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| Team Name: Home Care | Reference Number: CLI.5410.SG.001 |
| Team Lead: Director - Home Care, Palliative Care & Seniors | Program Area: Home Care |
| Approved by: Regional Lead – Community & Continuing Care | Policy Section: Access |
| Issue Date: February 21, 2023 | Subject: Alternate Access to Home |
| Review Date: | |
| Revision Date: | |

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

Alternate Access to Home

PURPOSE:

To identify and communicate an alternate means for Direct Service Staff to access a client’s home if the client cannot provide access themselves. To maintain client’s safety and enable care provision.

DEFINITIONS:

Access: the ability to enter a client’s residence safely.

IMPORTANT POINTS TO CONSIDER:

- Direct Service Staff will not carry keys to a client’s home.
- Direct Service Staff will not store a client’s key in an office.
- Direct Service Staff will not acknowledge information regarding a hidden key.

PROCEDURE:

- Case Coordinator responsibilities:
 - Completes a Client Inter-Rai Assessment, Working Alone Safety Assessment and Safe Visit Plan (CLI.5410.SG.002.FORM.01) and Safe Visit Plan (CLI.5410.SG.002.FORM.02) (if risk identified).
 - Determines if access to the client’s home will require Direct Service Staff to gain access themselves if client is unable. This includes:
 - Assess safety of Direct Service Staff to enter home;
 - Assess client’s ability to open door allowing Direct Service Staff to provide care;

- Access to building/residence; and
- Identify hazards using the Working Alone Safety Assessment and Safe Visit Plan.
- Discusses a mutually agreed plan with client/family/caregiver to determine access to home and outcomes if access is not available.
- Provides Home Care Alternate Access to Home information sheet (CLI.5410.SG.001.SD.01) to client/family/caregiver.
- Documents discussion with client/family/caregiver where alternate means to access home are identified in clients Electronic Home Care Record.
- Enters information regarding access to home in the Working Alone Safety Assessment and Safe Visit Plan e.g. Realtor box located on front door, to right of doorbell.
- Adds lock codes to the “Barriers to Access” section of the Working Alone Safety Assessment. e.g. front door, main door.
- Resource Coordinator/Scheduler-Home Care Attendant and Nurse Scheduler advises Direct Service Staff of alternate access to home by:
 - Updating Procura schedules to include the realtor box code; and
 - Ensuring “Print Hazards” is indicated on the environment options for the client profile report and also add to the client schedule following the legend below:
 - For Main Door – **A** 0000
 - For Client Door – **D** 0000
 - For Client Medication Box – **M** 0000

This legend is used in the event this information falls into the wrong hands.

SUPPORTING DOCUMENTS:

[CLI.5410.SG.001.SD.01](#) Home Care Alternate Access to Home - Bilingual

REFERENCES:

WRHA Home Care Guidelines - *Alternative Access to Client’s Home to Provide Care July 12, 2010*
 CLI.5410.SG.002.FORM.01 Working Alone Safety Assessment and Safe Visit Plan
 CLI.5410.SG.002.FORM.02 Safe Visit Plan