Policy · HC-POL-005 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.23

At a glance

- Each caregiver has a discreet way to signal distress or ask for help during a visit (HC-SOP-007).
- A caregiver who feels unsafe can leave and report without confrontation.
- Lone-worker check-ins follow MOB-SOP-002.
- Each signal is responded to and recorded.
- Stop and get help straight away if: a caregiver is threatened and has no way to call for help.

1. Purpose

To give caregivers a discreet way to call for help while working alone (29.23).

2. Scope

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

3. Definitions

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

4. Background

A caregiver alone in a home who feels threatened needs a way to ask for help without the client or family knowing. A discreet signal, and a plan for it, keeps them safe.

5. Responsibilities

Role	Responsibility	Competence
Home care service lead	Owns the signal system	Clinician or manager
Caregiver	Uses the signal and reports	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Set the signal.

- Agree a discreet signal or check-in with each caregiver.

Key point: Set.

Step 2. Respond.

- Respond to each signal at once and arrange support or withdrawal.

Key point: Responded.

Step 3. Record.

- Record each signal and the response on MOB-FRM-004.

Key point: Recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Caregivers with a discreet signal in place	100%	Monthly	Home care service lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

ID	Title	Use
MOB-FRM-004	Lone working check-in log (existing, reused)	Record

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Caregiver Safety in an Uncontrolled Environment** (HC-05)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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