;

## 6. INFORMATION AND TRAINING

The employer must ensure that proper health and safety information, instruction, and training for work activities are provided to care workers