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|  Department of Health Government of Nunavut | | NURSING POLICY, PROCEDURE AND PROTOCOLS | |
| | | Community Health Nursing | |
| TITLE: | | SECTION: | POLICY NUMBER: |
| Home Visits – Planned | | Nursing Practice | 07-024-00 |
| EFFECTIVE DATE: | REVIEW DUE: | REPLACES NUMBER: | NUMBER OF PAGES: |
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| APPLIES TO: | | | |
| Healthcare staff in Community Health Centres – Regulated and Unregulated | | | |

1. BACKGROUND:

The Department of Health (Health) is responsible for health care delivery in Nunavut. Health ensures that health care is available to all community members by providing services in their home for those clients who cannot attend the health centre due to disability or fragile health and, if possible, for postpartum women during their first week post-discharge. Due to the limitations of available resources, Health understands that in-home services must be limited to assessment, monitoring and treatment of stable conditions.

2. POLICY:

2.1 Planned home visits will be provided by a member of the health care team for assessment, monitoring or treatment for clients who cannot attend the health centre due to disability or fragile health as well as for postpartum women in the first week post-discharge.

3. PRINCIPLES:

- 3.1 The safety and security of employees is of paramount importance to the Government of Nunavut.
- 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 employees are considered in the workplace during home visits that are performed as part of a plan of healthcare for a client.

4. DEFINITIONS:

Health care staff: refers to all employees of the health centre – both regulated and unregulated.

5. PROCEDURE 07-024-01 FOR PLANNED HOME VISIT

- 5.1 Community members who have a diagnosed medical condition and are unable to attend the health centre due to disability or fragile health, and require in-home monitoring or daily treatments within the scope of practice of the Supervisor of Home and Community Care (SHCC), will be referred to the Home and Community Care (HCC) Program.
- 5.2 If the client is not accepted into the HCC program, a staff member from the program will inform the Supervisor of Community Health Programs (SCHP) and the practitioner who made the original referral.

- 5.3 In communities where there is no Home Care Nurse (HCN) or SHCC, and the required health services are beyond the scope of the Home and Community Care Worker (HCCW), every effort will be made for the client to access health care from a Community Health Nurse (CHN) at the health centre.
- 5.4 If the client declines to attend the health centre, and the CHN determines that a home visit is **not** required, all reasons why the home visit was not provided and any attempts to provide alternative means of care for the client must be documented in the client's health record.
- 5.5 If the client is unable to attend the health centre and a planned home visit **is** required, the reason for the home visit will be identified by the nature of the illness and the interventions required and documented in the client's health record.
- 5.6 The decision to provide a home visit is determined by the client's condition and capacity to come to the health centre, the safety of the home, resources available in the community and the professional judgment of the CHN with respect to the intervention(s) required.
- 5.7 Postpartum clients ideally receive a home visit in the first week after discharge to assess the well-being of mother and infant, the home environment and the adaptation of the family to the newborn.
- 5.8 The home visit for a disabled/frail client or postpartum woman should be scheduled by telephone so that the health care provider is expected. A call prior to leaving the health centre ensures the time is still good for a visit and the provider is expected.
- 5.9 Preparation for the visit includes assembling materials required to provide the health care assessment, monitoring or intervention, patient teaching information, infant scale, etc. While it is useful to have a cell phone for the visit, other valuables should be left in the office. Boots should be left in the porch and a pair of indoor shoes worn into the home.
- 5.10 Prior to the home visit the safety of the home should be reviewed with the SCHP and other staff at the health centre.
- 5.11 **It is important to always let a staff member know when leaving and returning from a planned home visit.**
- 5.12 After the visit, the details of the home visit must be documented in the client's health record, as per Policy 06-009-00 Documentation Format.

6. PROCEDURE FOR PLANNING A SAFE VISIT


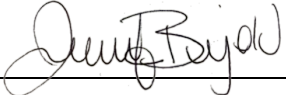
- 6.1 If the health care provider is concerned about their safety in the home, a second member of the health care team or RCMP (if available) must attend the visit. Involving the RCMP is likely to result in a refusal to be admitted to the home so should be considered only as a last resort for a very frail client. Involving a second member of the health care team is the preferred option.
- 6.2 When scheduling the home visit ask about any safety issues in the home – inquire about pets and ask if the client has any concerns about the visit.
- 6.3 Prior to the home visit the safety of the home should be reviewed with the SCHP and other staff at the health centre. Concerns about other family members, pets, drug or alcohol use in the home and potential visitors should be identified at this time.
- 6.4 If the home is identified as unsafe for any reason, alternative strategies for providing care must be identified. For example, a postpartum woman could be invited to attend an appointment at the health centre rather than receive a home visit. In a situation in which a frail elder must receive care in the home, it may be possible to make the home safer, for example by making arrangements to have a pet locked in a room before the health care provider arrives.
- 6.5 The health care provider should inform another staff member when they are conducting a home visit, when they are expected back at the health centre and notify the same staff member when they return. The staff member is responsible to follow-up if the health care provider does not

return at the expected time. This would include informing the SCHP, calling the health care provider, visiting the home and notifying the RCMP if necessary.

- 6.6 If the health care provider has any concerns about their own safety when they arrive at the home, they should not enter the home and return to the health centre; document in client's chart.
- 6.7 If concerns or doubts about their safety arise during the visit, the health care provider should get out of the home immediately leaving behind supplies, equipment etc; document in client's chart.
- 6.8 **Safety is most important. Health centre staff will NOT attend a home/site when it is determined to be UNSAFE.**
- 6.9 Tips for personal safety:
 - 6.9.1 Present at the home with a calm and confident manner.
 - 6.9.2 Before entering, be aware of surroundings. If there are any concerns regarding safety, DO NOT ENTER.
 - 6.9.3 If there are dogs or other pets that are concerning, be assertive and decline providing a service until they are secured and pose no threat.
 - 6.9.4 Avoid the kitchen (potential weapons – knives, pans, hot water, etc.)
 - 6.9.5 Do not sit if the client stands. Sit on a hard-backed chair, if possible, for ease of rising.
 - 6.9.6 If possible, do not remove your shoes; bring a pair of indoor shoes to wear.
 - 6.9.7 Be aware of the surroundings. Watch for dangerous objects.
 - 6.9.8 Recognize the first signs of a change in the client's behaviour or the behaviour of others in the home. Assess the client's appearance, routines of daily living, how they spend the day and any other outstanding characteristics.
 - 6.9.9 Know where the doors/exits are for an escape route and try to keep between the client and the route to safety.
 - 6.9.10 Carry a communication device – cellphone, radio phone, etc.
 - 6.9.11 See: **Appendix A: Home Visits Do's and Don'ts and Appendix B Tips for Guarding Personal Safety During a Home Visit**

7. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

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| 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 07-025-00 | Home Visits – Unplanned and Urgent Policy |
| Section 1009 Human Resource Manual | Workplace Violence Prevention |
| Section 1010 Human Resource Manual | Harassment Free Workplace |

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| Approved By:  | Date: December 12, 2021 |
| Jennifer Berry, Assistant Deputy Minister for Operations – Department of Health | |
| Approved By:  | Date: Dec13, 2021 |
| Jenifer Bujold, a/Chief Nursing Officer | |

Appendix A: Home Visit Do's and Don'ts

| Do | Don't |
|---|---|
| Appear confident and in control | Don't appear fearful – it promotes the victim syndrome. |
| Follow the client – do not let them follow you | Don't enter the client's home if your instincts say not to. |
| Stand to the side of the client | Don't stand face to face with a client (vulnerability to attack). |
| Leave the environment if your instincts tell you to. | Don't complete a home visit where someone is intoxicated or abusive – client, family member or visitor. |
| Leave the home if the client or visitor asks you to leave. | Don't complete a home visit if someone in the home is inappropriately dressed or where sexual comments or innuendoes are made, or pornography is viewed in your presence. |
| Treat the client with respect and dignity. | |
| Follow up on a staff member who has not reported back at a scheduled time after conducting a home visit. | |
| Report any unusual incidents to the SCHP as soon as possible. An incident report must be submitted through the Quality Review Module (QRM) of Meditech. | |

Tips for Guarding Your Personal Safety on Home Visits

This PSHSA Fast Fact is intended to help community care workers, supervisors, managers and JHSC members become more aware of what workers can do to help protect themselves when working in other people's homes.

The Occupational Health and Safety Act (OHSA), enforced by the Ministry of Labour, requires that employers and employees work together to identify hazards and develop strategies to protect against workplace injury and/or illness. While most home visits are routine, non-threatening experiences, there is always a possibility that a confrontation may arise during a visit.

General Tips

- Gather as much information about your client as possible before you go to his/her home.
- Pause for a few seconds when entering someone's home to assess the situation and plan a response.
- Observe the environment for signs of used syringes, odours, clutter, other people present, etc.
- Do not allow yourself to be cornered. Always leave an exit route or situate yourself between the exit and the client.
- Sit where you have a good view of the bedrooms or the hall to the bedrooms. Listen for anyone coming in from an outside door.
- For an interview, stay in the living room or dining room.
- Sit in a hard-backed chair. You can get up faster from a firm chair than from a soft sofa.
- Adopt a defensive sitting position. Sit with your strong leg back and your other leg forward. This will allow you to get out of your seat quickly without using your hands.
- Leave your shoes on. If a confrontation arises, you need to be able to leave in a hurry. If you do have to leave your outdoor footwear at the door, carry an extra pair of shoes for indoor use. If your client doesn't want you wearing shoes, mention that you have to wear them because of your employer's health and safety policy.
- Don't carry a purse. Leave it at home. Locking your purse in your car is not recommended since someone may observe where you put your valuables.
- Carry a briefcase for an interview. Place necessary valuables in your briefcase.
- If you need to carry valuables outside your briefcase, wear a jogger's pouch. Try to turn it so it is not visible.
- Be sensitive and aware of the first signs of a change in your client's behaviour or the behaviour of others in the home.
- Report any unusual incidents to your supervisor.
- If you are not issued with a work uniform, don't wear clothes that could easily get hooked or be grabbed by somebody and avoid wearing revealing clothes.

When Someone is Venting

- If your client or a family member is angry and begins to vent, stand up. You don't want to be dominated by this person.
- Watch your body language.
 - Stay calm.
 - Stand facing the aggressive person with your feet slightly apart.
 - Keep your arms at your sides with your palms up. This is less threatening and the individual can see that you do not have a weapon. Never clench your fists.

- Keep your voice calm. Don't argue with him/her. Speak slowly using simple, precise words and be polite.
- Don't make eye contact. Some people find this a threat or challenge.
- Let the person know you are listening. Restate what he/she said in your own words.
- If possible, move away from the person, so there is about six feet between you. At this distance, it will be more difficult for him/her to hit you.
- Watch the person's body language, including shaking or clenching fists, or a change in posture. He/she may be ready to do something physical.
- If the person is quietly looking off into space after a period of venting, he/she may be considering some action to take against you. You should say something out of the ordinary to get the person's attention.
- If you think you can divert the person, try to give him/her something to do in another room (e.g., ask for a glass of water).
- Leave the house if you think the person is going to lose control.

Things to Remember

- Report hazards and potential hazards to your supervisor.
- Report every incident, however small it may seem, to your supervisor. If you are nervous, ask for someone else to accompany you on your visit.
- Your employer should have policies and procedures for you to follow if you encounter a violent or potentially violent situation. These procedures should include a "buddy" system and should give you directions on when to involve the police. Be familiar with these procedures.
- Ensure that there is an adequate assessment of the home environment prior to the first visit. Use a letter of agreement or service contract with the client to ensure all parties understand the behaviours and situations that will not be tolerated.
- Attend training sessions on topics such as personal safety or dealing with aggressive behaviour to increase your awareness of preventive measures.

**Constable Diane MacInnis of the Metropolitan Toronto Police provided Information for the original version of this Fast Fact.*