

Lone Worker Checklist

Before undertaking any home visits	Tick when complete/read
All community staff members to have completed mandatory training on conflict resolution.	
Ensure contact details for staff members are up to date and accessible.	
Planning for a homebirth/home visit	Tick when complete/read
Staff to highlight any concerns about client / partner / family to Team Leader / Community Manager.	
Check MIS for alerts.	
Check with GP surgery for alerts and update Team Leaders / Community Manager.	
Ensure homebirth risk assessment has been undertaken and documented on MIS.	
PRH&RSCH - Ensure community office aware of time of visit and communicate with community office when visit is complete. SRH&WH - Liaise with labour ward.	
PRH&RSCH - Ensure that all visits are brought in or phoned into office at end of shift.	
Do not do lone visits if client / partner / family are known to be aggressive / violent. Make clients aware that two health professionals will visit.	
Document any concerns and escalate to Team Leader / Community Manager.	
PRH&RSCH - Check that first aid kit is available either in pool car of homebirth bag.	
During visit	Tick when complete/read
All community staff to keep mobiles with them switched on during home visits at all times.	
Keep ID badge visible.	
Be alert to warning signs of aggressive behavior: All staff to have completed conflict management (every 3 years).	



If community staff feels that there is any risk, to leave appointment as quickly and as safely as possible. If unable to leave then to call colleague for help: Say on phone "Lam at <i>[patient's name</i> at address]. Can you check the red homebirth folder and let Sally O'Sullivan know that I'm going to be late to see her please." Colleague then should be prompted to say "do you need the police?" and call for relevant help and escalate to managers. When parking: Ensure that no personal possessions are visible Look out for street lamps and junctions and park nearby, so that the car can be seen easily. Park car facing towards direction of exit. When in client's home always be aware of entrances and exits, to enable quick escape if required. Be aware of positioning of equipment that potentially could cause harm. Be aware of your position in room in case of needing to escape, i.e. avoid corners of rooms. Use appropriate security measures e.g. mobile phones/trackers on cars. If no contact from community staff member at agreed time with community office / buddy / labour ward coordinator: Call community staff member. Check wellbeing by using passwords. If problem community staff member to say on phone "Lam at <i>[patient's name</i> at address]. Can you check the red homebirth folder and let Sally O'Sullivan know that I'm going to be late to see her please." Colleague then should be prompted to say "do you need the police?" and call for relevant help and escalate to managers. If unable to contact community staff member within reasonable time limit (30 minutes) or if they have any concerns to call police on 999.		
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