Procedure · HC-SOP-007 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 29.34

At a glance

- Each caregiver has regular supervisor contact and peer contact (MOB-SOP-002).
- The check-in covers the caregiver’s arrival, departure and any concern.
- Peer connection is arranged at least monthly.
- 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 home care service
Locations	All client homes and the service’s offices
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 16

3. Definitions

Term	Meaning
Caregiver	A member of staff who gives care to a client in the client’s home.
Client	A person who receives care from the home care service.
Lone working	Working alone in a client’s home, with no other member of staff present.

Check-in	A contact with a caregiver at arrival, at departure or at a set point, to confirm how they are and to hear any concern.
Peer connection	Contact arranged between a caregiver and other caregivers, so that a caregiver working alone is not unsupported.
Duty clinical lead	The clinical lead on duty at the time, who receives serious problems first.
Escalation	Passing a serious problem at once to the duty clinical lead, and to the clinical director the same day.

4. Background

A caregiver who works alone for hours can become isolated and unsupported, which affects their health and the care they give. Regular supervisor contact and peer support counter the isolation.

5. Responsibilities

Role	Responsibility	Competence
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. 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 client 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. Check in.

- Check in with each caregiver at arrival and departure, using MOB-FRM-004.

Key point: Checked.

Step 2. Connect peers.

- Arrange peer connection at least monthly.

Key point: Connected.

Step 3. Follow up.

- Follow up any missed check-in the same day.

Key point: Followed up.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps.

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 regular supervisor and peer contact	100%	Monthly	Home care service lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Client record or the area file	the period set by the facility’s records policy (in 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-SOP-002	Lone working check-in and response (existing, reused)	Procedure

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	—	Initial release	Approved by the ASF Expert Committee

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 29. (E-009)

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