

Home and Community Based Research Visits

For fieldwork and Off-Campus Activities

June 2014

HOME AND COMMUNITY BASED RESEARCH VISITS

CONTENTS

Potential Health and Safety Risks	3
Defining violence	3
Violent episode	3
Physical assault	3
Physical threats	3
Verbal/written threats	3
Damage to property	3
Procedure – completing the risk assessment	4
Preparation for the visit	5
Vehicle guidelines and travel to and from site	5
On arrival at the location	5
Entering private houses	6
On return from a home visit	8
Failure to return from a visit	8
Reporting and follow up from an event	8
Home/Community based research generic risk assessment	9
Identification of at-risk situations:	10
Site specific risk assessment	11
Minimum site visit checklist	12

Research may involve interviewing participants in their own home, or the community setting, including repeat visits and biological measurements. The Department of Labour, Health and Safety have published a good practice guide: *managing the risk of workplace violence to healthcare and community service providers*. This guide provides an oversight of the hazards associated with working alone in the community setting, and practical steps to manage the hazards. While the document has been written to support healthcare and community services providers, the relevant information for researchers has been collated for inclusion in field work health and safety management and planning.

POTENTIAL HEALTH AND SAFETY RISKS

Unfortunately, health care workers based in the individual's home or community setting have been subject to violence during their work. While University staff are not healthcare workers, the nature of some research is affiliated healthcare, such as interviewing on health matters, obtaining biological samples, and collecting samples from the home environment. These situations require staff to enter private homes.

DEFINING VIOLENCE

VIOLENT EPISODE: means any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health. The violent episode can be instigated by a patient/client, another staff member or a member of the public.

PHYSICAL ASSAULT: means an assault which results in actual physical harm.

PHYSICAL THREATS: means attempted physical assault that does not result in actual harm.

VERBAL/WRITTEN THREATS: means verbal or written communication where the individual perceives a risk of harm to their person or property.

DAMAGE TO PROPERTY: means items damaged that belong to a person or an organisation.

Injuries sustained by caregivers and investigated by the Department of Labour include lacerations, puncture wounds (from bites and weapons), fractures and head injuries. Psychological harm has also occurred, including quite severe mental health problems for the staff members, such as post-traumatic stress disorders. Fortunately, we have not experienced such injuries within the University of Otago. These guidelines, based on the best practice document, are designed to assist with ensuring no staff member is injured during the course of work.

PROCEDURE – COMPLETING THE RISK ASSESSMENT

It is the intention of this document to create a process where the risks associated with fieldwork in this context are managed. This starts with the research protocol and consideration for the nature of the work and identification of potentially hazardous situations. The fieldwork involved must meet the requirements of the fieldwork policy and the approval of a field work plan. Templates for completing the field work plan are attached as appendices to this document.

The generic risk assessment form is attached as appendix 1. Section 1: at-risk situations may be able to be identified based on the research protocol and will need to be identified for each work area. This assessment should include the 2 elements:

- At risk client groups – this may include participants from the following groups: mental health, justice system, alcohol and drug research groups, homeless, etc.
- High risk locations – this may include geographical areas such as out of cell phone coverage in some rural areas, deprived or troubled suburbs, and known trouble spots based on local knowledge. Previous telephone contact may also identify at-risk situations and require 2-persons visits.

The identification of one or more of these at-risk situations may generate an initial 2-person visit until assessed further and sufficient additional controls are implemented. In some situations, this assessment may result in 2-person visits at all times.

If a high-risk situation is identified, then the risk assessment form must be completed prior to any visits (see site specific risk assessment appendix 1). For all other visits, all the details in the checklist must be completed and retained in a central location for ready access.

PREPARATION FOR THE VISIT

Ring the client first if at all possible, to arrange the visit, time and location.

Required items include:

- Personal identification
- Motor vehicle license
- Mobile phone, charged and with funds, and with pre-programmed 111 emergency phone numbers
- Alternative means of contact if outside cell phone coverage
- Torch and spare batteries in the car
- Road maps and directions
- Breakdown information.

VEHICLE GUIDELINES AND TRAVEL TO AND FROM SITE

Any vehicles used for the purposes of work must meet the safe vehicle policy and guidelines, including the requirements for the transportation of research participants.

Park in a well lit area, in a safe location.

Cover any items in the car that may be of interest – sharps containers, computers, medical equipment.

Any medical notes must be secured in a locked brief case or similar and not identifiable from outside the car. Never take another individual's medical notes into a private home.

ON ARRIVAL AT THE LOCATION

- Keep car keys separate from house keys with no identification for address or ownership, and keep your car keys on your person
- Do not take personal diaries or items that may identify your personal details (address, etc)
- Look out for an unusual congregation of cars at the residence or cars coming and going or other indications of a troubled neighbourhood, if concerned do not stop or enter the premises
- Check that the gate to the house is not likely to be locked when you enter, inhibiting exit
- Observe for any evidence of dogs, if concerned, do not enter the premises.

ENTERING PRIVATE HOUSES

- Observe the room and identify potential exit locations
- If possible choose a seat between the client and the exit door
- If no-one answers the door do not enter
- Do not enter if there is evidence of break in or the door is open
- If you hear any signs of conflict, do not enter
- For pre-arranged visits, if the client does not know why you are there or who you are, do not enter
- Follow the client into the house. Do not walk ahead of the client
- Avoid reacting to surroundings – mess, smell, etc.
- Be aware of:
 - ~ Heightened level of anxiety or depression
 - ~ Sudden changes in behavior
 - ~ Hostile or aggressive body language
 - ~ Evidence of excessive alcohol consumption
 - ~ Complaints about the visit/research
 - ~ Display of any suicidal tendencies or cries for help
 - ~ Rapid breathing, clenched fists/teeth, restlessness or raised voice
 - ~ Swearing excessively or sexually explicit language
 - ~ Verbal threats

If you have concerns about your safety, withdraw from the visit and notify your departmental contact person. A useful strategy to get out of a house is to say you have forgotten a piece of equipment or something that you need to collect from the car. Another more general strategy is to mention a staff member is coming to meet you or is expecting you at a certain time. If you are not able to exit the situation immediately, attempt to defuse the situation and leave at the first available opportunity. If you are unable to leave, attempt to use your mobile phone or land line to contact police.

WARNING SIGNS OF CONSCIOUS VIOLENCE

Column 1 of the following table identifies a range of potential warning signs or cues that may indicate that a client is about to respond violently. Column 2 suggests responses to each warning sign that can be used to try and diffuse the situation.

Warning sign/cue	Responses that may help diffuse aggression
Repeated succession of questions	Appear calm, self- controlled and confident, confirming that you are addressing their concerns (in relation to their repeated questions)
Using another language in an aggressive manner	Identify the language if possible; an interpreter may be required in the future Leave the situation if at all possible if not able to diffuse the situation
Using obscenities or sarcasm	Do not match their language
Shouting	Ask for information in a calm voice
Replying abruptly or refusing to reply	Calmly confirm information received Review reason for visit and ask consent, if they want to withdraw from the study
Rapid breathing	Breathe slowly and evenly
Pacing	Attempt to sit them down quietly
Clenching of fist or pointing fingers	Do not fold your arms or clench your fists in reaction
Invading your personal space	Maintain a comfortable distance
Staring	Maintain normal but broken eye contact
Tight jaw with clenched teeth	Open hands to the client
Shoulders squared up and dominating	Stand to the side

Reference

DOL: Good Practice Guide: Managing the risk of Workplace Violence to Healthcare and Community Service Providers.

ON RETURN FROM A HOME VISIT

You must record your return from a visit. Notify your departmental contact.

If any incidents occurred on the visit, then these must be documented and reported to your manager/PI. An investigation will need to be completed and a further risk assessment undertaken before any further visits to the locations. Complete an incident form, and seek treatment and assistance if required.

FAILURE TO RETURN FROM A VISIT

If you are unlikely to return by your nominated time, you must contact the departmental contact person and report the revised time. If this is likely to be out of hours, then arrangements need to be made to confirm a safe return.

If an individual is ½ an hour later than the expected return time, the contact person must:

- Attempt to contact the person on their cell phone
- If the staff member does not answer the phone, contact the clients listed for home visits to establish if the staff member has arrived and/or left and at what time
- In the event that the staff member is not contactable, notify the police, the Department HOD and Campus Watch if in Dunedin on 03 479 5001
- Contact the next of kin
- Complete an incident form.

REPORTING AND FOLLOW UP ON AN EVENT

Any event, including where an individual feels threatened or unsafe without harm, must be reported following the University of Otago policy.

More importantly, the situation must be reviewed and actions taken to ensure that the situation does not recur. This involves reviewing the risk assessment and identifying additional controls. This may result in the individual concerned not visiting the particular site again, assigning 2 staff to the visit, or excluding the subject from the research. The actions required will depend on the situation.

For staff that have experienced such an event, EAP must be discussed and offered and a process of checking in established, as counseling/support may be required at a later stage. Where the individual is traumatized and requires time off work, the ACC system applies (General Practitioner visits, medical certificates required for any alteration to duties or hours of work, the requirement for a return to work programme, etc.).

HOME/COMMUNITY BASED RESEARCH GENERIC RISK ASSESSMENT

Research Protocol and Information	
Project Title	
Name of PI	
PI Contact details	
Staff involved	
Proposed project period	

IDENTIFICATION OF AT-RISK SITUATIONS

	Yes	No	N/A	Action
Risky client group				Initial visits 2 persons until individuals are assessed. If high-risk, develop specific risk management plan (e.g.: always 2 persons, always during daylight hours, etc.)
High risk location				This will be based on the local knowledge. Initial visits 2 persons until locations fully assessed. Visit during daylight hours. After hours visits 2 persons.
Visit time risk (afterhours, weekends)				Ensure staff have returned after visits.
Gender risks – female interviewer interviewing male participant in the home or other private space.				Assess for potential risk and mitigate if possible. Establish if another person will be in the home when you initially make contact. Meet in a public space – cafe, library, etc.
Initial telephone contact – have you noticed any cues for concern from the initial contact?				Initial visit 2 persons until assessed, or meet in public space.
Any other related hazardous or risk activities? e.g.: Collecting blood samples				

SITE SPECIFIC RISK ASSESSMENT

(Use this form if you are concerned about a visit or the project is identified as a risky client group or location)

	Yes	No	N/A	Action
Is the house visible from the street/remote location/high fencing.				If security is a concern, then a 2 person visit initially to assess.
Are there any signs of dogs at the house?				If so, ring first and ask if any dogs are present, ask to restrain the dog.
Which door is used for entry? Side, back, front.				Ensure well lit.
Difficult access/slippery paths, adverse weather				During winter months beware of frost – may need to delay visit. Adverse weather policy. Difficult access ways – try to visit during daylight hours or ensure lighting is on, use of torch.
Specific safety equipment required?				e.g.: all staff have cell phones, individual spot locators/personal alarms.
Any manual handling hazards associated with equipment to be used?				Consider method of carrying items. Difficult access ways will increase manual handling and risk of fall.

MINIMUM SITE VISIT CHECKLIST

The following checklist must be completed for all home/community visits that are not identified as at-risk situations. The information may be contained in existing documents, however, the contact person within the department must know how to access the information in case of an emergency.

	Yes	No	N/A
Personal contact details of staff member or Student			
Photo of staff member to be kept in department			
Physical description of the staff member			
Contact name and number of next of kin			
Contact client if applicable: Name,Address, Phone Number.			
Visit schedule			
Name of client(s)			
Address and phone number of destination			
Departure date and time			
Expected date and time of return			
Car type and registration number			
Mobile phone number for staff/student contact			
Staff Identification card with person			
Mobile phone – charged and with emergency numbers pre-programmed			
Alternative contact method other than cell phone			
Return from visit documented			