Occupational Therapy Home Assessment Policy

Approved by: Clinical Governance Committee

On: May 2008

Review Date: May 2010

Directorate responsible for Review: Nursing and Quality

Policy Number: TP010

Signature: 

Anna Barrett  
Director of Nursing & Quality
QUALITY STANDARDS FOR POLICY DEVELOPMENT

VERSION CONTROL

<table>
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<th>Date</th>
<th>Amendment</th>
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<td>1.0</td>
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OCCUPATIONAL THERAPY HOME ASSESSMENT POLICY
Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
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<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
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| • Race | No | OT would see all patients referred who met the criteria ie  
* To assess the patient’s ability to manage at home  
* To assess for equipment and minor adaptations  
* To assess the home environment |
| • Ethnic origins (including gypsies and travellers) | No | |
| • Nationality | No | |
| • Gender | No | |
| • Culture | No | |
| • Religion or belief | No | |
| • Sexual orientation including lesbian, gay and bisexual people | No | |
| • Age | No | |
| 2. Is there any evidence that some groups are affected differently? | No | |
| 3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | N/A | |
| 4. Is the impact of the policy/guidance likely to be negative? | No | |
| 5. If so can the impact be avoided? | N/A | |
| 6. What alternatives are there to achieving the policy/guidance without the impact? | N/A | |
| 7. Can we reduce the impact by taking different action? | N/A | |

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Policy Administrator, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Policy Administrator.

TP010 Occupational Therapy Home Assessment Policy  
Status: Final – version2  
Approved; May 2008  Review Date; May 2010
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1. INTRODUCTION

1.1. This policy relates to Occupational Therapy (OT) staff who carry out home assessments with hospital in-patients prior to their safe discharge from hospital.

1.2. The out-patients and intermediate care OT staff also carry out home assessments to provide occupational therapy intervention in the patient’s home. The principles in this policy apply to these services.

1.3. This document should be read in conjunction with Occupational Therapy Joint Working Arrangements, the Personal Safety Guidelines for OT whilst working in the Community and Ambulance / Taxi Booking Procedures.

2. DEFINITION

2.1. A home assessment conducted by Occupational Therapy staff assesses and evaluates the functional abilities of the patient in their home environment, enabling the Occupational Therapy staff to make recommendations to facilitate a safe discharge or optimising safe functioning in the home.

2.2. In some cases it may be more appropriate to carry out an assessment of the home environment without the patient present.

3. CRITERIA

3.1. The reasons for which a home assessment may be carried out include:
   - To assess the patient’s ability to manage at home
   - To assess for equipment and minor adaptations to be requisitioned by OT
   - To assess the home environment.

3.2. Home assessments, where appropriate, are an integral part of occupational therapy intervention. The Occupational Therapist or Technical Instructor will determine the need for a home assessment in liaison with the multi-disciplinary team.

3.3. A home assessment should only be carried out where there is adequate time to make appropriate arrangements for the assessment and time to implement essential recommendations prior to discharge.

3.4. Discharge home assessments will not be undertaken. The responsibility for the discharge remains ultimately with the Consultant/medical team.

3.5. Home assessments should ideally be carried out when the patient has reached their optimum level of performance in activities of daily living.
4.0 RESPONSIBILITIES

4.1 Home assessments should be carried out by the patient’s named Occupational Therapist or Technical Instructor (Band 4).

4.2 Where a technical Instructor (Band 4) takes a patient on a home assessment, they must be accompanied by a member of the multi-disciplinary team.

4.3 The Occupational Therapist or Technical Instructor (Band 4) is responsible for:
   • the decision to carry out a home assessment in liaison with the multi-disciplinary team
   • arranging the home assessment or co-ordinating the arrangements if delegated
   • leading the home assessment.

4.3 Student Occupational Therapists may carry out a home assessment if accompanied by a qualified member of the Occupational Therapy staff, with due consideration given to their level of experience and ability.

5. PREPARATION

5.1 All the arrangements for the home assessment must be recorded on the Home Assessment Arrangements Form – Appendix A.

5.2 The need for a home assessment must be discussed and agreed with the patient, their carers/relatives where consent has been given by the patient and members of the multi-disciplinary team.

5.3 The decision and reason to carry out or not carry out a home assessment must be recorded in the OT and medical/nursing notes.

5.4 The patient’s consent must be obtained and documented in the Occupational Therapy notes prior to planning and carrying out a home assessment.

5.5 Patient’s family/carers, as identified by the patient, should be invited to attend the home assessment. Consideration should be given to the number invited.

5.6 The Occupational Therapy staff should arrange for relevant professionals to attend the home assessment e.g. Physiotherapist, District Nurse, Social Worker, and Social Services Occupational Therapist where their input is essential for decisions to be made on the visit. The number of professional representatives should not be excessive.

5.7 If there is an infection risk regarding the patient, the Infection Control Nurse must be contacted for advice.

5.8 When carrying out a home assessment if there is no patient, relative or patient advocate available to attend the assessment, another healthcare professional must accompany the Occupational Therapy staff in an unoccupied house. The patient must complete the consent form, Appendix B, prior to the assessment.
5.9 Home assessments should normally be restricted to the counties of Leicestershire and Rutland. Assessments outside of these counties must be discussed and approved by a Team Leader.

5.10 On the day of the assessment the Occupational Therapy staff must contact the nurse in charge of the patient to ascertain that the patient is medically fit enough to undertake the assessment this should be recorded in the OT notes. They should also check that the nurse has made arrangements for any medication needs that the patient may have during the assessment – refer to Appendix C.

When collecting the patient from the ward the OT must make a final check with the nurse in charge of the patient that the patient remains fit enough to undertake the assessment. This should be recorded on the Home Assessment Arrangements Form nursing care plan.

5.11 Where the patient requires oxygen on a home assessment the procedure outlined in Appendix D must be followed and documented.

5.12 The Occupational Therapy staff must ensure the patient is appropriately dressed for the home assessment. In inclement or hot weather the Occupational Therapy staff will determine whether the home assessment should be postponed.

5.13 Transport arrangements must be appropriate to the patient’s needs and take account of Locality arrangements. When a Taxis is used the appropriate type i.e. saloon, estate or wheelchair friendly must be booked as per the Taxi Booking Procedure. If an ambulance is required this should be booked following local ambulance booking procedures.

5.14 Occupational Therapy staff may use their own cars for home assessments where they are not transporting the patient providing they have appropriate insurance and authorisation.

5.15 Where staff are using taxis and are meeting carers / other agency staff at the patient’s home it is not necessary for a second member of the OT staff to attend. Another member of staff may attend where they are required to ensure the safe and effective management of the patient or equipment.

5.16 The Occupational Therapy staff must take the completed Home Assessment Arrangements Form on the assessment. Other essential information, which may be required on the assessment, should be detailed on the back of this form. This must be kept in the secure folder provided. Diaries must not be taken on the assessment. It is advised that any confidential information relating to a service user stay within the hospital unless absolutely necessary. If it is essential to take such a document on a home assessment, staff must use the document wallet provided and ensure that the documentation is kept safe and confidential at all times.
6. HEALTH AND SAFETY

6.1 The Occupational Therapy staff must wear their identification badges.

6.2 The Occupational Therapy staff must take the completed Home Assessment Arrangements Form, Indemnity Form (Appendix E), Authority to Remove Valuables Form (Appendix F), the Locality Self Discharge Form, Minor Adaptations Forms, gas letter, gas leaflet “Gas Appliances Get Them Checked, Keep Them Safe and a kit bag containing supplies to deal with minor emergencies.

6.3 Should the patient refuse to return to the hospital the Occupational Therapy staff should encourage him / her to return and advise him/her of the implications of not doing so.

If the patient still wishes to remain at home, the Occupational Therapy staff should ask the patient to sign a Self Discharge Form, explaining the nature and purpose of the form.

The Occupational Therapy staff must contact the ward and the GP as soon as possible, to inform them of the situation and for them to arrange relevant health / social care.

On return to the hospital the Occupational Therapy staff must inform the medical / nursing staff, complete an incident form, record the details in the OT and medical notes and file the Self Discharge Form in the medical notes.

6.4 The provision of equipment or minor adaptations must be in accordance with the Joint Working Arrangements. Occupational Therapy staff carrying out home assessments may be under pressure to provide equipment or services, which are not judged to be essential, or which have cost implications beyond their authority. Care must be taken to avoid any promises or agreements in such cases.

6.5 In the event of a medical emergency appropriate action must be taken. Appendix G.

6.6 In the event of any threatening behaviour or violence, or violence by the patient or members of his/her household, towards the visiting members of staff he/she (including any other members of staff present) must leave the household calmly without engaging in any argument.

In the event of a member of staff being attacked, he/she is entitled to protect himself/herself with only such degree of force as is necessary and reasonable.

He/she should leave as soon as possible. If appropriate the police should be summoned. At the earliest opportunity the Occupational Therapy staff must inform their line manager and the ward. If appropriate/possible the patient should complete a Self Discharge Form.
On return to the hospital the Occupational Therapy staff must report the incident to a Team Leader / Lead OT and complete an incident form.

6.7. If mobile phones and/or personal safety alarms are available, they should be taken on the home assessment in case of emergency and to increase safety.

6.8. If money/valuables are found in quantity during the course of the assessment the patient should be advised to bring it back to the hospital for safe keeping and asked to complete either Appendix E or F.

If the patient wishes to leave the money/valuables on the premises but refuses to complete the form Appendix F, the form should nonetheless be completed as far as possible with a note to this effect.

The Occupational Therapy staff must inform a Team Leader on return to the hospital.

6.9 If a quantity of medicine is found at home, refer to Appendix C.

6.10 Where a home assessment is delayed or outside normal working hours, local arrangements must be in place to ensure staff and patient safety. Appendix H. reference should also be made to Personal Safety Guidelines for OT whilst Working in the Community.

6.11 If it is recommend that the patient’s sleeping arrangements change and that they are to sleep in a room with a gas heating appliance the Occupational Therapy staff should advise the patient, or their carer, to have the appliance checked, issue a letter (Appendix I) and inform the Social Worker, if appropriate. A copy of the letter should be retained in the notes.

If during the home assessment it is noticed that any gas appliance appears dangerous (covered in soot, fumes etc) then the Occupational Therapy staff should advise the patient, or their carer, to have the appliance checked by a British Gas or CORGI registered engineer. A record of the advice given should be made in the notes.

7. **OUTCOME**

7.1. The Occupational Therapy staff must give a verbal/written summary to the multi-disciplinary team at the earliest opportunity. This is particularly relevant where the discharge is imminent and the home is unfit to return to or the patient is unsafe.

7.2. A home assessment report must be completed after each home assessment, which should be filed in the medical notes within two working days. The report should be typed and copies may be sent to other member of the multi-disciplinary team as appropriate. The report format is detailed in Appendix K.

7.3. If minor adaptations are required these must be ordered in accordance with the Joint Working Arrangements.
REFERENCES

College of Occupational Therapists - Professional Standards for Occupational Therapy Practice

Gas Appliances Get Them Checked, Keep Them Safe – HSE Books, PO Box 1999, Sudbury, Suffork, CO10 2WA Tel. 01787 881165, 08701 545500
www.hse.gov.uk/gas/index

REVIEW

Date: March 2008
Responsibility: Professional Lead for Occupational Therapy
## HOME ASSESSMENT ARRANGEMENTS

**Organiser:**

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<thead>
<tr>
<th>Name</th>
<th>CONSULTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
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<tr>
<td></td>
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### REASON FOR ASSESSMENT

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<th>OTHER AGENCIES INVOLVED</th>
<th>NAME AND PHONE NO</th>
<th>CONFIRMED ATTENDANCE</th>
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### TRANSPORT ARRANGEMENTS

To be arranged by OT / Social Worker

<table>
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<tr>
<th>Taxi \ Estate Taxi \ Wheelchair Friendly Taxi \ Own Car \ Hospital Transport</th>
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<tr>
<th>Date booked</th>
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<th>Outward time</th>
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<tbody>
<tr>
<td>Pick up point</td>
<td>Portering</td>
<td>Return time</td>
</tr>
</tbody>
</table>

### ACTION

- Inform patient \ ward \ carers
- Details in ward diary \ department diary

- Before visit, check that patient is medically well enough to attend, has had medication, has recently been to the toilet and is appropriately dressed.
- Remember to take with you supplies to deal with any emergencies.
- After visit, give a verbal report to the nursing/medical staff and make the patient comfortable.
PATIENT’S AGREEMENT FOR OCCUPATIONAL THERAPY STAFF TO CARRY OUT
A HOME ASSESSMENT WHEN THEY OR THEIR RELATIVES ARE NOT IN ATTENDANCE

Hospital No: _____________________________     Ward: _____________________

I (name) __________________________________________________________
Of (address) _______________________________________________________
____________________________________________________________________
____________________________________________________________________

agree to (name) ______________________________________ Occupational Therapist
accompanied by (name) __________________________ visiting my home, in my
absence, for the purpose of assessing my home environment of (date)___________

I confirm I have given (name) __________________________ keys to my property in
order to gain access. I understand nothing will be altered or changed in my property
without my prior knowledge and consent.

Signed: _____________________________ Date: ____________________

Witnessed by:-

Name: _____________________________ Post: __________________
Signature: ___________________________ Date: ____________________

Original to be kept with Occupational Therapy notes. Copy to be given to the patient.
I, (name)_______________________, acknowledge that the keys to my property have been returned to me by (name)_______________________ on (date)_____________ following the home assessment carried out on (date)___________________________

Signed: _____________________________ Date: ____________________

Witnessed by:-

Name:  _______________ ______________ Post: ____________________

Signature: _______________ Signature date: ____________________
Appendix C

PROCEDURES RELATING TO MEDICATION

1.1. In preparation for the home assessment the therapist should ensure that relevant medication has been administered to the patient before leaving the ward.

1.2. The nurse caring for the patient is responsible for assessing any medication needs that the patient may have during a home assessment. If the patient requires medication to be administered during a home assessment consider:

- Can the patient administer their own medication
- Can the dose times be negotiated without affecting the drug therapy
- Could appropriate carers administer the medication?

If not, and considered essential, a nurse would be required to escort the patient following discussion with the medical team and ward manager.

1.3. In the event of a patient attempting to take medication or other substances e.g. alcohol found at home, the Occupational Therapist must advise against it. Where the patient takes such medication, against the therapist’s advice, the therapist must inform the team doctor/nurse in charge at the earliest opportunity upon return to the hospital. An incident form must be completed and the line manager informed.

1.4. If a quantity of medicine is found in the patient’s home that is considered inappropriate or hazardous, the Occupational Therapist should advise the patient to take it to the ward and hand over to the nurse in charge. If medication is left at home, the Occupational Therapist must alert the team doctor/consultant.
Appendix D
PROCEDURES FOR PATIENTS REQUIRING OXYGEN ON HOME ASSESSMENTS

When arranging home assessments for patients requiring oxygen, the following guidelines must be followed and details documented on the arrangement form.

1. If required a suitably trained member of the nursing staff may accompany the patient on the visit and be responsible for the administration of the oxygen.

2. The Occupational Therapist/nurse should arrange for the provision of oxygen supply according to local procedure. In determining an adequate supply of oxygen the following should be given consideration:
   a) Is the oxygen required continuously or intermittently?
   b) The concentration level required.
   c) Does the patient have an oxygen supply at home, if so, what type?
   d) The duration of the journey (outward and return) and time required to carry out the assessment
   e) Ensure the size of the cylinder is appropriate to the above. Do NOT take cd/pd size cylinders as extra oxygen must always be available to cover delays or emergencies

Consideration should also be given to the oxygen tubing to allow the patient to move around the house whilst connected to the oxygen supply if this is appropriate.

3. Prior to the visit, ensure:
   - the porters check the amount of O² left in the cylinder and how long it will last
   - the valve is opened and checked at least 30 minutes before departure

4. The Occupational Therapist should arrange the transport. The type of transport will be determined by the individual patient's needs and their oxygen requirements.

   If patients require continuous oxygen or a large supply of oxygen, ambulance transport with an oxygen supply on board should be used, in order to maximise the use of the cylinder.

   When booking an ambulance two clear working days notice must be given. The ambulance requirements should be discussed with the Ambulance Liaison Officer.

5. If carrying O² in a taxi a compressed gas sign must be displayed. This is the responsibility of the Occupational Therapist. When oxygen cylinders are transported, they must be properly secured.

6. Do not allow the patient who is on O² to go near (minimum 10ft) any naked flames i.e. gas fire, cooker etc.

7. If the patient is on high flow O², do not carry out the home assessment until this is discontinued.
Appendix D

PROCEDURES FOR PATIENTS REQUIRING OXYGEN ON HOME ASSESSMENTS
CHECK LIST

Name: _______________________________________________________________
Address: __________________________________________________________________
____________________________________________________________________

Staff Accompanying Patient:

Occupational Therapist: ________________________________________________
Nursing Staff: __________________________________________________________

Home Assessment Duration: _____________________________________________
Travel time: ___________________________________________________________
Total: __________________________________________________________________

Extra oxygen should always be available to cover delays or emergencies

Oxygen Requirements:

Continuous/Intermittent: ________________________________________________
Concentration Level: ___________________________________________________
Oxygen at home: Yes / No Type: __________________________________________

Porters Informed: Yes / No

Size and Number of cylinders booked ______________________________________
Compressed gas sign: Yes / No

Signed: _________________________ Date: ____________________________
____________________________________________________________________

Transport:
To be arranged by the Occupational Therapist following discussion with nursing staff.

Type: Ambulance ☐ Estate Taxi ☐ Wheelchair Friendly taxi ☐
OCCUPATIONAL THERAPY DEPARTMENT

INDEMNITY FORM

Name: ____________________________________________________________

Address: ______________________________________________________________________________________________

I have been made aware of the sum of £___:___ (amount in words) ______________

and/or valuables as listed which are at the above property and I prefer to leave them
at this address.

List of Valuables:
1) __________________________________________________________________
2) __________________________________________________________________
3) __________________________________________________________________
4) __________________________________________________________________

Patient’s Signature: ________________________________________________

1) Witness Signature: ________________________________________________
   Print Name: ______________________________________________________

2) Witness Signature: ________________________________________________
   Print Name: ______________________________________________________
OCCUPATIONAL THERAPY DEPARTMENT

AUTHORITY TO REMOVE MONIES/VALUABLES

Name: ________________________________________________________________
Address: __________________________________________________________________
I hereby authorise: ______________________________________________________
to remove £___:___ (amount in words) ______________________________________
_________________________ and valuables (if any) as listed below for safekeeping.

Valuables (if any)
1) __________________________________________________________________
2) __________________________________________________________________
3) __________________________________________________________________

Collected the above on ___________________________________ and to be handed
over to the Hospital Cashier for safekeeping.

Patient’s signature: _____________________________________________________
O.T. Staff Signature: ____________________________________________________
Designation: ____________________________________________________________
Print Name: _____________________________________________________________
Witness signature: _______________________________________________________
Designation: _____________________________________________________________
Print Name: _____________________________________________________________
MEDICAL EMERGENCY PROCEDURES

In the event of medical emergency first establish the need for medical assistance, if the therapist is in any doubt medical assistance should be summoned.

1) Medical Assistance Not Required

1.1. Reassure the patient and carers

1.2. Make the patient comfortable

1.3. Determine if patient is able to continue with the assessment

1.4. If patient is not able to continue with the assessment and if appropriate, make arrangements to return to the hospital earlier than the pre-arranged time

1.5. On return to the hospital immediately inform:
   - medical staff
   - nursing staff
   - your line manager

1.6. On return to the hospital an incident report must be completed

2) Medical Assistance Required

2.1. Reassure the patient and carers

2.2. Delegate to staff or carers to ring 999 for an ambulance

2.3. Carry out basic first aid if competent to do so.

2.4. Carry out resuscitation in accordance with training received and continue to do so until someone else assumes lead responsibility ie EMAS by phone or a paramedic.

   If required, resuscitation should be undertaken regardless of resuscitation status within hospital as this is only applicable within confines of hospital

2.5. Occupational Therapist to accompany patient to casualty and remain with patient until:
   - patient admitted to LRI (or nearest accident and emergency hospital)
   - patient returned to original ward

2.6. At the earliest opportunity telephone the ward, speak to the nurse in charge.

   Inform them of incident and action taken

2.7. Ask ward to inform:
2.8. Ward may send a nurse to escort the patient while in casualty.

2.9. On return to the hospital an incident report must be completed.

**In the event of a patient being certified dead at the LRI (or other A&E Department)**

At the earliest opportunity telephone the ward, speak to the nurse in charge and inform them of incident and action taken.

Ask ward to inform:

- Medical staff
- Occupational Therapy Department
- Next of kin

On return to the hospital an incident report must be completed
Appendix H

STAFF AND PATIENT SAFETY

Refer to Leicestershire County & Rutland PCT’s Working Alone in Safety Policy

1. When leaving the hospital, the following details must be recorded in the departmental diary /locally agreed place:
   - Name, address and telephone number of patient
   - Time of the home assessment
   - Estimated time of return to the department
   - The name of the member of staff you have arranged to ‘sign off’ to / your buddy
   - Mobile phone number

2. The departmental mobile phone should be taken on the home assessment. Staff wishing to use their own mobile phone can do so but the contact number must be available, as above

3. If there is a delay in the home assessment, the department must be informed if possible

4. If there is an unreasonable delay, without prior explanation, the ‘buddy’ or senior staff within the department must contact the member of staff /destination / taxi company / and/or ward to gain explanation and seek assurance

5. If the return is outside normal working hours, without prior arrangements, a member of the Occupational Therapy staff should stay on, where possible, to ensure the safe return

6. If another member of Occupational Therapy staff is not available the nurse in charge from the patient’s ward must be informed of the situation and be asked to take responsibility for the safe return

7. If there is considerable delay with no prior explanation, or an incident reported, arrangements detailed in the Personal Safety Guidelines for Occupational Therapy Staff whilst working in the Community must be taken.
Appendix I

Dear

RE: GAS HEATING APPLIANCES IN SLEEPING ACCOMMODATION

It has been noted that there is a gas heating appliance in the room you are planning to use as sleeping accommodation.

This appliance may be dangerous if it is not of the ‘room sealed’ type. The law states, under the Gas Safety (Installation and Use) regulations 1994, that a room to be used for sleeping must have a heating appliance of the ‘room sealed’ type and not an open flue.

You are advised to have your appliance and its flue outlet checked immediately by either a British Gas or CORGI registered engineer, to assess its suitability for use in a room used for sleeping.

If you are in privately rented or council property, please notify your landlord of the new sleeping arrangements.

It is also advised that a carbon monoxide detector is fitted prior to discharge if you are to sleep in a room with a gas fire.

In the event of any queries advice should be sought from a British Gas or CORGI registered engineer.

Yours sincerely

(name & designation)
# OCCUPATIONAL THERAPY DEPARTMENT

## HOME VISIT SUMMARY

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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<table>
<thead>
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<th>Equipment / Adaptation</th>
<th>Action By</th>
</tr>
</thead>
<tbody>
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<th>Home Care</th>
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<tr>
<th>Other Support</th>
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<tr>
<th>General Recommendations</th>
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<th>Discharge</th>
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<th>OT next available</th>
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LEICESTERSHIRE OCCUPATIONAL THERAPY SERVICES

HOME ASSESSMENT REPORT

Name: Those Present:
Unit/NHS No: Address:

Area: Date of Visit:

Reason for visit:

Social Situation:

Views of family/carers:

Recommendations: Action by:
1.
2.
3.
4.

Conclusion:

Signed: Print Name: Date:
(Designation)

For further information please turn over →
ACCOMMODATION:
Accomm

ACCESS:
Acc

MOBILITY:
Mob

STAIRS:
Stairs

LIVING ROOM:
L.Room

KITCHEN:
Kit

BEDROOM:
Bed

BATHROOM/TOILET:
Bath

GENERAL:
Gen