

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Universal Health Home Visiting
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/309
DATE OF PUBLICATION	August 2020
RISK RATING	Medium
LEVEL OF EVIDENCE	NSW Ministry of Health SAFE Start Policy National Standards 1, 2, 3, 5 and 6
REVIEW DATE	January 2020
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Population and Community Health
AUTHOR	Debra Ross Nurse Unit Manager, Child and Family Health TSH
POSITION RESPONSIBLE FOR THE DOCUMENT	Nurse Unit Manager, Child and Family Health, Sutherland Hospital debra.ross1@health.nsw.gov.au
KEY TERMS	Universal Home visiting, safe start, child and family health, early intervention, early prevention
SUMMARY	Home visiting is offered as a universal service to all families that live in South Eastern Sydney Local Health District when they have a new baby. It is anticipated that this visit occurs within the first two weeks of the baby's birth.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

**This Procedure is intellectual property of South Eastern Sydney Local Health District.
Procedure content cannot be duplicated.**

Feedback about this document can be sent to seslhd-executiveservices@health.nsw.gov.au

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

1. POLICY STATEMENT

Families with a new baby access Child and Family Health services early through universal health home visiting (UHHV) and develop a relationship with service providers that is based on a partnership model and is focused on assisting families build a positive attachment with their infant. This enables nurses to work with families in the identification of the family's strengths and vulnerabilities. This strategy is to facilitate access to the network of services within health and across other agencies that are available to assist in parenting.

2. BACKGROUND

The procedure for the first UHHV follows the philosophy of working in partnership with families, therefore their needs will dictate the direction of the visit. The Child and Family Health Nurse works at building an equal relationship with the family, working together and sharing expertise towards a common goal.

Universal standard (Infection control) precautions, which include the wearing of personal protective equipment (PPE), must be followed during the home visit. As a precaution to the potential for an allergic response to latex vinyl gloves are worn.

2.1 DEFINITIONS

- **Child and Family Health nurse:** a Registered Nurse holding recognised qualifications in Child and Family Health.
- **Early Childhood Health services:** program of services offered by Child and Family Health Nurses providing health surveillance, health promotion, education and support to families with children aged 0-5 years
- **Early intervention and prevention:** early intervention targets people displaying first signs and symptoms of an illness or problem while prevention is an intervention that occurs before the onset of a disease or problem.
- **Family Partnership approach:** the effective use of communication skills to develop a relationship based on partnership with the family enabling the family to identify their strengths and capabilities and therefore their needs will dictate the direction of the visit
- **Strengths-based approach:** views a family as resourceful and skilled, setting the agenda and actively engaging in the process of addressing their issues and solving their own problems. The focus is on the available resources and skills within the family and community to use those assets in building resilience. The aim is to facilitate families in the process of identifying their own strengths.
- **Family Vulnerabilities:** factors or criteria that may influence and impact on the family's ability to provide care and protection for their children.
- **Levels of Care:** service response based on the family's strengths and vulnerabilities identified as part of a psychosocial screen defined in the NSW Health [PD2010_017 - Maternal and Child Health Primary Health Care Policy](#) as:
 - Level 1 – Universal services
 - Level 2 – Early intervention and prevention
 - Level 3 – Complex parenting needs

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

- **Perinatal:** the NSW Ministry of Health [GL2010_004 - SAFE START Guidelines: Improving Mental Health Outcomes for Parents & Infants](#) defines this period from conception to 2 years. Within the mental health context, it is defined as encompassing pregnancy and the first 12 months postpartum.
- **Postnatal period:** is defined by the World Health Organisation (WHO) as the period that starts about an hour after the delivery of the placenta and includes the following six weeks.
- **Safe Start:** is a collaborative initiative across NSW health and related services in the context of Families NSW. It involves universal psychosocial risk assessment as part of a comprehensive assessment in the antenatal and postnatal period.
- **Sustained Health Home Visiting (SHHV):** is a structured program of health home visiting over a sustained period of time, beginning in pregnancy and continuing until the infant is two (2) years old. The aim of this program is to provide a range of support around health and other bio-psychosocial areas of risk and vulnerability.
- **Universal Health Home Visiting (UHHV):** includes at least one universal contact in the client's home within two weeks of birth and may also include further home visiting. The child and family health nurse from the early childhood service conducts the UHHV. A home visit can be classified as a UHHV if it has occurred up to four weeks and six days from the birth of the baby. NSW Ministry of Health [PD2010_017 - Maternal and Child Health Primary Health Care Policy](#).

3. RESPONSIBILITIES

3.1 Employees will:

- Provide families with a UHHV within the required two weeks postnatally.
- Complete the Personal Health Record (PHR) and provide support and anticipatory guidance as required.
- Familiarise themselves with the health needs of Aboriginal Families prior to conducting home visits according to Aboriginal Health family needs as set out in 4.3 'Aboriginal Families' (p.24) of the NSW Ministry of Health [PD2010_017 - Maternal and Child Health Primary Health Care Policy](#) and 5.4 'Aboriginal and Torres Strait Islander Populations' (p. 33), NSW Ministry of Health [GL2010_004 - SAFE START Guidelines: Improving Mental Health Outcomes for Parents & Infants](#).

3.2 Line Managers will:

- Ensure all CFHN are aware of, and adhere to, the UHHV procedure.

3.3 District Managers/ Service Managers will:

- Ensure compliance with this document.

4. PROCEDURE

Home visiting is offered as a universal service to all families with a new baby living within South Eastern Sydney Local Health District. It is anticipated that this visit occurs within the first two weeks of the baby's birth.

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

4.1 Objectives:

- Establish and develop a trusting relationship between families and the Child and Family Health nurse based on partnership and mutual respect
- To improve access to health services
- To actively engage vulnerable families
- To conduct comprehensive primary care assessments (including physical and psychosocial aspects)
- To enhance the Child and Family Health nurse's capacity to develop a holistic understanding of the child's health and wellbeing in the context of the family
- To network families with appropriate services and community groups
- To enhance the health, safety and wellbeing of children and families through the provision of appropriate support and education
- Promote parent-infant bonding and attachment.

4.2 Requirements

4.2.1 Training

It is recommended that Child and Family Health Nurses undertake training or have prior learning in the following fields before conducting UHHV:

- Safe Start which includes Psychosocial Assessment (PSA), Edinburgh Depression Scale & Domestic Violence Screening
- Aboriginal Health family needs as set out in 4.3 'Aboriginal Families' (p.24) of the NSW Ministry of Health [PD2010_017 - Maternal and Child Health Primary Health Care Policy](#) and 5.4 'Aboriginal and Torres Strait Islander Populations' (p. 33), NSW Ministry of Health [GL2010_004 - SAFE START Guidelines: Improving Mental Health Outcomes for Parents & Infants](#)
- Child Protection
- Aggression Minimisation
- Family Partnership Training
- Manual Handling
- Vehicle Safety.

4.2.2 UHHV Equipment

- SESLHD staff identification badge
- Health fleet car with first aid kit included
- Street directory or GPS
- A charged mobile phone turned on at all times with emergency numbers and designated contact officer coded into the phone

Note that while **000** is the emergency number, an **alternative for mobile phones is 112**

- Backpack, satchel or trolley case for the carrying of all equipment
- Equipment bag weighing no more than 5kg should contain:
 - Portable infant scales, protective paper and sector designated cleanser for cleaning the scales

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

- Secure and charged laptop or other mobile device
- Pencil case containing pencil torch, tape measure, 2 black pens
- Vinyl measure board
- Basic parent education handouts
- Personal protection equipment i.e. disposable vinyl gloves
- Barrier non-wash hand cleanser (soap & towel if allergic)
- Laerdal resuscitation mask.

It is the responsibility of Child and Family Health Nurses and Managers to follow practices that ensure the safety of staff working outside health facilities.

4.2.3 Safety

- A risk assessment is undertaken as part of the home visit booking with any identified issues being noted on the Environmental check list (*see Appendix 1 - Risk Assessment checklist*)
- If hazards or risks are identified that may compromise safety during a home visit, the Nurse Unit Manager is informed and a risk management plan is developed eg an appointment in an ECHC
- Charged mobile phone is turned on and carried by the Child and Family Health Nurse at all times and is not to be left in the equipment bag or car
- Details of scheduled visits which includes staff name, name of family being visited, their address, appointment time and expected return time to the nurse's centre base is left with and/or sent to Central Intake and as per local sector guidelines
- The Child and Family Health Nurse is required to notify the designated contact person at the completion of each home visit upon return to the centre
- Staff should return to their Child and Family Health base before 4.30pm, if a staff member is delayed a Nursing Unit Manager should be notified
- If at any time during the home visit the nurse feels unsafe the nurse should immediately leave the home and contact the Nursing Unit Manager
- Manual Handling issues - Safe Work Method (*see Appendices 2, 3 and 4*):
 - Loading and unloading car
 - Transporting equipment to/from client's home
 - Physical examination of infant in the home

Staff are responsible for observing and adhering to the NSW Ministry of Health [Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#). This document contains information on general safety precautions, including vehicle and personal safety for staff working in the community.

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

5. ACTIONS

The initial phone call to organise the home visit commences the building of a partnership relationship with the family.

5.1 Prior to Home Visit - Notification of birth may be received by phone contact from the parent/carer, referral or discharge summary from maternity units or priority referrals received from maternity services

- The parent/carer is contacted by the Child and Family Health Nurse and a home visit is offered, with this visit occurring within two weeks of the baby's birth where possible.
- Families who decline a home visit are offered an appointment at an Early Childhood Health Centre and if that too is declined, they are requested to follow up with the GP.
- Documentation related to this offer of a UHHV is entered onto the Families NSW database. Families who are identified antenatally as Level 3 and Level 2 with multiple risk factors who decline contact with the Child and Family Health service are to inform the original referrer. If unable to contact the family following two phone calls (at least a week apart), document action in eMR. Local Child and Family Health services brochure to be mailed to the family inviting them to arrange an appointment and documented in eMR and on the Families NSW data collection.
- **Booking the universal home visit appointment takes place using a partnership approach**
- The nurse checks the IPM and eMR database to determine if either the mother or baby is registered. If mother and baby are not registered in IPM or eMR, they are done so prior to the UHHV. Completion and or confirmation of demographic information is undertaken with permission of family.
- Documentation of safety risks or potential hazards for staff undertaking a home visit to be documented on the CYF Intake or Home Visit Risk Ax form in eMR. When hazards or risks are identified the Nurse Unit Manager (NUM) is to be notified before the home visit is offered and alternate arrangements for the undertaking of the first visit is discussed and offered to the family.
- A date for the home visit is negotiated and agreed on and expectations of the visit discussed. A time is not given when the client is booked
- As part of the booking process the Child and Family Health Nurse will make enquiries regarding baby's feeding patterns, discuss current concerns and answer any questions. The Child and Family Health Nurse will use their clinical expertise to judge if the baby needs to be assessed prior to the booked home visit. Support services available such as breastfeeding drop-in clinics or parenting will be provided.

5.2 Undertaking the home visit

For security reasons it is advisable to telephone the family prior to the home visit (*refer to [SESLHD Work Health Safety - Safety When Working Offsite - Manual for Staff, Managers and Others Involved in Working Offsite - SESLHDHB/016](#)*)

- For safety and security purposes the Child and Family Health Nurse is required to list their home visiting schedule and give to the designated contact person as per local sector guidelines.
- Introduce self and clarify the family's understanding of the purpose of the visit.

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

- On arrival and during the home visit the nurse should continue to assess risks.
- Where staff safety issues are identified during the visit, documentation of these issues in the health record is required and NUM must be notified. The information must also be relayed to clinic staff verbally. This is to assist in the decision making regarding future contact with this family.
- The Child and Family Nurse is to inform the family of their privacy and rights prior to the request for detailed family information. SESLHD Privacy information for Patients and Your Rights and Responsibilities booklets are offered to the all families.
- Establish and respond to the immediate needs of the family.
- Using a partnership approach the Child and Family Health Nurse collects information related to the health and wellbeing of the whole family including pregnancy and birth details.
- The psychosocial assessment – including the Domestic Violence screen is undertaken to identify the presence of current or potential risk factors as well as identifying the family's strengths and resources. Due to their sensitive nature, the Psychosocial Assessment questions in relation to (maternal) childhood abuse, trauma and the Domestic Violence screening is not undertaken where another adult or a child 3 years or over is present.
- An Edinburgh Depression Screen (EDS) may also be administered. Any score above 0 on question 10 requires further exploration by the Child and Family Health Nurse using the Family Partnership approach. An EDS score of 10 or above requires follow-up, this is organised by the Child and Family Health Nurse and documented in the child's file (in the carer details) and not to be documented in the baby's Personnel Health Record (PHR).
- The one to four week health surveillance as per the 'My First Health Record' PHR is undertaken. Discuss results with the family and record in PHR and medical record/eMR.
- Ascertain current situation and/or concerns.
- Where possible promotion of parent-infant attachment through discussion of cues given by the infant should take place.
- Health education material can be offered and discussed. These can include such topics as:
 - Immunisation
 - Breastfeeding
 - Safe sleeping
 - Child safety
 - Maternal six week postnatal check
 - Discuss community supports available with the family, where appropriate.
- Level of care – service provision will be influenced by the identification of risk factors, the family's strengths and resources:
 - Level 1 – Universal services
 - Level 2 – Early intervention and prevention
 - Level 3 – Complex parenting needs.
- In partnership with the family, care plans are developed including follow-up and review.

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

- Parent/carers are encouraged to attend mainstream centre based services which include parenting groups and developmental surveillance as per 'My First Health Record' (PHR).
- Parent/carers requiring additional support may be directed/referred to other services
- If child protection issues have been identified these can be discussed with the Nurse Unit Manager, or appropriate senior clinician and reported to FaCSCS as per mandatory reporting requirements after doing online risk assessment (Mandatory Reporting Guide). Notes are to be documented in eMR ROSH Report.

5.3 Following the Home Visit

- The Child and Family Health Nurse notifies the designated contact person of safe return to centre
- Entry of home visiting information/data into eMR. The nurse who has identified a family as requiring follow up is advised to contact the clinic that this client will attend and is responsible for organising this consultation
- The nurse who has identified a family with risk factors is responsible for communicating this information to other clinical staff and onto the Active Follow up for the relevant clinic

6. DOCUMENTATION

- electronic Medical Record (eMR)
- CYF Intake or Home Visit Risk Ax form
- Edinburgh Postnatal depression Scale or Child & Family Maternal Ax
- Client Registration Form
- Child & Family Infant Ax form
- CYF PN (Progress note)
- CYF Case Review form
- ROSH Report
- Personal Health Record (PHR)

7. AUDIT

- Routine documentation audit
- IIMS

8. REFERENCES

- [NSW Ministry of Health GL2010_004 - SAFE START Guidelines: Improving Mental Health Outcomes for Parents & Infants](#)
- [NSW Ministry of Health PD2010_016 - SAFE START Strategic Policy](#)
- [NSW Ministry of Health PD2010_017 - Maternal and Child Health Primary Health Care Policy](#)
- [NSW Ministry of Health PD2013_007 - Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#)
- [NSW Ministry of Health PD2006_084 - Domestic Violence: Identifying and Responding](#)

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

- [NSW Ministry of Health PD2007_036 - Infection Control Policy](#)
- [NSW Ministry of Health Privacy Manual for Health Information](#)
- [NSW Ministry of Health Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#)
- [NSW Ministry of Health PD2009_057 - Records Management Policy](#)

9. REVISION AND APPROVAL HISTORY


Date	Revision No.	Author and Approval
September 2013	1	Developed by Debra Ross, Nurse Unit Manager, Child and Family Health, Sutherland Hospital.
November 2013	2	Re-formatted by Scarlette Acevedo, District Policy Officer.
December 2013	3	Finalised by Debra Ross, Nurse Unit Manager, Child and Family Health, Sutherland Hospital. Reference to Aboriginal Health family needs added to procedure by Scarlette Acevedo, District Policy Officer as a result of consultation undertaken with SESLHD Aboriginal Health Unit. Approved by Debra Ross, Nurse Unit Manager, Child and Family Health, Sutherland Hospital.
January 2017	4	Minor updates endorsed by Executive Sponsor
February 2019	4	Executive Sponsor changed to Director Primary and Integrated Community Health
August 2020	5	Executive Sponsor updated from Director, Primary Integrated and Community Health to Director, Population and Community Health. Approved by Executive Sponsor. Published by Executive Services.

Appendix 1: Home Visiting OHS Security and Manual Handling Risk Assessment



SEI060140

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

 Health South Eastern Sydney Local Health District Illawarra Shoalhaven Local Health District Sydney Children's Network	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	D.O.B. ____/____/____		M.O.
	ADDRESS		
	LOCATION / WARD		
HOME VISITING OHS SECURITY AND MANUAL HANDLING RISK ASSESSMENT COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
Date ____/____/20____			
Using the SESIH Home Visit Risk Management Tool determine the risk level and any required controls on completion of this assessment. Where the risk level is other than 'green' please consult with your manager.		The current known risk level associated with providing care to this client is -	Red <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/>
Inform client of the SESIH OHS policy requirement to ensure client and staff safety. DO NOT suggest to the client that the home visit can go ahead, until all safety risks have been resolved.			
Client and Family		Yes/No	N/A
Can the occupant respond to the front door if alone?			
Will anyone else be present at the time of the visit? Name			
Are they able to escort staff from their car to the house/client if necessary?			
Is there any history of: • Verbally threatening others; • acts of aggression; • Sexual harassment of health care workers; Associated with the client or family? (If existing client review file)			
Does the client have a mental/cognitive impairment that may put the staff at risk?			
Are there any other issues that may put the staff at risk? e.g. infection, cytotoxic therapy, gang activity in the area, vandalism, drug/alcohol abuse.....			
Cultural issues e.g. Requires an interpreter, does not speak to women/men, footwear in the home is an issue - overshoes may be able to be used			
Geographical Instructions		Yes/No	N/A
Is the address easy to find?			
Nearest cross street is -			
Landmarks? Map reference			
Is car parking available?			
Is the residence clearly numbered?			
Is the house visible from the street?			
Is there external lighting available for after-hours visits?			
Is the road/driveway 2 wheel drive safe?			
Residence		Yes/No	N/A
If there are smokers present in the home, have they agreed to refrain from smoking during home visits?			
Easy access to dwelling? e.g. inclinator, multiple steps, railings, slip and trip hazards.			
Where is the main entrance (front, side or back)			
If pets present, (in house or yard) has the client agreed to restrain all pets during home visits?			
Is there mobile phone coverage?			
Are any building/renovation works underway?			
Can the occupants hear you knocking at the front door? (Does the door bell work?)			
Name _____ Signature _____ Designation _____			

590232 210213

NO WRITING

Page 1 of 2

HOME VISITING OHS SECURITY AND
MANUAL HANDLING RISK ASSESSMENT

SEI060.140

Universal Health Home Visiting

SESLHDPR/309

[illegible]Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

SEI060140

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

Appendix 2: Daily Visit Schedule (Individual)



DAILY VISIT SCHEDULE (INDIVIDUAL)

Wednesday 6th NOVEMBER 2013

C&FHN	Mobile Number	Vehicle registration		Staff member Signature	
Contact Person	Contact Persons Number	Fax copy to contact person	Time	Returned to base approx time	Confirmed when home
TSH SECURITY	9540 8999	YES			

Address/Contact Phone No. (MRN Sticker)	Proposed times		Completed Risk Assessment	Contact Pre visit	Notes <i>Include all Safety Risks and Controls</i>
	In	Out			
			Y / N		
			Y / N		
			Y / N		
			Y / N		
			Y / N		

Child and Family Health Nurses

Based at Possum Cottage / Caringbah Community Health

Nurse Unit Manager: Deb Ross

Mobile: 0410-443-407

PLEASE ENSURE YOU TELEPHONE SECURITY (9540 8999) AND INTAKE (0434 182 829) ON RETURN TO THE HOSPITAL

BEAR COTTAGE – 0439-561-077

Appendix 3: Examination of a new born in the family home

Safe Work Procedure



SWP #:	Name of Task /Equipment: Examination of a new born in the family home		
Department Name: Child and Family Health		Facility/Service: Sutherland St George	
Risk Assessment No:	Risk Level: e.g. Extreme, High, Med, Low	Date Developed:	Date Review Due:
	MED	23/9/13	23/9/15

Risk of Injury:
Physical injury due to body stress
Safety Rules:
Manual handling training principles
Job Steps:
<ol style="list-style-type: none"> 1. Complete checklist with parent/carer when booking first home visit and specify that a bench, table or change table must be provided in order to complete new born baby check 2. If possible family to provide closest possible parking to family home i.e. street/driveway visitors cars park 3. Baby scales must be transported in an ergonomically sound bag i.e. scale bag 4. Scales to be loaded into car as per SWP" Loading equipment into the boot" 5. Upon arrival at home observe areas for safety as per off site working policy 6. Complete paper work as per client file. This should be completed at dining table or similar object 7. Complete examination of newborn; ask parent/carer to clear bench/table 8. Manual Handling principles must be adhered to when retrieving scales from bag. Bend knees, retrieve scales, rise to standing position, maintain neutral spine 9. Place scales on provided surface 10. Ask parent/carer to undress newborn and bring baby to bench 11. Examine newborn as per protocol maintaining neutral spine 12. On completion of examination as parent/carer to take newborn and redress

Safe Work Procedure



13. Pack equipment together on provided surface
14. Stand with equipment beside carry bag, bend knees and maintain neutral spine and place equipment in bag. Secure bag
15. Finalise home visit with parent/carer
16. Collect bag, bend knees, pick up bag, rise to standing position maintaining neutral spine
17. Load equipment into car boot as per SWP "loading equipment into the boot"

PPE Required:

Non sterile disposable gloves	Plastic apron	Alcohol hand rub			
Approved for use by Manager:					

SESLHD PROCEDURE

Universal Health Home Visiting

SESLHDPR/309

Appendix 4: Loading/Unloading equipment in cars

Safe Work Procedure

SWP #:	Name of Task /Equipment: Loading / Unloading Equipment in Cars		
Department Name: Child and Family Health		Facility/Service: TSH and St George Child and Family Health Service	
Risk Assessment No:	Risk Level: e.g. Extreme, High, Med, Low	Date Developed:	Date Review Due:
	Low	Sept 2013	March 2015

Risk of Injury:					
<ul style="list-style-type: none"> • Back Injury • Bruising • Manual Handling 					
Safety Rules:					
<ul style="list-style-type: none"> • Lift Items according to Manual handling guidelines and "No Lift" Policy. • Prior to lift; assess likely weight and awkwardness of equipment. • Have a second person assist in the lift if the item is heavy or awkward. • Leave unnecessary items in the car . <p>When attending Home Visit, staff should ascertain if there are any concerns with access to the residence (steep driveways, stairs etc) and if required will there be someone available to assist with the unloading / loading of equipment at the site. If not a second person should attend the home visit to assist with this task. This is achieved through completion of Home Visit Risk assessment prior to completion of Home visit.</p>					
Job Steps:					
<ol style="list-style-type: none"> 1. Identify equipment required. 2. Complete Home Visit Risk assessment prior. 3. Engage assistance as required and nominate team leader. 4. Ensure pathway and vicinity clear for moving item. 5. Move equipment in accordance with safe lifting procedures. 					
PPE Required:					
Use of a trolley for heavy items (load on wheels)					
Approved for use by Manager:					