

FNIHB-OR Nursing Policy and Procedure

Section:	Administration	Policy Number:	II - 10
Subject:	Home Visit – Unplanned	Issued:	March 31, 2014
Distribution:	All Nursing Facilities	Revised:	

1. POLICY:

- 1.1 Health care services will be available to the community, including those who are unable to physically access the health centre due to illness or physical mobility constraints.
- 1.2 Staff who provides health services in the home (e.g. Home Care Nurses) should be the primary provider for clients requiring home visits. If home care staff are not employed in the community and/or for urgent circumstances, community First Responders should be contacted to assist the client in accessing the nursing station. Community Health Nurses (CHN) may be required to make urgent unplanned home visits when no alternative means of health care access is possible.

2. PRINCIPLES:

- 2.1 Community based home care programs provide a variety of health services in the home. The services offered through the FNIHB-OR Community Health Program are not intended to duplicate those services already being provided, but rather to augment them.
- 2.2 First Responders provide the client with mode of access to the health care system.
- 2.3 Health care workers are considered to be in the workplace during home visits where health care services are being delivered, thus all FNIHB-OR workplace safety policies apply during those visits.

3. DEFINITIONS:

4. PROCEDURE:

- 4.1 For after-hours assessments or emergencies, the nurse on call (NOC) may be contacted.
- 4.2 Every effort must be made to transport the client to the health centre for further assessment. In communities which employ First Responders, they must be contacted for assistance with transportation of the client to the health centre.
- 4.3 The decision to make an unplanned home visit needs to be assessed on an individual basis. The following process to evaluate the situation is recommended:
 - 4.2.1 Speak directly with the client (whenever possible).

- 4.2.2 Obtain as much information about the client, location, and other people living in the residence. If the residence or client is known to be dangerous do not attend the house.
 - 4.2.3 Over the phone, assess the client's condition through a rapid nursing assessment.
 - 4.2.4 Anticipate the health intervention(s) that may be required, and determine the urgency in obtaining health care.
 - 4.2.5 Assess potential for a life threatening health condition(s) where a delay in seeking alternative transportation modes to the nursing station can cause further harm.
 - 4.2.6 Determine if the mechanism of transport for the client requires the expertise of a health professional prior to moving (e.g. spinal immobilization). First Responders have received training for spinal immobilization and should be contacted.
 - 4.2.7 Assess the capacity of the client to attend the nursing station and all existing external conditions that may impede the client's ability to attend to the nursing station (e.g. COPD exacerbated by cold weather, etc.)
- 4.3 If the situation in the home or at the site is assessed to be unsafe and the health professional deems that urgent access to health care is required, alternative means of access must be explored. This may mean seeking an alternate means of transport to the nursing station or requesting additional support to attend to the home (e.g. accompanied by law enforcement officer, Bylaw Officer, or Social Worker).
- The practitioner will NOT attend a home/site when it is determined to be UNSAFE**
- 4.4 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 (e.g. spinal immobilization) the client must attend the nursing station for assessment.
- 4.5 If the CHN was called about an unexpected death in the community, the nurse shall inform the appropriate law enforcement personnel. The CHN is not expected to attend an unexpected death in the community.
- 4.6 If the situation in the home or at the site is assessed to be safe and of an emergent nature, the NOC responding to the call will:

During clinic hours: Inform the NIC (or designate) about the exact location and phone number of the home visit; the type of communication device the nurse will take with him/her (e.g. cell phone, radio phone, etc.); the reason for attending at the home/site; and the estimated length of stay at the location. The recommendations outlined in *Appendix A: How to Plan a Safe Visit* shall be executed throughout the process.

After clinic hours: Inform the second NOC / or other colleague about the exact location and phone number of the home visit; the type of communication device the nurse will take with him/her (e.g. cell phone, radio phone, etc.); the reason for attending at the home/site; and the estimated length of stay at the location. The recommendations outlined in *Appendix A: How to Plan a Safe Visit* shall be executed throughout the process.

Inform the second NOC or other colleague upon safe return back to the health centre.

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

- 4.8 The second NOC or colleague who was notified of the unplanned home 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 back to the nursing station.
- 4.9 If the NOC has not returned to the nursing station and the second NOC or colleague is unsuccessful in contacting the NOC on the home visit, the second NOC will immediately contact the NIC and law enforcement personnel (as directed by the NIC or other standard operating procedures established for the nursing station).
- 4.10 When it is the first time staff are making a home visit for a client, two staff members are required to attend the home. For ongoing visits for that client, it will be determined, in consultation with the NIC or designate, how many staff members are required to attend.
- 4.11 If the nurse has any concerns about his/her own safety when at the home, DO NOT ENTER and LEAVE IMMEDIATELY. Do not worry about leaving supplies or equipment; safety is paramount. The nurse is to promptly report any incidents or near-misses to the NIC or designate. An occurrence report is to be completed as per *FNIHB-OR Policy: Occurrence Report*.
- 4.12 All contact with the client, family or contact person through telephone / radio conversations or home visits must be documented in the client's health record in accordance with the FNIHB-OR Documentation policies and standards.
- 4.13 If the client refuses to attend the health facility and the nurse determines that a home visit is not urgently required, all reasons why the home visit was not completed and any attempts to seek alternative means of access or support to attend the nursing station must be documented in the client's health record.
- 4.14 Other home visit considerations include, but are not limited to: maintaining security of all confidential documents (decision to transport identifiable data); safe sharps disposal; use and disposal of personal protective equipment.

5. RELATED POLICIES:

FNIHB-OR Policy: Occurrence Report
FNIHB-OR Policy: Management of Abuse in the Workplace
FNIHB-OR Policy: Providing Care to Immediate Family Members
FNIHB-OR Policy: Documentation Standards
FNIHB-OR Policy: Working with Unregulated Care Providers

6. REFERENCES:

Canadian Centre for Occupational Health and Safety. Working Alone – Working with patients. Retrieved from http://www.ccohs.ca/oshanswers/hsprograms/workingalone_patients.html

Canadian Centre for Occupational Health and Safety. Working Alone – Off site. Retrieved from http://www.ccohs.ca/oshanswers/hsprograms/workingalone_offsite.html

Health Care Health & Safety Association of Ontario; Ontario Workplace Safety and Insurance Board (2003). Health and Safety in the Home Care Environment.

Winnipeg Police Service Community Relations Unit (2009). Professional Home Visitors.

Approved by:	Effective Date: March 31, 2015
Director of Nursing, Ontario Region Date:	
Regional Executive, Ontario Region Date:	

APPENDIX A: HOW TO PLAN A SAFE VISIT

HOW TO PLAN A SAFE VISIT

1. Before your visit, enquire about pets, children, other potential visitors, etc.
2. Always inform the Nurse in Charge (NIC) or other colleague that you are conducting a home visit and the expected time of arrival and departure from the residence.
3. Discuss any potential dangers.
4. Request a partner if you feel one is necessary.
5. Always wear or carry your identification badge. It will show that you are acting in an official capacity.
6. Carry only what is necessary. Large or numerous bags or cases are cumbersome.

PERSONAL SAFETY DURING THE VISIT

1. Present yourself in a calm and confident manner.
2. Before entering be aware of your surroundings. If you have any concerns about your safety do not enter.
3. If there are dogs or other pets that concern you, be assertive and decline providing a service until they are secured and pose no threat to you.
4. Avoid the kitchen when possible, as this area may present dangers.
5. Do not sit if the client stands. If you sit, do so in a hard-backed chair. You can get up faster from a firm chair than a soft sofa.
6. If possible, do not remove your shoes or bring a pair of indoor shoes to wear.
7. Be aware of your surroundings – watch for dangerous objects.
8. Recognize the first signs of a change in your client's behaviour or the behaviour of others in the home. Assess the client's appearance, routine of daily living, how he or she spends the day, and any other outstanding characteristics.
9. Know where doors/exits are for an escape route, and try to keep between your client and the route to safety.
10. Carry a communication device (cell phone, radio phone, etc.).
11. Notify the NIC or other colleague of your return to the health centre.

APPENDIX A: HOW TO PLAN A SAFE VISIT

HOME VISIT DO'S AND DON'TS

DO:	DON'T:
Follow the client (do not let them follow you)	Don't appear fearful - promotes the victim syndrome
Stand to the side of the client	Don't stand face to face with a client (it makes you vulnerable to attack)
Leave the environment if your instincts tell you to	Don't enter the client's home if your instincts say not to
Leave the home if the client or visitor asks you to leave	Don't stay where someone (client, visitor or family member) is intoxicated, or abusive
Treat the client with respect and dignity.	Don't stay where someone (a client, visitor or family member) is inappropriately dressed, or where sexual comments and innuendoes are made or pornography is viewed in your presence.
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 NIC as soon as possible	
Appear confident and in control	

REFERENCES:

Canadian Centre for Occupational Health and Safety. Working Alone – Off site. Retrieved from http://www.ccohs.ca/oshanswers/hsprograms/workingalone_offsite.html

Health Care Health & Safety Association of Ontario; Ontario Workplace Safety and Insurance Board (2003). Health and Safety in the Home Care Environment.

Winnipeg Police Service Community Relations Unit (2009). Professional Home Visitors.