Standard operating procedure (SOP) · MOB-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 13.10

At a glance

- A member of staff who works alone, or a team out of contact with the base, checks in at a set time.
- The check-in is recorded on MOB-FRM-004.
- If a check-in is missed, the response starts at once: a call, then the named person, then the emergency service.
- The response is recorded.
- Stop and get help straight away if: a check-in is missed and no response starts.

1. Purpose

To make sure someone notices if a lone worker is hurt or unwell in the field (13.10).

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 staff member who works alone in the field can be hurt or fall ill with no one to notice. A check-in at set times, and a clear response when a check-in is missed, makes sure help comes.

5. Responsibilities

Role	Responsibility	Competence
Outreach lead	Owns the check-in rule and the response	Clinician
Named base contact	Receives the check-ins and starts the response	Nurse

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. Check in.

- Check in at the set time, and record it on MOB-FRM-004.

Key point: At the set time.

Step 2. Respond.

- If a check-in is missed, call the worker, then the named person, then the emergency service.

Key point: Call, named person, emergency.

Step 3. Record.

- Record the missed check-in, the response and the outcome.

Key point: Every response 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
Check-ins made on time	100%	Monthly	Outreach lead	Escalate to clinical 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	Log

17. Evidence

Reference	Note
E-009	Based on WHO classification and minimum standards for emergency medical teams (2013).
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

- Security Protocols & Incident Response (SEC-01)
- **Emergency Preparedness and Fire Safety** (T-10)

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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