



HOME AND COMMUNITY VISITING: RISK MANAGEMENT PROCEDURE [®]

DOCUMENT SUMMARY/KEY POINTS

NOTE: This procedure is mandatory and outlines the minimum requirements that must be implemented. Each Service is to adapt these procedures to reflect their own particular circumstances and requirements. Workers safety is paramount and must always take priority over the need or desire to conduct or complete a particular visit or service in the community.

- Workers conducting visits in the community [home or otherwise] face a number of potential risks to health and safety, including:
 - Transportation to and from where the service is provided
 - Working in unfamiliar environments
 - Working in isolation
 - Possible delayed response by support services or emergency services
 - Occupational Violence & Aggression
 - Infectious disease or biological exposure
 - Fatigue and stress
- Community visiting includes facilities such as schools, childcare centres, community centres and other health services.
- Management must ensure that the Home Visit Safety Risk Assessment form is completed before the first home visit occurs. *The health and safety of all workers is a priority.*
https://intranet.schn.health.nsw.gov.au/files/home_visit_safety_risk_assessment_sheet_0.pdf
- SCHN is committed to a safe and caring environment for children, young people and their families, staff, visitors, and any other people who attend our health care facilities and receive our services.
- Movement sheets are to be completed:
 - [Home Visiting Movement sheet](#)
 - [Community \[non-home\] Movement sheet.](#)

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st September 2022	Review Period: 3 years
Team Leader:	Manager	Area/Dept: Work Health and Safety



- At all times, workers are to consider their own safety as a priority and should NOT take unnecessary risks.
- The following procedure identifies:
 - Preparation requirements for home & community visits in hours & after hours
 - Management and worker responsibilities associated with home/community visits
 - Home/community visits safety and security measures
 - Client/family considerations during a home visit
 - Motor vehicle safety measure whilst travelling to and from home/community visits
 - Response protocol if a worker fails to return from a home/community visit

Related Policies and Legislation.

Ministry of Health: Protecting People and Property Manual: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies.

<https://www.health.nsw.gov.au/policies/manuals/Documents/prot-people-prop.pdf>

Ministry of Health: WHS Better Practice Procedures [PD2018_013]

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_013

- WHS Act 2011:
 - <https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010>
- WHS Regulation 2017:
 - <https://legislation.nsw.gov.au/view/html/inforce/current/sl-2017-0404>
- SCHN Admission to Hospital in the Home Service (No:2012-9043)
- CHW – Security Policy (No:2006-8216)
- SCHN Palliative Care Offsite Volunteer Programs Policy (Document No:2009-8057)

CHANGE SUMMARY

- Section 6 – additional considerations listed.
- Training section 9 added.
- References updated.

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READ ACKNOWLEDGEMENT

- All workers performing a home or community visit must read and acknowledge they understand the contents of this document.

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1 Introduction

It is the policy of the Sydney Children's Hospitals Network (SCHN) that all new patients attend a health facility for their first contact. In circumstances where patients are unable to attend a health facility, staff from SCHN may make home and community visits. Depending on health services required for the patient a Telehealth option may be considered.

When required to make community visits to either outlying facilities or patients' homes, workers should be aware of certain practices and approaches that will reduce risks to their personal safety. Community visiting includes facilities such as schools, childcare centres, community centres and other health services.

Hospital and community staff involved in home/community visiting have potential to be exposed to many risks. The purpose of this document is to minimise the risks where possible and to empower staff to deal with situations if and as they arise. Security and safety in the workplace is the responsibility of both management and workers. As such this document will be included in the orientation of all workers who will be conducting home/community visits.

2 Management Responsibilities

Management and workers must ensure that the Home Visit Risk Assessment Form, Movement Sheet or modified Community Movement Sheet is completed before a home or community visit occurs. The health and safety of all workers is a priority.

Workers are **not** to provide home visits alone if:

- There is a history of aggressive behaviour, violence, sexual harassment, or domestic violence (DV within last 12 months) has been perpetrated and the perpetrator is at the home or likely to return.
- There are custodial challenges or concerns with the discharge destination.
- There is a risk of injury occurring to patients or workers.
- Workers feel they may be at risk during the visit.

After hours home & community visiting

- Some suburbs may be unsafe after dark, this needs to be assessed before a home or community visit is planned.
- All workers visiting outside the hospital are required to carry a mobile phone. These are available from the switchboard or from local departments.
- The use of duress alarm, mobile phone tracking device or vehicle tracking device maybe used by your department for home or community visits after dark. This must be used, if available.

3 Worker Responsibilities

At all times, workers are to consider their own safety as a priority and should **NOT** take unnecessary risks.

Before leaving the Hospital/Base

The worker must:

- Complete a Movement Sheet [[Home visiting](#) or [Community visiting](#)] with car details (including registration, colour, make and model when visiting after hours), mobile phone number; name, address and telephone number of the client/s, expected time of appointment and expected completion time. Leave copy at base. The 'base' is a colleague who is the nominated contact person at the hospital who holds the Movement Sheet.
- Ensure the correct equipment is collected. (e.g. sharps bin with lid, nursing equipment, equipment for trial, torch for after dark visits, relevant patient notes, laptop, educational material/aids)
Note: Equipment and notes (laptops) are to be stored out of sight where possible (i.e. in the boot of the car).
- Ensure procedures are followed for the storage and transport of medications as required.
- Ensure the street directory and mobile phone are accessible and in working order. Hospital mobile phones *must be fully charged*, have the message bank activated and be switched on for the *duration* of time away from the hospital.
- All workers should visit [SCHN COVID-19 Staff Information](#) and [CARPA Covid Standard Operating Procedures](#) intranet pages and familiarise themselves on the current advice in relation to the management of Covid.
- For home visiting contact the client/family *prior* to the home visit to confirm correct details on the referral form and the time of visit. Provide instruction to the client/family to ensure after hours that the property is illuminated (if required) and easily identifiable, access gates are unlocked, and animals restrained.

After returning to the Hospital/Base

The worker must:

- Report to 'base' when the visit is complete as per the Movement Sheet, or at times agreed by management (e.g. end of shift).
- Ensure all documentation regarding home visits is filed in the patient's medical record.
- Any new or changing risks/hazards identified must be notified to the Manager/Team and recorded in the clinical record (eMR) and update the Home Visit Risk Assessment Form details.

After hours home & community visiting

If you are leaving the hospital and returning after hours or leaving after hours the employee must:

- Notify the After Hours Nurse Manager (AHNM) or relevant department manager.
- Ensure that movement sheet is complete
- Contact the AHNM/department manager on return to base (or as per local protocol).
- Be sure to report changes to schedule to manager/base prior to proceeding

If at all avoidable - staff must not transport clients/patients in an SCHN vehicle – in situations where transport to another service is required, staff are to arrange an ambulance or other suitable alternative. If transport of a patient/client in an SCHN vehicle is not avoidable then a risk assessment must be completed and any identified risk mitigated prior to transportation.

Authorised Volunteers working for the Palliative Care Home Support Program- may transport family members (primarily siblings e.g. school pick up) in their own vehicle as per the [Palliative Care Offsite Volunteer Program Policy](#). Volunteers are not allowed to transport the patient in their own vehicle or use hospital cars.

4 Preparation for a First Home Visit

- The worker **must** complete a Home Visit Risk Assessment Form via telephone or face to face, *prior to the initial visit*, unless the referral is made by a community worker or hospital staff who can provide details concerning worker safety.
- Discuss any identified issues with the Manager and Team huddle before the visit (including any identified deterioration of the client) and plans to manage these.
- Speak to the client/family by phone prior to appointment to confirm appointment time, gain consent to visit and clarify the purpose of the visit, including establishing if there are likely to be any visitors at the premises.
- All **first home visits must** occur during daylight.
- Initial contact may also be made (in accordance with local policies and procedures) to other appropriate facilities e.g. Police Stations, Early Childhood Centres, and Community Services. Similarly, home visits may be accompanied by other appropriate persons e.g. Police, Child & Family Health Nurses, Community Services workers.
- All workers should visit [SCHN COVID-19 Staff Information](#) and [CARPA Covid Standard Operating Procedures](#) intranet pages and familiarise themselves on the current advice in relation to the management of Covid.
- When preparing for the home visit, the worker should consider:
 - The mode of transport needed to complete the visit e.g. Public Transport or Hospital Vehicle (**Note:** if public transport is to be used the worker must specify which type is appropriate e.g. taxi).

- The number of passengers, type of equipment to be transported and distance to be travelled e.g. suburban or country. This information should be relayed to the Transport Department to assist them in allocating a suitable vehicle.

Out of Metropolitan Area Visits – Home & Community visiting

- Visits out of the Sydney Metropolitan area should include additional considerations such as: distance to destination, appropriate vehicle suited for terrain, number of persons travelling (to share driving), number of 'phone in' times, type and location of overnight accommodation.
- Consideration should also be given to the condition of roads or driveway access for country visits e.g. dirt roads

5 Safe Home & Community Visiting: Worker Considerations

A worker should:

- Drive past the address to gain an awareness of available exits.
- Park the vehicle facing the exits in a well-lit area and avoid driveways.
- Avoid remaining in the car for prolonged periods before or after the visit. Ensure the car doors are always locked, even when driving.
- Do not take personal valuables into the client's home.
- Be cautious about entering a client's property observing for potential hazards e.g. animals.
- Check that the client is home before entering the property and confirm consent.
- Check for lighting on stairwells when entering a building.
- Ensure the family leave the outside lights on for evening home visits.
- Look before entering a lift and *do not enter if concerned* - be observant of other passengers.
- Wait for the door to be opened – calls of 'come in' can indicate danger.
- Be aware of nearest exit once inside the house.
- Be aware of locks on doors and know how they work (observation in most cases will be sufficient; if necessary you may have to seek information from an occupant).
- Ensure car keys or personal keys are not left in a place accessible to clients. Try to keep the car keys in the same place for easy access.
- If there are concerns about a location or property access, the worker should call the family before visiting and ask for a family member to meet and escort them to the client.

Violent or Potentially Violent Situations

- If a worker is either physically or verbally threatened by a client, carer or any other member of the household/facility, they should take measures to protect themselves and leave the scene as soon as possible.

- Summon the Police if the situation warrants it. For example; in situations of domestic violence or if firearms are seen on the premises or the worker is being threatened.
- If the worker feels threatened, the following action should be taken:
 - If in the car, ensure windows are closed and the doors are locked.
 - If it is considered unsafe to drive away, sound the horn long and loud and if appropriate ring the Police (Dial 000) on your mobile phone.
 - If it is considered safe to drive away, proceed to the nearest Police Station.
 - Do not leave the car until it appears safe to do so.

All incidents, however trivial, should be:

- reported to the immediate Manager
- documented in the client's medical file and communicated to treating medical team
- entered into Ims+
- reported to the referring Agent

6 When entering a home - Client/Family Considerations

Workers should consider the following during a home visit:

- Wear an Identification Badge and show your identity.
- Comply with the [SCHN Uniform, Dress Code and Appearance Policy](#)
- Be respectful of the fact that it is the client's home and they are a visitor.
- Always use gates and pathways, respect people's property.
- Carry device/s to call for help on their person and not leave in a bag or other location that they may become separated from.
- Check any safety equipment is accessible and turned on before entering a premises.
- Practice hand hygiene and don required personal protective equipment required to protect the worker and or client (if immunosuppressed).
- Confirm if the client is at home and consent before entering the premises.
- Remain aware of the environment and potential escape routes in case you are at risk. Be prepared to terminate the visit if there is an increased risk, threat or potentially dangerous situation.
- Always discuss first and ask permission to change the environment in any way. For example:
 - turn down/off the television;
 - open the blinds;
 - rearrange equipment that is considered to be unsafely positioned;
 - repositioning a baby/child who is sitting too close to the edge of a bed or is sitting awkwardly in their chair/wheelchair,

- change room configuration for teaching session;
- cease smoking during the visit
- Respect the family's cultural values. However, if asked to remove shoes before entering the home, discuss in a sensitive manner to advise the family of the need to comply with NSW Health Department Work Health and Safety policies. This should be discussed when conducting the *risk assessment prior to home visit*. If shoes need to be removed the nurse can wear overshoes [provided in work cars] but for WHS reasons, shoes must be worn at all times.
- During the home visit staff should continue to evaluate/assess risks (i.e. dynamic risk assessment) and respond as necessary to ensure your own safety.

7 Motor Vehicle Information

In preparation for home or community visits:

- It is preferred a Hospital vehicle is used over the use of a private vehicle. Workers should be aware of consequences regarding Insurance etc. if using a private vehicle for business use (see also SCHN [Insurance: Cover and Limitations Policy](#)). If there is no Hospital vehicle available a home visit is not completed and the Manager is notified.

Procedure at CHW

- All Hospital vehicles are booked via the intranet with the Transport Department [Motor Vehicle Booking form](#) .
- Departments with an allocated Hospital vehicle are required to notify the transport office of their weekly requirements each Friday via email so use of the vehicle can be maintained. Any additional bookings required need to be completed on the online motor vehicle booking form
- Unless otherwise approved by the Corporate Services Manager beforehand, all Hospital vehicles are provided for Hospital business purposes only. No private use is allowed.
- All drivers of Hospital vehicles are required to provide the Transport Department with a photocopy of their current driver's licence before taking a vehicle for the first time. This needs to be updated as changes arise.
- For vehicles required overnight, a completed [Overnight Booking form](#) must be forwarded to the Transport Department prior to the vehicle being taken as this needs to be approved.
- If returning a Hospital vehicle after hours i.e. 4.00pm, keys to be returned to the CHW Security Department in the satchel provided.

Note: If you do not have staff parking at CHW and you are returning to the Hospital late in the evening or if using a vehicle overnight, arrangements can be made in advance with the Transport Department to park your private vehicle in the CHW staff car park during your absence. Contact the Transport Department ext. 53264.

Procedure at SCH

- All hospital vehicles are booked through the outlook RES-SCHN-SCH-CAR BAY.
- Unless otherwise approved by the Deputy Director of Corporate Services beforehand, all Hospital vehicles are provided for Hospital business purposes only. No private use is allowed.
- All drivers of Hospital vehicles are required to provide the Transport Department with a photocopy of their current driver's licence before taking a vehicle for the first time. This needs to be updated as changes arise.
- If returning a hospital vehicle after hours i.e. 4.30pm, keys to be returned to the Corporate Services EA Desk in the Executive Unit, level 3 of SCH.
- If using the Occupational Therapy dept car, keys are to be collected and returned to the Occupational Therapy department's key box located in the main office, Allied Health South.

Driver Safety

Workers shall observe the following safety rules:

- Use hands free or an ear-piece with mobile phone while driving. Mobile phones must be secured in an appropriate phone cradle.
- Never carry large sums of money, valuables or visible handbags in the car.
- When setting out on a journey, ensure the fuel tank has enough fuel to make the return journey. Never leave the fuel tank with less than ¼ tank of fuel.
- Check the road map/ GPS navigation devices before leaving.
- Use the cargo barrier or car boot when carrying equipment. Nothing to be carried on the rear seat area & the cargo barriers can't be removed
- If there is a suspicion of being followed, drive to the nearest Police Station.
- Be aware of manned Police Stations in the Local Area, and have Police Station contact numbers keyed into mobile phones. In cases of an emergency, dial 000.

Motor Vehicle Problems/Breakdowns

All Hospital vehicles are regularly serviced. If there is a flat tyre or a car malfunction workers should:

- Contact NRMA or SG Fleet Driver Assistance on 1800 791 719 and inform them of the situation, your name and location (details should be available on all keyrings as well as in the car) this information is also located on the top driver side of the windscreen
- SCH Occupational Therapy Department should contact the current roadside assistance provider and contact details are located inside the car kilometre folder inside the car.
- Remain in the locked car or if on hot days, remain in view of the car at a safe distance whilst awaiting assistance.

If the keys are locked in the car workers should:

- Phone the Transport Department [CHW] to see if someone is available to bring spare keys to your location.
- Phone NRMA or SG Fleet Assistance if keys are not obtainable. (Assistance contact information is supplied by the Transport Department and can be found within each motor vehicle).
- Whilst waiting for assistance stay near the Hospital motor vehicle.

Motor Vehicle Accidents or Worker Injury

When a worker is involved in a motor vehicle accident they must:

- Ensure safety, and obtain emergency or medical assistance if required.
- Notify their Manager as soon as able
- As able, write down details of other involved parties including name, address, drivers licence details and location of the incident.
- Notify your Transport Department immediately and they will assist in regards to the necessary steps that need to be taken. They will:
 - ask a number of questions relating to the accident including requirement of emergency services, tow truck and details for the claim form
 - email the claim form through to both the driver and Fleet Manager of the Hospital.
 - arrange towing and repair through an authorised repairer network which will be guaranteed while the vehicle is under management by State Fleet
 - act on the hospital's behalf in the event of insurance claims
- Arrange for their transport back to base/home (if not involved in a serious accident).
- Consult their treating doctor if they are unfit for work or medical expenses are incurred. A WorkCover Medical Certificate shall be provided to their manager as soon as practicable after the accident.
- Complete an ims+ report if an injury is sustained.

Note: All injuries under Workers Compensation must be reported to the employee's manager and the Hospital's WHS&R Coordinator. The WHS&R Coordinator will notify Workers Compensation Insurance of significant injuries and this must be done within 48 hours of notification.

Debriefing following Traumatic Incidents

Supervisors/Managers need to be aware of the potential for employees who experience difficulties after any traumatic incident. The NSW Health recommends that debriefing be tailored according to an individual's needs and does not recommend critical incident debriefing as a structured intervention post-incident.

For individual debriefing, the Employee Assistance Program is available. More information about the Program can be accessed via the [Employee Assistance Program Intranet page](#).

8 When a Worker has failed contact or return to base

- The 'Base' (Manager or After Hours Nurse Manager) is to ring the mobile phone number as per the movement sheet. It is the Managers responsibility to ensure contact is maintained as per the movement sheet. If the base is not able to make contact, ring the relevant families/facilities as per movement sheet.
- The Manager:
 - is to try and call the worker again on the mobile phone. If unsuccessful, alert other workers who may know the worker's whereabouts.
 - should try contacting the worker at home or on personal mobile phone

If the above measures are unsuccessful the Manager should consider contacting the Emergency Departments at Hospitals in the locality of the home visit in an effort to exclude motor vehicle accidents or other emergency.

- If the worker still cannot be located:
 - **During normal working hours:** notify the senior line manager (i.e. Clinical Program Chair or Director)
 - **After hours:** notify the After Hours Nurse Manager (AHNM) or the Executive on-call. Discussion should include the need to contact the worker's next of kin and notification to the Police regarding a missing worker. The following details should be provided to the Police:
 - Name.
 - Address and phone number (mobile and home).
 - Car details (including registration, make, colour).
 - Time expected back at the hospital.
 - Details of movement sheet, including last visit.

9 Training

- Workers must be trained in related policies and procedures (including adequate completion of the risk assessment and how to escalate issues/when not to visit and alternatives to visiting), back to base communication, verbal de-escalation and diffusion, evasive self-defence, negotiation, and conflict resolution.
- Staff must be trained in the correct use and maintenance of security equipment provided e.g. vehicles if off road driving is required, safety features of the vehicle, breakdown procedures; use of communication equipment including any features to call for help, use of GPS (if provided).
- Staff must be trained in what to do in the event of a Code black - personal threat situation.

10 References

1. NSW Ministry of Health: Protecting People and Property Manual: Section 16 Working in the Community:
2. <https://www.health.nsw.gov.au/policies/manuals/Documents/prot-people-prop.pdf>
3. NSW Ministry of Health Code of Conduct:
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2015_049
4. NSW Ministry of Health Privacy Management Plan
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2015_036
5. Clinical Images (Photography/Video/Audio Recordings) of Paediatric Patients policy SCHN – (Document No:2016-9028)
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5212/download>
6. South Western Sydney Area Health Service – Child and Family Health Nursing Policies No 2.2, 2.3 Sept 2002

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Home and Community Visiting Movement Sheet

DATE:

WORKER DETAILS

CAR REGISTRATION/MAKE/MODEL/COLOUR

MOBILE PHONE:

ALT: CONTACT NUMBER:

Workers Name	Baby/ Child's Name	Mother / Father / Carers Name	Address	Family's Phone No. + Mobile	Comments	Estimated Arrival Time	Estimated Departure Time	Time to Contact Base

If the worker who is completing the Home/Community Visit has not returned, or contacted the base as planned the following people should be contacted:

- Switchboard - to obtain the worker's hospital mobile phone number if this has not already been supplied to you.
- Transport Department - to obtain the Hospital vehicle details, including registration plate number, make, model and colour, should the Police need to be contacted.
- After Hours Nurse Manager or Department Head - to obtain other contact numbers for the worker.
- If the worker still cannot be located on the numbers provided, the AHNM/nominated person should discuss with the Executive on-call the need to contact the Police and the worker's next of kin.

Refer to the Home and Community Visiting Risk Management Procedure for more details.

Community [non-home] Visiting Movement Sheet

WORKERS NAME

CAR REGISTRATION/MAKE/MODEL/COLOUR

MOBILE PHONE:

ALT CONTACT NUMBER:

Date	Contact's Name	Contacts Job Title	Name of facility & address	Facility Contact Number	Comments	Estimated Arrival Time	Estimated Departure Time	Time to Contact Base

If the worker who is completing the Home/Community Visit has not returned, or contacted the base as planned the following people should be contacted:

- Switchboard - to obtain the worker's hospital mobile phone number if this has not already been supplied to you.
- Transport Department - to obtain the Hospital vehicle details, including registration plate number, make, model and colour, should the Police need to be contacted.
- After Hours Nurse Manager or Department Head - to obtain other contact numbers for the worker.
- If the worker still cannot be located on the numbers provided, the AHNM/nominated person should discuss with the Executive on-call the need to contact the police and the worker's next of kin.

Refer to the Home and Community Visiting Risk Management Procedure for more details.