



Promoting Physical Safety in Home Visits During the COVID-19 Pandemic

This practice guidance resource provides a list of strategies public health nurses use to promote the protection of the nurse and client (and their children) during an in-person home visit or encounter. Information about routinely conducting a point-of-care risk assessment is also included.

Preparing clients before the visit

- ✓ Clearly **communicate your organizational protocols** around the need for PPE and physical distancing measures during an in-person encounter as early as possible.
- ✓ Provide simple, straightforward explanations as protocols change.
- ✓ Explain to clients the importance of wearing PPE and that nurses wear it to all their visits to help keep families from getting sick.
- ✓ Re-assure families that nurses change their PPE between visits to different families.
- ✓ **Offer a choice of visit location.** Some clients may prefer an [outdoor visit](#). Being flexible with location can support therapeutic nurse-client relationships, address power differentials, and may be an opportunity to make assessments without other people being present.
- ✓ Discuss the number of people who will be present during the home visit. When possible limit the number of people in a visit or connect others to the visit virtually.
- ✓ **Share a photo** of yourself with and without PPE via email or text. If age-appropriate, encourage the client to show to children in the home so they know who to expect when you arrive.
- ✓ When possible, **wear a picture ID (without a mask on)** to the home visit.
- ✓ Help clients with **toddlers or young children** prepare for the visit without causing additional anxiety for either the parent or the child. Suggest placing toddlers in highchairs or strollers upon the nurse's arrival.

Conducting a point-of-care risk assessment prior to the encounter

- 1 Routinely ask yourself a series of questions about the care environment, the individual(s) present, the task(s), and you, as the health care professional.
- 2 Ask about or observe for signs of illness or altered health status and the environment for any potential risks.
- 3 Use assessment data to inform next steps e.g., delay home visit, alter home visit location or mode of encounter, or implement appropriate public health measures to minimize risk (e.g., PPE, physical distancing).



I'll text you when I arrive. To protect all of us, how about putting Quinn in the highchair.

Point-of-Care Risk Assessment Questions to Consider Prior to Every Client Encounter

Public health units may have local policies or specific point-of-care risk assessments that staff are required to follow, if not, these checklists provide some points for consideration.

Environment

- Is there enough space so that all participants are able to stay 2 metres apart?
- If visiting in a shelter, are the staff aware of your visit? Are there other organization/agency protocols/screens to complete?
- If you are visiting in an apartment building, on which floor are you going? Can you take the stairs? Can the client meet you in the lobby or a meeting room?
- Can the visit be conducted outside?
- Are there other health concerns (e.g., presence of someone who is immunocompromised) or other circumstances (e.g., dogs, intimate partner violence) that might require additional precautions?
- Are there pets or other children in the home? What strategies have been discussed to limit home visitor encounters with them?

Individuals Present for Home Visit

- Will all people present be able to keep their mask on during the visit (excluding children under 2 years of age)?
- Have all people present during the home visit completed a COVID-19 assessment, 24 hours or less before my visit?
- Is appropriate PPE available for everyone?
- Have there been any recent changes to health status?
- Is the client or other individuals in the home able to practice respiratory etiquette, perform hand hygiene, and maintain physical distancing?

Task

- What types of tasks will I be engaged in with the client during the visit (e.g., providing direct face-to-face care, or indirect tasks)?
- For tasks that do not require close contact, is it possible to maintain a physical distance of 2 metres?

You, the Health Care Professional

- Have I conducted my daily COVID-19 screen?
- Do I have the necessary PPE, cleaners, or disinfectants available for your use (or to share with clients) for all home or community visits?
- What tasks will I be engaged in with the client during the visit?



Supporting client and nurse safety during the visit

- ✔ Remind client of any **COVID-19 safety protocols** at the beginning of visit. Identify the safest space for the nurse-client interaction that allows for appropriate distancing. It is important to be mindful that having space where multiple people can safely be physically distanced is connected to privilege. If the visit space is small, offer the option of an outside or walking visit.
- ✔ Remember to continue to smile and use expressive body language. How one feels is demonstrated even if the mouth is covered!
- ✔ **Respond to children** who are not maintaining safety protocols in an age-appropriate way. Modeling this behaviour may help to decrease parenting stress and provide ideas for how parents can respond to future interactions.
- ✔ When you wash or sanitize your hands upon arrival, include any toddlers or children where appropriate. If you are using hand sanitizer, role model how to apply it and how to let one's hands dry.
- ✔ Consider how **sensory concerns or sensitivities** may impact a client's comfort or ability to wear masks, particularly for clients with cognitive, intellectual, or neurological disabilities.
- ✔ Recognize that safety measures may impact communication, especially for clients with hearing loss (e.g., masks/ face shields making lip-reading difficult or lead to a muffling of voices).



Working with clients who are hesitant about public health protocols

- ✔ Be calm and non-confrontational
- ✔ Acknowledge that it is new and different for people to be so far apart during home visits, and that it is normal to feel some discomfort or awkwardness.
- ✔ Use [active-listening skills](#) and remain empathetic
- ✔ Suggest alternative options for the visit, including (when available) the option to connect virtually

Citation: Citation: Campbell, K., Strohm, S., & Jack, S.M on behalf of the PHN-PREP Project Team (2021). Promoting Physical Safety in Home Visits During the COVID-19 Pandemic [Professional Resource]. School of Nursing, McMaster University. [<https://phnprep.ca/resources/safety-in-home-visits-covid19/>]

In creating the content for this Professional Resource, McMaster University [project led by Susan Jack] engaged in research, analysis and synthesis of existing resources, guidelines, tacit professional knowledge as well as any available research evidence to date. McMaster University makes every reasonable effort to ensure that the information is accurate at the time of posting. We cannot guarantee the reliability of any information posted. This Professional Resource is for information and education purposes only and should not substitute any local policies and legislative and professional responsibilities required by your licensing body. In the event of any conflict, please follow your local policies and legislative and professional responsibilities. This material has been prepared with the support of the Province of Ontario but the views expressed in the document are those of McMaster University, and do not necessarily reflect those of the Province.