Lone-worker check-in and discreet distress signal

Procedure | HC-SOP-007

Document type	Procedure
Title	Lone-worker check-in and discreet distress signal
Document ID	{{facility.code}}-HC-SOP-007
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
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Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 29 (Home Care), criterion 29.34
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Each caregiver has regular supervisor contact and peer contact (MOB-SOP-002).
2. The check-in covers the caregiver's arrival, departure and any concern.
3. Peer connection is arranged at least monthly (WRK-SOP-004).
4. Missed check-ins are followed up the same day.

Stop and get help straight away if: a caregiver works alone for a year with no contact with the agency.

1. Purpose

To address isolation and to keep a discreet help route open for caregivers (29.23, 29.34).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To address isolation and to keep a discreet help route open for caregivers (29.23, 29.34).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Home care service lead	Owns the check-in and peer plan	Clinician or manager
Supervisor	Holds the contact and follows up missed check-ins	Clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Check in.	• Check in with each caregiver at arrival and departure, using MOB-FRM-004.	Checked.
2	Connect peers.	• Arrange peer connection at least monthly.	Connected.
3	Follow up.	• Follow up any missed check-in the same day.	Followed up.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Caregivers with regular supervisor and peer contact	100%	Monthly	Home care service lead	Escalate to medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
MOB-SOP-002	Lone working check-in and response (existing, reused)	Procedure
WRK-SOP-004	Support after distressing events (existing, reused)	Procedure

16. Evidence

ID	Source and status
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on migrant health.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval