

Transition to Community Nursing Practice

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Section B - Working in the community

Chapter 3 - Working safely

The aim of this chapter is to:

- Explore some of the legislation that protects nurses working in the home setting
- Discuss 'rights of entry'
- Consider your own personal safety when working in the community

Whilst working in the community there is legislation that exists to support and protect you in this environment and your employers are bound to ensure that measures are in place to prevent or minimise risk.

Some Legislation that protects working in the home setting:

- Health & Safety at Work Act (1974)
- Management of Health & Safety at Work Regulations (1999)
- Manual handling Operations Regulations (1992)
- Control of Substances Hazardous to Health Regulations (2002)
- Personal Protective Equipment at Work Regulations (1992)

Health & Safety at Work Act (1974) – section 7: the two points below particularly relate to community nursing:

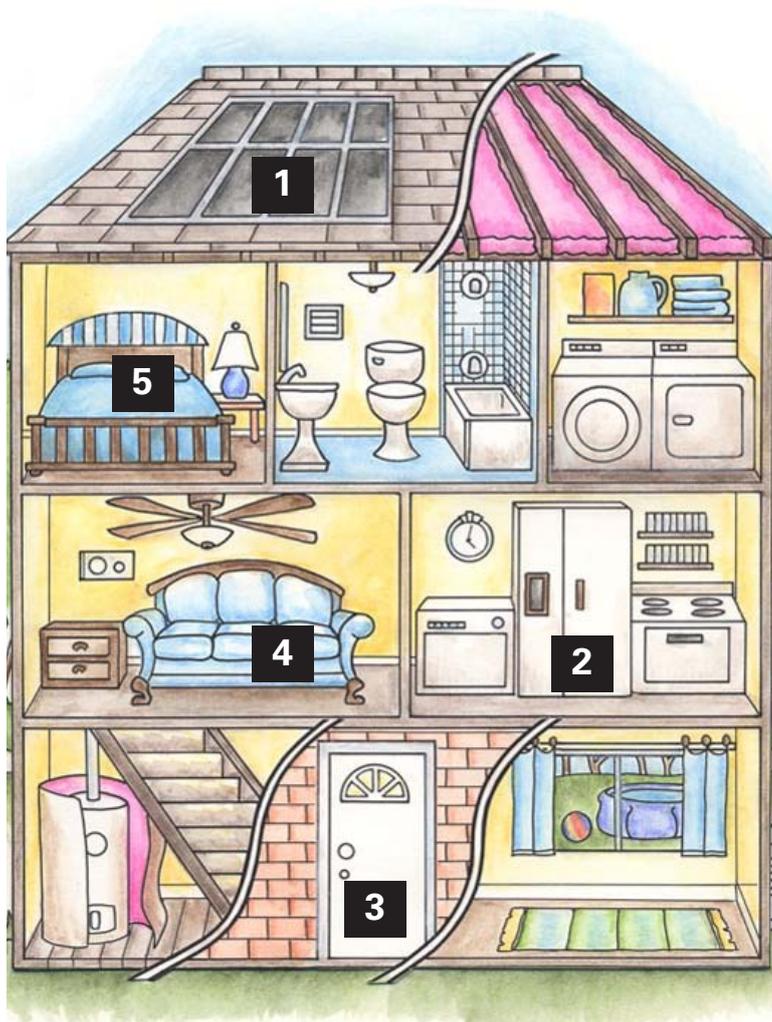
1. To take reasonable care of their own health and safety and any other person who may be affected by their act or omissions
2. To co-operate with their employer so far as necessary to enable that employer to meet their requirements with regards to any statutory provisions

Lone Worker Policy

A lone worker is someone who works by themselves without direct or close supervision. When working as a community nurse you will find yourself in situations of working alone in a patient's house or working at weekends and accessing clinic buildings etc . It is important that you become familiar with and know how to access your Trust Lone Worker policy and adhere to it in order to assist with your own personal safety. As part of your learning for this Chapter it is recommended that you read your trust policy on lone working. This is essential as it may vary from trust to trust. There is a great deal of hearsay around this subject so new employees need to read and refer to it regularly.

'A community nurse has the right of entry in an emergency.'

Entry rights for community nurses:



A community nurse has the right of entry in an emergency, in order to save a life. For example, if you arrived at a house and could see the patient through the window lying unconscious on the floor. In other situations it would be advisable to call the police who can force entry legally.

As part of your learning for this chapter it is recommended that you read your Trust policy on 'Entry'.

4. Trespass - Once a community nurse enters the property of a client, she does so with implied consent of the occupier. If the occupier withdraws consent and asks you to leave, if you do not leave you are trespassing!

5. Vulnerable groups - There are special provisions for mental health and learning disabilities under the Mental Health Act (2007) around access.

Looking after yourself

Working as a nurse comes with its own set of risks. Here are some statistics related to the physical aspects of the role.

Physical risks

- Musculoskeletal – a quarter of all nurses have at some time taken time off as a result of a back injury

- Stress - work related stress accounts for over a third of all new incidents of ill health
- Slips and trips - two thirds of all major injuries¹

1. Who is the occupier? - This may be the owner/occupier of a private house, or the landlord (which could be an institution) of a tenanted property.

2. Occupier's Liability - There is both statutory duty (this relates to property law that landlords must obey) and common law duty (this relates to law developed through judges and decisions made on similar cases in courts) to take care of premises, so that visitors to those premises do not suffer injury. It follows that if a community nurse is injured because of the dangerous conditions of the premises that she is visiting, she may be able to sue the occupier who has a duty under the Occupiers Act (1957) – as well as the common law to keep the premises safe.

3. Entering the premises - 'Asked for permission' or 'implied permission' apply here. Normally a community nurse will be a lawful visitor even when visiting a new family uninvited. But that does not mean she has the right of entry to a client's house.

Preparing to visit

Here are some additional practicalities to think about when preparing to visit a patient in the home.

Remember at all times to do as much homework as possible about the patient before visiting, for example, does the person live alone? Who else lives in the house? Does the person have any history of violence or aggression? If you can, speak with any other health or social care professionals that may be involved in the care of the person.

¹ Health & Safety Executive (2007)



You could also run through a personal checklist to plan for a few eventualities:

Personal checklist:

1. Make sure that you inform others of your whereabouts at all times
2. Ensure that you have a charged mobile phone with you
3. Have a separate work mobile if possible
4. Have your car keys in an accessible place
5. Plan your access and exit route to the property
6. Do not visit known 'risk' people or areas alone
7. Adhere to your Trust policy on Home Visiting
8. Trust your own 'instinctive' feelings if you do not feel safe

What to wear?

In some areas it will be Trust or employer policy to wear a uniform and this will be provided. In other areas it may be deemed as policy for you NOT to wear a recognised uniform due to safety reasons. It should be noted that there are advantages and disadvantages of wearing a uniform in the community.

When wearing a uniform you are easily recognisable and some patients relate well to this. It allows you to 'set the scene' early on and boundaries are clearly identified. It also allows patients to understand the different roles according to the colour of the uniform, for example District Nurse, Health Care Assistant.

Not wearing a uniform can be an advantage in some neighbourhoods where nurses might be targeted as perhaps 'carrying medications' etc. It can be much safer to not be recognised. Some patients prefer their neighbours to be unaware of who is visiting and again the identity of the nurse is not known. Sometimes a uniform can be viewed by the patient as a 'barrier' and they feel more comfortable with a nurse if they are wearing their own clothes.

Whether wearing a uniform or not, you will be acting in the role of a nurse and it will be essential that you remain professional in both your appearance and behaviour regardless of uniform.

How will you get around?

Some community nurses work in areas where there are difficulties with parking, or no parking at all. Due to the proximity of patients, for example in inner city or built up areas it may be more appropriate to walk, take public transport or cycle.

Driving your car -

When using your own car for work please consider the following:

1. You need a full driving license - obvious we know - but you must have one!
2. Be aware of the type of vehicle insurance that is required whilst employed. Also your employer's insurance responsibilities.
3. Have an understanding of the procedure if you have a road traffic accident whilst working.
4. Have knowledge of the rules around taking passengers, for example students or colleagues when driving whilst employed
5. Be aware of the rules around traffic offences including

'In some instances you may find it safer to visit a patient in pairs.'

the accumulation of points - disqualification, speed, alcohol, dangerous driving whilst employed and how to report any incident.

6. What are the rules in your Trust around getting parking tickets whilst on duty?

As part of your learning for this Chapter it is recommended that you read your Trust policy on Insurances and also policies around traffic offences. Also your employer's policy on the use of your own car for work purposes. This will be within the Trust policy on Insurances, which will vary from Trust to Trust.

Violence , Aggression or Harassment

Whilst in most situations, patients and their relatives are pleased to have the opportunity to receive care from a community nurse, in some cases there may be situations where the patient or relative are unhappy with you or what you represent.

Please be mindful of the following:

- The potential for an outburst is a very real one
- Try to avoid vulnerable or volatile situations at all times
- Be aware that 'pets' can be the source of this behaviour also - you can ask for a pet to be kept in another room whilst you are visiting
- This type of behaviour can sometimes lead to a 'withdrawal' of your service
- Be aware that relatives can be unpredictable at times
- Have a clear understanding of your Trust policy on Violence, Aggression or Harassment
- Employers must take steps to keep staff safe at all times
- DO NOT suffer in silence – communicate and document any fears you may have to your manager immediately. This may ensure the safety of colleagues or the wider healthcare team so timely reporting is invaluable
- Smoking – you can ask the patient to extinguish a cigarette for your health reasons

In some instances you may find it safer to visit a patient in pairs. The assessment which results in this decision would normally have been performed by the district nurse and it will be down to team members to adhere to this plan of care. Once a district nurse has performed a risk assessment on a patient that advises nurses to visit in pairs it will be down to all team members to ensure that this is adhered to and that a nurse does not visit alone to save time or

because she personally does not feel at risk.

As part of your learning for this Chapter it is recommended that you read your Trust policy on Violence and Aggression or Harassment.

Medicines Management

The way in which medications are administered and managed is different in the community setting and again it is about you becoming familiar with the differences. The same rules apply in terms of the safe administering and monitoring medicines, however within the community environment more emphasis is placed upon other factors such as risk, storage and disposal of drugs. Here are some helpful tips:

- Make sure that you have seen a copy of the NMC (2010) Standards for Medicines Management
- Know your Trust Policy on the administration and management of medicines in the community setting
- Some community nurses are qualified to prescribe for the Nursing Formulary
- Community nurses can also be independent prescribers
- Others may prescribe working in partnership with GP's under 'Patient Group Directives '
- Get to know your local pharmacist who will be invaluable for information and advice
- Ask if your mentor if you are unclear

As part of your learning for this Chapter, it is recommended that you read your Trust policy on Medicines Management.

Infection Control

When visiting some homes it will be a challenge to adhere to the same levels of cleanliness as in a hospital environment. It will be down to you to become creative in the way in which you practice. You may be in someone's house without supervision but do not let your standards slip. Hand washing and the use of protective equipment still applies and it will be down to you to minimise the risk of infection and cross infection to all the patients in your care. You should familiarise yourself with the guidance specific



to your employer to ensure the safety of the patients in your care. This includes the safe disposal of sharps and needle stick injury procedure for example.

As part of your learning for this Chapter it is recommended that you read your Trust policy on Infection Control.

Scenario

You have visited a patient where the hand washing facilities are below an acceptable standard, for example the sink and taps are visibly dirty and there isn't a clean towel to dry your hands. The patient does not appear concerned about cleanliness and the whole house is dirty. Possible solution: short term will be to use anti-bacterial hand wash. Longer term maybe to encourage the patient to clean the sink and surrounding area and to ask the patient or carer to provide a clean hand towel at all times.

Duty to report incidents

It is your professional duty to act to identify and minimise risk to patients and to report any incident if you consider the health or safety of an individual has been or is likely to be endangered.

Safe Working Activity

Think about your own day to day practice -

- When have you felt at risk?
- Have you ever performed a risk assessment?

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

- Whose responsibility is it to assess risk?

The management of risk is considered one of the fundamental duties of every member of staff and it will be part of your role to familiarise yourself with the risk factor

Do you have a policy of safe practice, for example when finishing at the end of the shift - how do colleagues know you are safe?

Case scenario - safe working



A community nurse attended an elderly male patient to dress his leg ulcers. The man's wife was in the house, although she was never in the room when the nurse was dressing the wound. The nurse visited twice and on both occasions the man was verbally inappropriate, asking questions about her sex life. There was no reason to believe he was suffering from a mental health issue which could be affecting his behaviour. The first time it happened she tried to avoid the subject but when he increased the intensity on the second visit she brought it to the attention of her team leader.

- What would you do in a situation like this?
- What are your Trusts policies around such incidents?
- What legislation if any could protect you as a worker in this situation?

'It is normal to feel overwhelmed about knocking on a patient's door with no idea what you are about to face.'

Possible action:

- Challenge the man if you feel able and inform him that his behaviour is not appropriate
- Inform the man of the possible implications of his behaviour
- Inform your mentor and manager and document both incidents. (You must do this)
- Ensure that you feel supported before visiting again
- Adhere to your Trust Policy on this type of behaviour



Reflection trigger point – What would you do if?

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from Trust to Trust according to local policy and procedure. We are also aware that there may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

Reflection

- A diabetic patient who you visit daily to give insulin does not answer the door - what actions would you take?
- A sudden death where resuscitation status is not in place
- There is a confrontation within a patient's home
- A patient's home environment does not allow staff to perform the tasks they need to do and it has 'risks' for staff going in - but the patient is not agreeable to change.

Community Nurses' Quotes

What one piece of advice would you give a nurse coming to work in the community for the first time?

'... To understand that the risks in a community setting are different and you need to be able to manage those risks differently.'

'Always expect the unexpected... it is normal to feel overwhelmed about knocking on a patient's door with no idea what you are about to face.'

'...knowledge is power. Read up on everything from current treatments to weather reports. Have access to all phone numbers you will ever need and create contacts of who does what - learn about finances (it's not all free in the community).'



Chapter Summary

This Chapter has introduced some of the key issues of safe working in the community setting. It has explored the key legislation that protects community nurses and discussed 'rights of entry' when going to people's homes. In particular it has highlighted some of the personal safety issues that need to be taken into consideration when working in the community setting.

Web resources

- www.cqc.org.uk - Care Quality Commission
- www.suzylamplugh.org - The Suzy Lamplugh Trust
- www.rcn.org.uk - RCN
- www.unison.org.uk - Unison
- www.unitetheunion.org/cphva - CPHVA/Unite

Legislation Links

- Health & Safety at work Act (1974)
www.legislation.gov.uk/ukpga/1974/37
- Management of Health & Safety at Work Regulations.(1999)
www.legislation.gov.uk/uksi/1999/3242/contents/made
- Manual handling Operations Regulations (1992)
www.legislation.gov.uk/uksi/1992/2793/contents/made
- Control of Substances Hazardous to Health Regulations (2002)
www.legislation.gov.uk/uksi/2002/2677/contents/made
- Personal Protective Equipment at Work Regulations (1992)
www.legislation.gov.uk/uksi/1992/2966/contents/made
- Occupiers' Liability Act (1957)
www.legislation.gov.uk/ukpga/Eliz2/5-6/31/contents
- Health and safety Executive
www.hse.gov.uk/
Nurse prescriber www.nurseprescriber.co.uk

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