



In-Person Home Visiting: Navigating Infection Prevention and Control Practices

The COVID-19 pandemic has fundamentally changed the practice of in-person home visits with clients. Drawing from the professional experiences of Ontario public health nurses working in the Healthy Babies Healthy Children and Nurse-Family Partnership programs, this document provides insights into the realities of this work and summarizes nurses' strategies for navigating the use of infection prevention and control (IPAC) practices as outlined by their local health unit policies and procedures while also prioritizing the nurse-client relationship.

“It’s a game changer”

In-person home visiting facilitates many public health nurse actions:

- Initiating the nurse-client relationship and promoting early engagement with new clients.
- Assessing the environment to ensure that the space provides the client with privacy to safely speak about health or social concerns.
- Role modelling, providing demonstrations or coaching clients on skills related to infant nutrition, responding to infant cues, or parenting strategies.
- Conducting complex, and often sensitive, health assessments.
- Supporting clients in “pre-contemplation” or “contemplation” stages of behaviour change to consider options for change.

Adoption of a long-term hybrid model of visiting (with options for telephone or videoconference or in-person contacts) is valued – providing nurses and clients with flexibility to select the best way to connect.



“... Clients actually do want to see us during this time. I thought there would be more hesitation with the idea of somebody coming into your home during a pandemic. However, our most vulnerable, especially clients who have issues with the Internet or access to technology, they really want that in-person connection.”

Public Health Nurse



“... Getting back into the home was a game changer. The whole premise of why Healthy Babies Healthy Children is a home visiting program is because that [nurse-client] relationship is so important and I can't build that relationship over the phone or even virtually.”

Public Health Nurse



“It’s a delicate balance”

Public health nurses are knowledgeable about and committed to the consistent implementation of IPAC policies and procedures, including the use of personal protective equipment (PPE), during in-person home visits.

However, nurses shared that the reality of their work is that maintaining a 2m distance and having everyone adhere to PPE guidelines can be difficult at times because...

- Toddlers get on your lap and show you their toys.
- Toddlers move around and find it difficult to stay in one place for the duration of a visit.
- Some homes have limited space which minimize the ability to “physically distance.”
- Clients show emotions (sadness, anger etc.) and it’s difficult in that moment to “correct” them to properly adjust their mask.
- Individuals, including children, just don’t wear masks in their own homes.

“I came into a visit and the mom was really struggling emotionally and crying. Me asking her to put on her mask, which is one more thing for her to cope with... So, I just weighed my risk. I had my PPE, I kept my distance. I did everything I could control. It was the right thing to do in that moment, taking into consideration how she was. I just thought, “if I had to put on a mask when I was bawling my eyes out, I just wouldn’t think it was feeling really right.”

Public Health Nurse



Many nurses employ a harm reduction approach to in-person home visiting to:

1.

Maintain the therapeutic alliance with the client

2.

Limit their role in “policing” client/child/family member’s use of PPE

3.

Minimize the stress of maintaining a 2m distance from clients and children

4.

Minimize the risk for transmission of the SARS-CoV-2 virus

PRIOR to a home visit: Public health nurses conduct point-of-care risk assessments, screen for symptoms, and communicate clear expectations to clients (and anyone present during the visit) about the IPAC strategies required during the visit..



DURING a home visit: Public health nurses focus on what they can control including wearing eye protection, the appropriate use of a well-fitted, health-unit distributed medical mask, maintaining a 2m distance when possible and decreasing their focus on monitoring or correcting clients’ (including children) use of masks or physical distancing.

“We encounter a lot of people who don’t want to wear masks in their own home and so that’s their choice. We decided as a team that will not stop us visiting them. We do what we can with every contact, we provide some education on how to protect yourself from COVID-19. But it’s important to respect that it is their home. It can be hard to balance safety and COVID-19 as well as the interaction with the client, as you want to be able to return to the home...so it’s a delicate balance. So, I wear more PPE, do good hand hygiene and my vaccinations reduces my risk.”

Public Health Nurse



Clearly Communicate Expectations to Clients about IPAC Strategies

When scheduling or confirming a home visit:

- Outline the expectation that everyone, including the home visitor, will need to wear a mask.
- Ask if the client/family requires the nurse to bring additional masks to the visit. Some public health units may require that the client/family members remove their personal mask and replace with the masks brought by the home visitor.
- Inform the client/family that the home visitor may also be wearing additional PPE such as eye protection or a gown.
- Always provide the “why!” Explain to clients the reasons for wearing different forms of PPE and how protective it is!
- Explore if it is possible to limit the number of people at the visit.



Practice Tip! Take the extra minute to praise and thank the client for the important part they are playing in helping to manage the pandemic by wearing a mask, getting themselves and family members vaccinated etc.

Public health nurses’ tips for pre-visit screening:

- Save a copy of the public health unit’s screening process and questions (or the link to the screening tool) and have a process so that they are easy to “paste” directly in a text to a client.
- Consider also asking, “is anyone in your home sick, isolating, and/or waiting for the results of a COVID-19 test?”
- Send a reminder text that states, “I’ll be wearing my mask, please also wear your mask to so we can protect each other.”



It's important for nurses to share with clients that they also take many measures to create a safe visit for the client and their family!



"I self-assess for COVID-19 symptoms every day before I begin work. If I were ever to feel unwell, I would cancel and re-schedule our visit, or see if we could meet by phone or video."

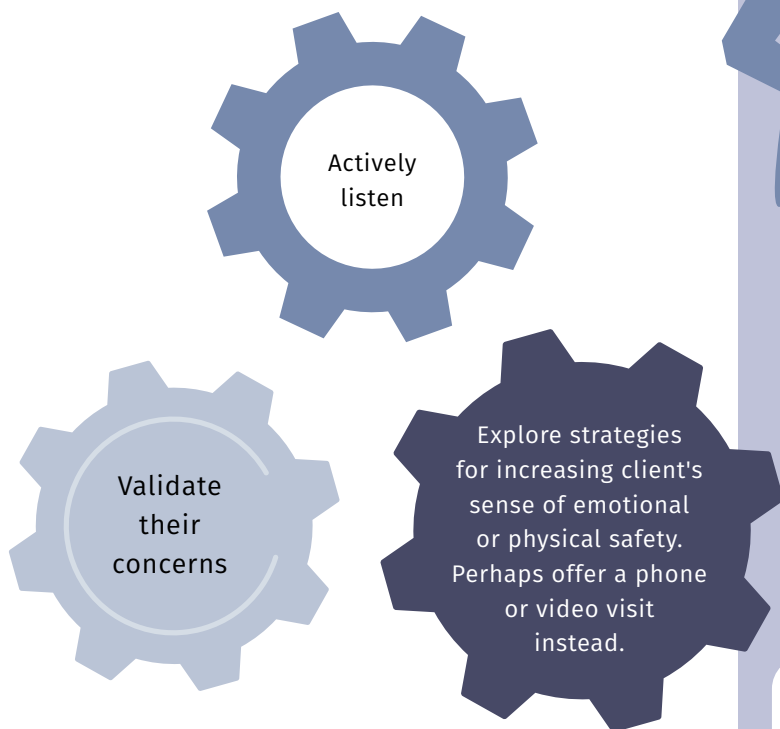


“It can be weird though...”

Public health nurses acknowledged that the wearing of masks, eye protection and gowns on home visits is different and evokes a range of different emotions for nurses, family home visitors as well as clients and their families.

Prior to an initial in-person visit with a family, take a minute to assess the client’s level of comfort for having a nurse (or home visitor) in PPE visit inside or outside of their home.

If they do express concerns:



Minimize stigma! Think about where PPE is donned!

If required to wear PPE (e.g., gown, goggles, face shield, booties) other than a mask (which is now quite normalized in society) to a home visit, explore with the client

- Any concerns they may have with you approaching their home in PPE.
- Their preference for WHERE you don the PPE. Are they comfortable with you donning the PPE in your car and walking to their home or is there a discrete place where you can put the PPE on prior to entering their home?



“We did outdoor visiting over the summer and wearing a mask with a shield outdoors at a park, well, it was weirder than wearing it in someone’s home. Because you get the looks, right? It kind of insinuates that, that person is part of a program...”

Public Health Nurse

“Are you comfortable if I put my face shield and gown on in your driveway and walk up, or would you prefer if I text you when I arrive, walk into your home and put it on once I come in the door? I would ask you then to just step back about 6 feet while I put all my stuff on.”

Rules for wearing PPE need to be clearly communicated and consistently applied across the organization

It was problematic when public health nurses and family visitors were inconsistent in their use of PPE when visiting the same family.

Public health nurses recommended:

- All members of the home visiting team are aware of (and consistently apply) the health unit's IPAC policies and procedures for home visiting.
- That there is a mechanism for communicating the expectations around PPE use between the family, public health nurse and family home visitor, so that everyone is aware of the expectations.
- That family service plans be modified to include information about IPAC expectations.



Citation: Jack, S.M., Strohm, S., & Campbell, K.A. on behalf of the PHN-PREP Project Team (2022). In-person home visiting: Navigating infection prevention and control practices [Professional Resource]. School of Nursing, McMaster University. [<https://phnprep.ca/resources/navigating-ipac-practices/>]

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