 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Home Visits – Unplanned and Urgent		Nursing Practice	07-025-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
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APPLIES TO:			
Health Centre Staff – Regulated and Unregulated Healthcare Providers			

1. BACKGROUND:

The Department of Health (Health) is responsible for healthcare delivery in Nunavut. Health ensures that health care is available to all community members by providing in-home services to those clients who cannot attend the health centre due to serious illness or injury, disability, or fragile health. Due to the limitations of available resources, Health understands that in-home services must be limited to emergent assessment and chronic disease monitoring of stable conditions.

2. POLICY:

- 2.1 In the event of an emergency, when the client cannot attend the health centre because of serious illness, injury or disability, a health care provider will attend to the client in the home, dwelling, residence, or site.
- 2.2 The health care provider will assess the situation in terms of safety and risk prior to entering the dwelling.
- 2.3 The attending health care provider will communicate with the Supervisor of Community Health Programs (SCHP) regarding the client's needs.

3. PRINCIPLES:

- 3.1 The safety and security of Department of Health employees is of paramount importance.
- 3.2 Health adheres to the Government of Nunavut's Human Resource Policies; Workplace Violence Prevention Section 1009, and Harassment Free Workplace Section 1010.
- 3.3 Health Centre Staff are considered in the workplace during home visits that are performed as part of an unplanned home visit.

4. DEFINITIONS:

Health Centre Staff: refers to any employee of the health centre. While the Nurse on Call (after hours) or a Community Health Nurse (CHN) are the most likely staff to perform an urgent home visit, Health recognizes that any member of the health care team may already be in the home, dwelling, residence or at the site of an emergency, therefore, this policy is applicable to all staff.

5. PROCEDURE FOR UNPLANNED HOME VISIT

- 5.1 For after-hours assessments or emergencies, the nurse on call (NOC) will be contacted.
- 5.2 All available avenues for accessibility to health care need to be explored when a client cannot come to the health centre.

5.3 The need for unplanned home visits must be assessed on an individual basis.

5.4 The decision to attend an unplanned home visit or site visit is determined by:

- Contacting the client and obtaining as much information as possible about the client and location – full name, address, phone number, other people currently in the residence.
- Assessing the client's condition and possible risk factors (who is in the house, listen for background noise, known domestic violence, criminal involvement/substance abuse/unstable mental illness) through telephone or radio contact.
- **If the residence or client is known to be dangerous, request RCMP assistance. If RCMP are unable to attend, the health care provider must NOT ATTEND.**
- Speaking directly with the client is preferable but not always possible.
- Anticipating and determining the health intervention that may be required, its timing and urgency in obtaining health care.
- Assessing potential for a life-threatening health condition where a delay in seeking alternative transportation modes to the health centre can cause further harm.
- Determining if the mechanism of transport for the client requires the expertise of a health professional prior to moving (e.g., spinal immobilization).
- Assessing the capacity of the client to attend the health centre and existing external conditions that may impede the client's ability to attend the health centre (e.g., COPD exacerbated by cold weather, etc.)

5.5 If the situation in the home, dwelling, residence or at the site is assessed to be unsafe to attend and the Health Centre Staff determines that the client requires urgent access to health care, alternative means of access or support must be explored – e.g., accompanied by RCMP, Bylaw Officer, second nurse on call, or Social Worker.

5.6 **When the home or site is assessed as UNSAFE, the health care professional must not attend alone.**

5.7 If the client has been previously identified as high-risk for violence or abuse, the practitioner must be accompanied by RCMP, Bylaw Officer or another member of the healthcare team.
The practitioner must not attend ALONE.

5.8 If the health concern has been determined to be non-life threatening and does not require the expertise of a health care professional for transportation concerns, the client must attend the health centre for assessment.

5.9 If the situation in the home, dwelling, residence or at the site is assessed to be safe and of an emergent nature, the CHN/NOC responding to the call will:

- **During clinic hours:** inform the SCHP about the exact location of the unplanned home visit, telephone number at the location, type of telecommunication system that will be taken by the CHN/NOC to the site, the reason for the home visit and the estimated length of stay at the location. The CHN/NOC will inform the SCHP upon safe return to the health centre.
- **After clinic hours:** informs the second NOC and the SCHP about the exact location of the unplanned home visit, telephone number at the location, type of telecommunication system that will be taken with them to the home, dwelling, residence or site, the reason for attending and the estimated length of stay at the location. The NOC will inform the second NOC upon safe return to the health centre.

5.10 The nurse attending the home visit must take a means of communication with the health centre or outside help (e.g., cell phone, satellite phone, radio phone etc.)


5.11 The second NOC or colleague who was notified of the unplanned home, dwelling,

residence or site visit should make contact with the NOC at set time intervals (e.g., every 20 minutes) until they have been notified of the safe return of the NOC.

- 5.12 If the NOC has not returned to the health centre and the second NOC is unsuccessful in contacting the NOC on the home visit, the second NOC will immediately contact the SCHP, and on the direction of the SCHP, will contact the RCMP.
- 5.13 If during the unplanned visit, the nurse has any concerns about their own safety, **DO NOT ENTER** or if concerns or doubts arise during the visits **LEAVE IMMEDIATELY**. Do not worry about leaving supplies/equipment behind, safety is of utmost importance.
- 5.14 All contact with the client, family or contact person through telephone, radio conversation or home visits must be documented in the client's health record.
- 5.15 If a home, dwelling, residence, or site visit is not completed, all contact with the client, family or contact person must be documented in the client's health record, as well as the reasons why the visit was not completed and any attempts to seek alternative means of access or support.
- 5.16 If a home, dwelling, residence, or site visit was completed, details of the visit must be documented in the client's health record as per Policy 06-008-00 Documentation Standards and Policy 06-009-00 Documentation Format.
- 5.17 If there are any incident of abuse or violence during the home visit or the home visit is not completed due to safety risks, an incident report must be completed and submitted to the Quality Risk Management (QRM) module in meditech.

6. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Policy 05-029-00	Violence in the Workplace
Policy 05-030-00	Motor Vehicles
Policy 06-008-00	Documentation Standards
Policy 06-009-00	Documentation Format
Policy 07-024-00	Home Visits-Planned
Section 1009 Human Resource Manual	Workplace Violence Prevention
Section 1010 Human Resource Manual	Harassment Free Workplace

Approved By: 	Date: December 12, 2021
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