



## Community Health Services

# SAFETY ASSESSMENT FORM TOOL (SAFT)

## HAZARD IDENTIFICATION

Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

MFRN

PHIN

Address

The SAFT is required for all clients who receive services outside of WRHA facilities (WRHA OESH Operational Procedure – Working Alone or in Isolation).

**Used by:** Winnipeg Integrated Services – WRHA and Department of Families, and its partner agencies for Community Health Services clients. **Intake:** person doing intake is responsible to screen and acquire as much information as possible recognizing that some hazards cannot be identified over the phone or without seeing the client's home. **Home Visit:** Complete ALL questions at in home visit. Programs will define specifically in their program who is responsible to complete and update the form. **Other:** If additional documentation required – person completing may write directly on the form in the appropriate section or attach additional information.

*The SAFT must be updated when additional hazards are identified or when a situation with the client changes.*

Date of Safety Assessment: 

D	D	M	M	Y	Y	Y	Y		

Initiated by: \_\_\_\_\_  
PRINTED NAME, TITLE AND DESIGNATION

Phone Number: 


 - 


 - 


**Identify type of location** (check one of the following):

- ☐ Single family
- ☐ Multi-tenant (identify type below):
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Duplex                    | <input type="checkbox"/> Hotel            | <input type="checkbox"/> Shelter       |
| <input type="checkbox"/> Apartment Building        | <input type="checkbox"/> Supported Living | <input type="checkbox"/> Rooming House |
| <input type="checkbox"/> Residential Care Facility |   |  |
- ☐ Non-residential setting (i.e. park, underpass, abandoned building, public area)
- ☐ Other – specify: \_\_\_\_\_

☐ Client function may impact SAFT and Safe Visit Plan. Explain: \_\_\_\_\_

### Time of Visit(s)/Time of Service Delivery

check all that apply.

☐ Monday to Friday 08:30 to 16:30

☐ After Hours (evenings, overnight)

Identify time: 


 24 HOUR

☐ Weekends and statutory holidays

Identify time: 


 24 HOUR

### Length and Frequency of Visit(s)/Service Delivery

☐ Less than 1 hour

☐ 1 - 2 per day

☐ Between 1 hour and 4 hours

☐ 3 - 4 per day

☐ Greater than 4 hours

☐ Greater than 4 per day

**INSTRUCTIONS:** Identify hazards by placing a check mark in the appropriate box(es). Check all that apply

## Section 1. Working Alone/Violence/Physical Hazards Assessment

☐ Worker is working alone or in isolation.

### Section 1.a. Hazards associated with getting to client's home/site

- ☐ Distance (from parking area, bus stop, etc.) Note: check only if the distance represents a hazard.
- ☐ Lighting (poorly lit parking lot/street may be an issue if visit is in the evening and/or early morning).
- ☐ Rural/Isolated Area

Walking Surface Hazards (e.g. extensive cracks, pot holes, uneven pavement)

☐ City sidewalk ☐ Parking lot ☐ Clients property (driveway, sidewalk, parking space, steps)

Seasonal Hazards (not routinely cleared, excessive snow or ice, not salted/sanded during winter months)

☐ City sidewalk ☐ Parking lot ☐ Clients property (driveway, sidewalk, parking space, steps)

☐ Restricted Access (e.g. clutter, cars, construction in the way)

☐ Other – specify: \_\_\_\_\_

☐ **No hazards associated with getting to client's home/site.**

### Section 1.b. Reported/Known/Observed site or neighbourhood concerns

Check all that apply:

- ☐ Gangs ☐ Solvent/alcohol/drug use ☐ Drug dealing activity ☐ Weapons ☐ Observable/history of street crime ☐ Isolated/limited foot traffic
- ☐ Animals running at large ☐ Other – specify: \_\_\_\_\_

☐ Hazards impacted by the time of the day or day of the week:

Time of Day: 


 24 HOUR

and Day of Week: \_\_\_\_\_

☐ **No reported/known/observed site or neighbourhood concerns**



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### Section 1. Working Alone/Violence/Physical Hazards Assessment (continued)

#### Section 1.c. Abusive and Violent Behaviour – Client

**A. CURRENT** violence or aggression?

☐ No Evidence

Has the client been observed?

- ☐ Threatening violence (threatened physical harm)
- ☐ Attempting/actual violence
- ☐ Being aggressive to property (hitting, kicking, throwing, burning, or breaking objects)
- ☐ Being aggressive to person (yelling at, swearing at, or insulting someone)
- ☐ Other – specify: \_\_\_\_\_

If one of more boxes are checked in this section (excluding no evidence), activate an alert. Follow your program process and complete SVP.

**B. PAST ACTIVE** violence or aggression?

☐ No Evidence

- ☐ Previous alert found on client's record that remained activated at discharge/transfer?
- ☐ Alert deactivated at last discharge/transfer (history must be shared with staff)
- ☐ Past violence/aggression reported by key informant  
Name and relationship of informant: \_\_\_\_\_  
(Question to ask family/friend "do you have any knowledge of the client having any history of violent or aggressive behaviour towards caregivers?")
- ☐ Past violence/aggression reported at clinical handoff
- ☐ Other – specify: \_\_\_\_\_

If one of more boxes (excluding deactivated alert and no evidence) are checked in this section, activate an alert. Follow your program process and complete SVP.

**C. Current RISK FACTORS** for violence or aggression.

☐ No Evidence

- Is the client displaying any of the following factors that would affect the provision of care: (check all that apply)
- ☐ Confusion/Disorientation
- ☐ Agitated/Impulsive
- ☐ Angry/Irritable
- ☐ Paranoid/Suspicious
- ☐ Substance intoxication/Withdrawal
- ☐ Other – specify: \_\_\_\_\_

If two or more boxes are checked (excluding no evidence) in this section, activate an alert. Follow your program process and complete SVP.

#### Alert Status on Initial Screening/Repeat Screening

- ☐ Not required on Initial Screening
- ☐ Activated on Initial Screening

- ☐ Not required on Repeat Screening
- ☐ Activated on Repeat Screening

#### Alert Deactivated

☐ Deactivated during period of care provision

☐ Deactivated at Discharge or Transfer

#### Possibility of

- ☐ Physical Aggression
- ☐ Verbal Aggression
- ☐ Sexual Aggression/Inappropriate
- ☐ Resistive/Refusal of Care
- ☐ Disruptive to others
- ☐ Other, specify: \_\_\_\_\_

#### Behaviour Triggers

☐ Unknown

- ☐ Physical need: hunger/thirst/bowel/bladder/body temperature
- ☐ Pain
- ☐ Complicating/New medical condition (e.g. Urinary Tract Infection/UTI)
- ☐ Memory/cognitive impairment
- ☐ Medication/Anesthetic related (reaction or adherence)
- ☐ Fear/Anxiety/Confusion/Frustration/Separation anxiety
- ☐ Lack of control/Lack of decision making
- ☐ Time of day \_\_\_\_\_

- ☐ Substance use/withdrawal (ETOH, drugs, solvent, nicotine)
- ☐ Barriers (communication, language, hearing loss, glasses)
- ☐ Unmet emotional need \_\_\_\_\_
- ☐ Environment (temperature, noise, lights) \_\_\_\_\_
- ☐ Reacts to specific gender of care provider \_\_\_\_\_
- ☐ Reacts to care provider(s) characteristics \_\_\_\_\_
- ☐ Reacts to persons of specific ethnicity \_\_\_\_\_
- ☐ Other person \_\_\_\_\_
- ☐ Other, specify \_\_\_\_\_

#### Section 1.d. Abusive and Violent Behaviour – Person of Interest

A person of interest may include but is not limited to family member, caregiver, friend, or neighbor.

Name: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

☐ Resides with Client ☐ Has a key

Type: ☐ Physical ☐ Verbal ☐ Other, specify: \_\_\_\_\_

☐ No abusive or violent behavior concerns with POI



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### Section 1.e. Hazards Inside Client's Home/Apartment

- ☐ Exits/doors are blocked
- ☐ Stairs poorly maintained, missing or unsafe railing
- ☐ Floors are cracked, loose rugs/mats, worn flooring, torn carpets
- ☐ Cluttered work area affecting ability to perform tasks safely
- ☐ Cramped (lack of space) work area affecting ability to perform tasks safely
- ☐ Access to work area restricted or blocked
- ☐ Electrical appliances, other equipment required to perform tasks in poor working order
- ☐ Weapons inside the home, visible and not safely stored (i.e. guns not in a locked gun cabinet or knives that are not meant for food preparation)
- ☐ Phone not available
- ☐ Other – specify: \_\_\_\_\_

☐ No hazards inside the client's home/apartment

### Section 1.f. Multi-Tenant Dwellings Only (only complete if applicable)

- ☐ Common stairs poorly maintained
- ☐ Poorly lit hallway/stairwell
- ☐ Common hallways are cluttered and full of debris
- ☐ Exits and emergency exits are not visible or marked
- ☐ Exits are blocked or non-functional
- ☐ The elevator is non-functional/requires excessive stair climbing
- ☐ A 'buzzer' system is not available/difficulty notifying client and entering building
- ☐ The external door is locked during the day (cannot notify client or gain access to building)
- ☐ There are no security cameras or a security guard on site/assistance not available in an emergency
- ☐ Phone on site not available to staff/cannot call for help in an emergency
- ☐ Other – specify: \_\_\_\_\_

☐ No hazards within the multi-tenant dwelling

## Section 2. Other Hazards

### Section 2.a. Animals in the Home/Site

☐ No animals within the home/site

- ☐ Animals in the home/site Specify type, breed (if known), number and name(s) of: \_\_\_\_\_
- ☐ Service Animal
- ☐ Evidence of current aggression by animal(s) ☐ Past evidence of aggression by animal(s) Frequency/Type: \_\_\_\_\_
- ☐ Client's functional status impacts ability to secure animal(s)
- ☐ Client will not follow WRHA Operational Procedure – Animals in Clients Environment/Homes
- ☐ Issues related to fecal/urine elimination
- ☐ Equipment (lift or other)/client care activity could compromise staff/client safety during provision of care if animals are roaming

**Risk Level:** specify risk level based on information above

- ☐ **Low:** service animal/pet, animal(s) contained in an enclosed space and not able to come into contact with staff, or animal(s) moves freely inside home with no negative behavioural history but remains in other areas of the environment – no staff contact  
*No SVP required. All staff to be notified of the presence of animals, type/breed, number and name(s). Provide client with Client Expectation Sheet.*
- ☐ **Medium:** (animal(s) move freely inside home with no negative behavioural history that MAY come into contact with staff. SVP required.
- ☐ **High:** (animal(s) move freely inside environment and have negative behavioural history that MAY come into contact with staff. SVP required.

**Note: Excluding Service Animals, every effort must be made and documented to contain or secure all low, medium and high risk animals/pets.**

**Reference: 3.8 of Operational Procedure: Animals/Pets in Client's Environment/Home**

### Section 2.b. Stray Needles (Sharps) in the Home/Site

☐ No stray needles (sharps) in the home/site

- ☐ Stray/improperly disposed used needles/sharps/lancets in the home/site

### Section 2.c. Infestation in the Home/Site

☐ No infestation in the home/site

- ☐ Evidence of an infestation in the home/site Specify: ☐ mice ☐ rats ☐ cockroaches ☐ bed bugs ☐ other \_\_\_\_\_

Unless PPE required, No SVP required. Notify staff in comments section of task sheet and refer to Standard/Safe Work Procedure

### Section 2.d. Mould in the Home/Site

☐ Evidence of mould in the home/site based on observation in care area

☐ No mould in the home/site

- ☐ Assessment performed
  - ☐ Small (1 - 3 patches less than 1 m<sup>2</sup>) ☐ Moderate (3 or more patches between 1 m<sup>2</sup> and 3 m<sup>2</sup>) ☐ Extensive (larger than 3 m<sup>2</sup>)
  - ☐ No risk (mould contained) No SVP required. Notify staff in comments section of task sheet and refer to Standard/Safe Work Procedure
  - ☐ Mould may be airborne. SVP required

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### Section 2.e. Asbestos in the Home/Site ☐ Evidence of asbestos in the home/site ☐ No asbestos in the home/site

- ☐ Assessment performed  
☐ No risk (asbestos contained) No SVP required. Notify staff in comments section of task sheet and refer to Standard/Safe Work Procedure  
☐ Asbestos may be airborne. SVP required

### Section 2.f. Smoke-Free Home/Site (includes smoking and Aboriginal healing ceremonies) ☐ No smoke in the home/site

Specify type/origin of smoke: \_\_\_\_\_

- ☐ WRHA Smoke-Free Policy is followed. No SVP required. Notify staff in comments section of task sheet and refer to Standard/Safe Work Procedures  
☐ Client/Household member(s) use sacred tobacco/medicine in the home/site. No SVP required, if compliant with WRHA Smoke-Free policy. Notify staff in comments section of task sheet (The client burns sacred tobacco/medicine to do Indigenous healing ceremonies; the scent can linger and has, at times, been mistaken for the smell of marijuana, but it is not). Refer to Standard/Safe Work Procedures  
☐ Does not follow the WRHA Smoke-Free Policy. ☐ 1<sup>st</sup> report ☐ 2<sup>nd</sup> report ☐ 3<sup>rd</sup> report

### Section 2.g. Chemical Hazards ☐ No chemical hazards in the home/site

☐ Chemical Hazards – specify type: \_\_\_\_\_

### Section 2.h. Hazardous Medication (Cytotoxic and Non-Cytotoxic) in the Home/Site ☐ No hazardous medications

☐ Client is prescribed hazardous medication (cytotoxic and non-cytotoxic). SVP required

### Section 2i. Biological Hazard ☐ No biological hazards in the home/site

- ☐ Possible exposure to occupational/communicable disease (e.g. tuberculosis, mumps, chicken pox, measles, shingles) parasites (scabies, lice)  
 Ensure appropriate notifications (Occupational Health, Infection Prevention and Control, Public Health, etc.)

## Section 3. Musculoskeletal Injury Prevention/Ergonomics

Ergonomic hazards for Manual Materials Handling (laundry, food prep, housekeeping) and Safe Client Handling (HCA, wound care, etc.) can be dealt with through specific processes and recommendations. Should either of those services be required, please refer to their specific assessment processes and address the applicable hazards accordingly through safe work procedures and monitoring/enforcement of those safe work procedures by the supervisor.

## Section 4. Completion and Communication Details

If severe hazard(s) are identified that cannot be managed immediately, the SVP might not be the best option and alternative ways for providing care to the client should be considered while a SVP is being developed.

Contact WRHA Occupational and Environmental Safety & Health (OESH) or Department of Families Safety and Health Unit (SHU) regarding any questions, concerns, or if assistance is needed regarding the identification of hazards, completion of the SAFT, and the development of the SVP.

SAFT Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
PRINTED NAME, TITLE and DESIGNATION D D M M M Y Y Y Y Y

SVP Required: ☐ No ☐ Yes Completed: \_\_\_\_\_  
D D M M M Y Y Y Y Y

Recipient	Date	Recipient	Date
WRHA Home Care Case Coordinator – Hospital		Department of Families	
WRHA Home Care Case Coordinator – Community/Centralized		Children's Special Services/Family Support Worker	
WRHA Home Care Resource Coordinator/Scheduling Unit		Child Development Worker	
WRHA Home Care Nursing Resource Coordinator		Direct Service Worker (DSW)	
WRHA Direct Service Staff (HCA, HSW, RA, ISW, Allied Health)		Supported Living/Community Services Worker	
WRHA Home Care Visiting Nurses		Employment and Income Assistance Case Coordinators	
WRHA Healthy Aging Resource Team		Employment and Income Assistance Investigators	
WRHA Public Health Nurse		Vocational Rehabilitation Counselor	
WRHA Family First Home Visitor		Childcare Coordinator	
WRHA Midwife		Other: specify	
WRHA Community Mental Health Worker		Community Therapy Services (CTS)	
WRHA Community Mental Health Access Coordinator		Home Care Back-up Agency : specify	
WRHA Community Mental Health Proctor/Support Worker		Long Term Care: specify	
WRHA Community Facilitator		Other: specify	
WRHA Geriatric Program Assessment Team (GPAT)		Other: specify	
WRHA Geriatric Mental Health Team (GMHT)		Other: specify	
WRHA Day Hospital		Other: specify	
WRHA Adult Day Program		Other: specify	
WRHA Palliative Care Coordinator		Other: specify	