

FNIHB-OR Nursing Policy/Procedure

Section:	Administration	Policy Number:	II - 11
Subject:	Home Visits - Planned	Issued:	March 31, 2015
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 planned, ongoing home visits. Community Health Nurses (CHN) may be required to make planned home visits when the care required is beyond the scope of the home care staff or when alternate home care staff is not available in the community.

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 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:

Nurse: Refers to Registered Nurse, Nurse Practitioner, and Registered Practical Nurse.

4. PROCEDURE:

- 4.1 Community members who have known medical conditions and are not able to attend the nursing station will be referred to the community based home care program, where available. CHNs will continue to provide support to the home care staff as required by the health care needs of the client.
- 4.2 In communities where Home Care Nurses are not employed, and the health care services required in the home are beyond the scope of the unregulated home care worker, every effort should be made for the client to be seen by the nurse at the nursing station.

- 4.3 If the client refuses to attend the health facility and the nurse determines that a home visit is not 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.
- 4.4 A home visit may be scheduled if the client is unable to attend the health centre and the nurse determines, through a rapid nursing assessment, that a home visit is required. The following factors should be considered:
- 4.4.1 The client's health condition;
 - 4.4.2 External conditions (e.g. Resources available for the home visit; safety of the situation);
 - 4.4.3 Professional judgment of the level of interventions required to manage the health concern safely (e.g. will the client require a chest x-ray to accurately diagnose a lower lung infection?);
 - 4.4.4 Frequency of interventions required;
 - 4.4.5 Availability of home care staff
- 4.5 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.
- 4.6 Nurses are encouraged to follow the guidelines outlined in Appendix A: *How to Plan a Safe Visit*. The nurse will not attend a home/site when there are any safety concerns and alternate plan must be arranged in consultation with the NIC or designate.
- 4.7 If the nurse has any concerns about his/her own safety when at the home, DO NOT ENTER and/or 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*.
- 4.8 The details arising from the home visit must be documented in the client's health record, in accordance with FNIHB-OR Documentation Policies and Standards.
- 4.9 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

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