

Transition to Homeless Health Nursing

Contents

Section A - Thinking about working in Homeless Health

Chapter 1 - Introduction

Chapter 2 - Making the transition

Section B - Working in the homeless health nursing setting

Chapter 3 - Working safely

Chapter 4 - Patient focus

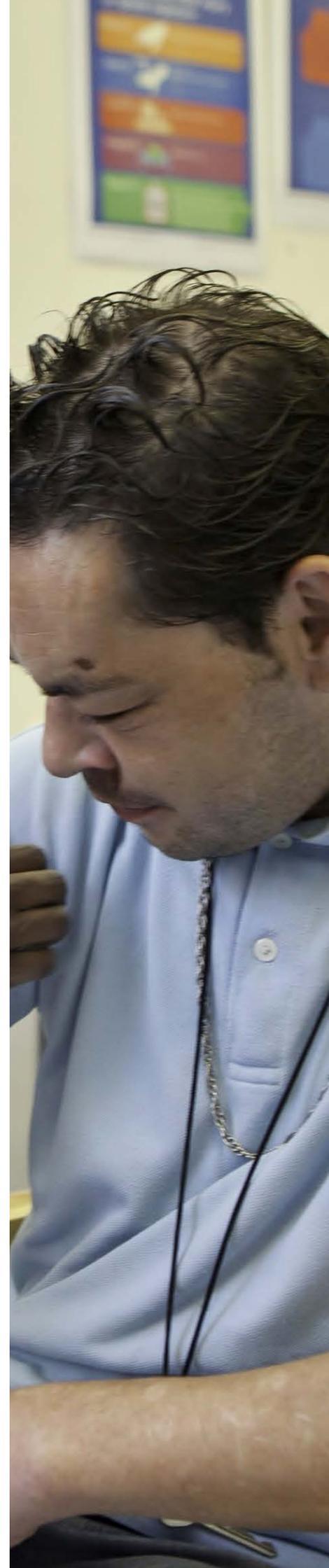
Chapter 5 - The effective multidisciplinary team

Chapter 6 - Working with people at risk of harm

Chapter 7 - Responding to policy and capturing evidence

Section C - The future - personal and professional development

Chapter 8 - Developing your career



A man with a receding hairline, wearing a dark jacket and dark trousers, is walking on a city street. He is looking slightly to his left. The background is a blurred city street with buildings and traffic lights.

Section A - Working in the homeless health nursing setting

Chapter 3 - Working Safely

Completing this chapter will enable you to:

- know more about relevant health and safety standards and legislation
- effectively manage risks to personal and patient safety while nursing
- assess the risks presented by your patients and take sensible preventative actions
- have greater awareness of the safe administration and monitoring of medicines
- report any safety incidents

Introduction

Working as a nurse with patients who are experiencing homelessness in the community can expose you to a number of different risks. You take risks by working at unsociable hours if doing outreach work early in the morning, from violent and aggressive behaviour. You take risks working in the clinic when handling medicines or from injury hazards. As you may be practicing at an advanced level with a fair degree of autonomy, the level of risk you face is likely to be higher.

It is therefore important that you have a solid and wide-ranging understanding about how to assess risk, managing risky situations and generally maintain the safety and wellbeing of yourself and those around you. Always remember that health and safety laws are there to protect you. Your employing organisation is duty bound to ensure that measures are put in place to minimise and manage risks and to prevent harm occurring.

Safety standards and legislation

Managing your own safety and the safety of your colleagues and patients is a key part of nursing practice. There are a set of standards that outline the principles of safe nursing practice, and laws that guide health and safety in the workplace.

Preserving safety is one of the four core principles of the [NMC Code](#), the guiding standards for all nurses and midwives. It is vital when caring for patients who are particularly vulnerable such as when experiencing homelessness.

The NMC Code requires that all nurses 'make sure that patient and public safety is protected.' The standard says that as a nurse, you must 'work within the limits of your competence, exercise your professional 'duty of candour' and raise concerns immediately whenever you come across situations that put patients or public safety at risk.'

Some healthcare professionals and organisations are also '[Signed up for Safety](#)' – an NHS England initiative to improve safety. You can sign up to this initiative as an individual too.

'Help people understand why things go wrong and how to put them right.'

The 'Sign up to Safety' pledges are¹:

1. Put safety first. Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans.
2. Continually learn. Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are.
3. Be honest. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
4. Collaborate. Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
5. Be supportive. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

Manual Handling Operations Regulations MHOR (1992/amended 2002)²

Moving and handling are key parts of the nurse's role. You may not be called upon to be moving and handling in a homeless health role as much as in a care home, or hospital environment, however it is still important to be aware of good practice in regards to moving equipment and patients, to avoid injury. The main principles of the regulations are to avoid hazardous manual handling where possible, and assess and reduce the risk of injury from hazardous manual handling where necessary. To learn more, read further guidance on [manual handling at work](#).

Control of Substances Hazardous to Health Regulations (COSHH)

COSHH regulations cover substances that are hazardous to health including chemicals, fumes, dusts, vapours, nanotechnology, and germs including legionnaire's disease. Employers are required to undertake COSHH assessments to look at what activities they do that involve hazardous substances, how they can use harm, and how they could reduce the risk of harm occurring.

The Mental Capacity Act (2005)

Some patients lack the capacity to make certain decisions due to illness, injury, or substance use. Where patients lack the capacity to make decisions, this can present additional risks to health and safety, particularly the risks of personal safety and the risks of harm mentioned above. The Mental Capacity Act – MCA (2005) was designed to protect the rights of people accessing health and care services.

As a homeless health nurse, it is highly likely you will be working with patients with substance addictions, brain damage and/or severe mental ill health. You may also find your patients less likely to access support networks of friends and family. The ability to assess capacity, make decisions, plan care, advocate and understand deprivation of liberty in extreme cases, are all important skills to develop. To gain more knowledge about the MCA (2005), complete the Social Care Institute for Excellence's [MCA online learning resource](#).

Considering and managing risks to personal and patient safety

It is acknowledged that working as a nurse comes with its own set of risks and part of your skillset as a nurse will be to feel confident in assessing risks to yourself, your colleagues, and your patients. As such, it is recommended you attend risk assessment training and regularly reflect on whether these skills need improvement as part of your professional development.

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 from occurring. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures. The management of risk is considered one of the fundamental duties of every member of staff and it is your role to familiarise yourself with the risk assessment process.

You may encounter situations where you are asked to have a health conversation in an unconventional setting, such as a park bench. It is necessary to have the skills to assess the surrounding environment for



potential risks, and to manage these risks as you go.

For example, you can manage the risk of musculoskeletal injury by maintaining the correct body posture when attending to your patient. It is also important to keep mindful of the principles of safe moving and handling of patients, as you may be moving a patient in a hostel setting who has collapsed. There is a high chance you will be working with some patients who have a substance addiction and / or have a severe mental illness and as such could present risks in terms of unpredictable, volatile, or threatening behaviour. Patients may present with sudden, life-threatening deterioration in their health, such as a drugs overdose, and you may be the first on the scene.



Activity 3.1

- Answers the questions in the table below.
- Consider whether you and your team have access to the personal safety information and tools that you need to fully undertake a risky job.
- Consider whether there is anything else that would help make your role safer.

Personal /patient safety question	Your answers
What personal protective equipment do you carry with you? What protective equipment does your employer provide?	
Do you have personal alarms or the means to call for help urgently?	
How do your colleagues know where you are if you need to call for help?	
What emergency equipment do you have and how is it maintained?	
What would you do in the event of you suffering a needle stick injury or body fluid splash in the course of your work?	
What would you do if a patient collapsed and you were on your own or in an outreach setting?	

‘There is a high chance you will be working with patients who could present risks in terms of unpredictable or volatile behaviour.’

Figure 3.1 Some risks in nursing and some means of avoiding, managing and minimising

The diagrams below show some categories of health and safety risk for homeless health nurses, and the smaller circles show some approaches that you can take to manage, minimise, or avoid these risks to stop them becoming harmful.





The risk of harassment, aggression and violence

In most situations patients are pleased to have the opportunity to receive care from a nurse; however there may be situations where the patient is unhappy and they may vent their anger and frustrations out on you.

It is helpful to know your patients well and identify what can trigger their anger. By knowing the warning signs of violent behaviour, you can develop strategies for reducing anger and promoting safety. Ensure you are clear with patients that threatening or violent behaviour is unacceptable. Be aware of the correct steps to take if violence is seen or experienced. As a homeless health nurse, you may work alone but you should not be in isolation in a clinic setting. If you engage in active outreach work you will need to risk assess whether it is safe and appropriate to work alone, and a discreet personal alarm can enable help to be summoned quickly if required.

While considering the risks, be mindful of the following questions:

- What does your risk assessment say - does your patient have a history of unpredictable behaviour?
- Does your patient have a pet dog that might misinterpret what you are doing to their owner as an attack?
- Does your patient have substance use issues that might make it more sensible to see them earlier in the day or with a colleague?

Remember the following points and tips about the risk of harassment or violence:

- Employers must take steps to keep staff safe at all times. Have a clear understanding of your organisation's policy on violence, aggression, or harassment.
- Be aware that individuals can be unpredictable at times.
- Try to avoid vulnerable or volatile situations at all times.
- The potential for an outburst is a very real one.
- 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.
- Aggressive behaviour from patients toward staff is unacceptable and may require a different approach for some of the most challenging patients.
- You should ensure you could access clinical supervision with a manager with experience of nursing patients who are homeless. This will enable you to discuss levels of risk.

In some instances, you may find it safer to see patients with another member of staff. The risk assessment you carry out should indicate whether this is the right way forward. Do not make assumptions that because someone is homeless they are a high-risk patient, but do be aware of their environment and the other people around them.

'Ensure you are clear with patients that threatening or violent behaviour is unacceptable.'



Activity 3.2

Think about your own day-to-day nursing practice.

1. When have you felt at risk?
2. Have you ever performed a risk assessment? What risks did you discover?
3. Whose responsibility is it to risk assess in your setting?
4. What steps are taken, for your team to know you are safe during and at the end of your shift?

Medicines management

The way in which medications are administered and managed is different in each clinical practice setting and it is important that you become familiar with the set-up in your organisation and setting/s. The same rules apply in terms of the safe administration and monitoring of medicines. Within the homeless health environment, more emphasis is placed upon other factors such as risk, storage, and disposal of drugs. Here are some helpful tips:

Risk area	Specific issue	Action you could take
Medicine storage and disposal	Unsafe management	<p>Read the NMC (2010) Standards for Medicines Management³</p> <p>Read your organisation's policy on the storage administration and management of medicines.</p> <p>Keeping medicines safe when a patient is homeless can be problematical. Frequent moving of bedding and personal belongings increases the likelihood of losing prescriptions and medication. Additionally many drugs have a street value (such as treatments for neurological conditions or opiate substitution prescriptions) and may be at risk of being stolen. It is therefore essential to evaluate the medication storage needs of patients. For example, they may be able to access a short-term prescription through their pharmacy (such as daily or weekly pick up). Patients may need to take medication under the observation of a health professional (such as in Tuberculosis). Patients with long-term conditions such as Diabetes may have to store insulin or similar. Negotiation for solutions involving general practice, pharmacies, hostels, supported accommodation, community drug and alcohol teams and other prescribers may be necessary. Nurses may also need a cold storage/fridge for medicines and vaccinations if operating on an outreach basis. It is important to adhere to local cold chain policies.</p> <p>Prescribing nurses must also ensure patients fully understand the instructions for any prescribed medicines and their purpose.</p>



Risk area	Specific issue	Action you could take
Medicine error	Unsafe issue of controlled drugs	Ensure you know the procedure for issuing prescriptions for and managing Controlled Drugs
Medicines error	Unsafe substance replacement programme	Your patient may have special arrangements if they are in an alcohol recovery programme, or on a substance replacement programme. These programmes are often commissioned locally so you will need to familiarise yourself with local arrangements. Your service may dispense medicines for their patients if there is no pharmacy nearby or if they are unable to store medicines themselves. You will need to familiarise yourself with the arrangements for your field of practice as there may be special rules around dispensing.
Medicine error	Inappropriate prescription for group of patients	Understand patient group directions ⁴
Medicine error	Contraindications	The British National Formulary (BNF) is compiled with the advice of clinical experts and is an essential reference providing up-to-date guidance on prescribing, dispensing and administering medicines.
Medicine error	Unsafe immunisation/vaccination	The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK and is available online . ⁵
Medicine error	Communication errors	Get to know your local pharmacist who will be invaluable for information and advice. Find out about local harm reduction and addiction services that prescribe locally.

'People should, as far as possible, be cared for in safe and accessible surroundings that support their health and welfare.'

Other risks and issues

People should be cared for in a clean environment and protected from the risk of infection. Be mindful that infection control procedures may be different in homeless health to hospital. Harm reduction is a key element of safe care and this could be safer substance use advice or safer sexual health advice or contraception. People should, as far as possible, be cared for in safe and accessible surroundings that support their health and welfare. Team working enables you to discuss patients jointly and is helpful for discussing patient's needs and risks they may present to themselves or others.

The duty to report incidents

It is your professional duty to act to preserve safety and to 'act without delay if you believe that there is a risk to patient safety or public protection.'⁶⁷ The NHS National Reporting and Learning System (NRLS) states that 'an increase in reporting of patient safety incidents is a sign that an open and fair culture exists, where staff learn from things that go wrong'. In February 2015, a general practice [e-form](#) was launched.

NHS England has produced a [guide](#) to the reporting process, so that you know why and how you should report safety incidents.

What to wear?

In some practices, it will be employer policy to wear a uniform and this is provided. In other areas, the policy may be not to wear a recognised uniform. It should be noted that there are advantages and disadvantages of wearing a uniform in homeless health nursing. 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 within the service.

Sometimes the patient can view a uniform 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. Remember, whether you wear a uniform or not, you must use appropriate personal protective equipment such as disposable gloves and disposable aprons. It is the duty of your employer to provide such equipment.

It is also important to have footwear that keeps you safe when working across different settings and environments. The correct footwear not only protects you from injury to your feet and ankles from hazards like broken glass, but can also help you maintain good posture in areas with poorly maintained paving or flooring.



Activity 3.3

The following scenario is designed for you to debate possible solutions with your mentor and/or other team members. It can also be used for a teaching session. The QNI acknowledges that solutions may vary between different organisations according to local policy and procedure. The QNI also acknowledges that there may be no 'right' or 'wrong' answer to solve certain situations and encourages you to apply your own thinking within your scope of professional practice.

Scenario

A homeless male patient attends the clinic regularly for dressings to his foot ulcers. On occasion, he seemed to be over-friendly, asking the female nurse some personal questions. On one occasion, he attempted to kiss the nurse before leaving the treatment room. There was no reason to believe he was suffering from a mental health issue or lacked the mental capacity to be responsible for his behaviour. The first time it happened she tried to avoid the subject but when he became more insistent on the second visit, she brought it to the attention of her clinical lead practitioner and manager.

- What would you do in a situation like this?
- Does your practice have a policy that would relate to such an incident?
- What legislation could protect you as a worker from this situation?



- What action would you take?

Some options for actions you could take

- Challenge the man if you felt able and inform him that his behaviour is not appropriate
- Inform the man of the possible implications of his behaviour
- Most definitely inform your mentor and manager and document both incidents
- Ensure that you feel supported and an approach has been agreed before the patient is seen again
- Adhere to your Clinical Setting Policy on this type of behaviour
- Most clinical will have a policy on the use of chaperones and lone working; ensure you are familiar with this policy. How might this be relevant to this scenario?
- Consider whether this is sexual harassment?
- Read your practice policy on incident reporting
- Familiarise yourself with the Mental Capacity Act and ensure you understand its principles

Quotes from experienced nurses

Nurses with experience in your setting should help to guide and support you if you have any worries and concerns. Experienced nurses in the QNI's Homeless Health Network gave their views on what helped to ensure safe working:

- *'Understand that the risks in a community setting are different and you need to be able to manage those risks differently.'*
- *'If you feel vulnerable and are not sure of what you are doing please ask!'*



Summary

This chapter introduced some key issues of safe working for homeless health nurses. It covered issues around legislation, risk assessment, planning, vigilance, and teamwork. It covered risks from the environment and the risks from and to individuals. Experience of managing risk is vital for safe effective homeless health nursing. Spending some time considering the potential risks as you start practice and as you continue to develop your career, will help you to adopt wise strategies for minimising, and managing risks appropriately. Personal safety is vital in the primary care setting and you can only become an effective homeless health nurse by maintaining your personal safety.

Further learning resources

Your organisation's policies

As part of your learning for this chapter, it is recommended that you read your organisation's policies on:

- Violence and aggression
- Harassment and bullying
- Lone working
- Assessing risk

'You can only become an effective homeless health nurse by maintaining your personal safety.'

RCN guidance on health and safety at work

The Royal College of Nursing has advice on [health and safety concerns at work](#).

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