

GUIDANCE on LONE WORKING



TARGET AUDIENCE	All Midwifery and Medical Staff providing maternity care in NHS Lanarkshire.
PATIENT GROUP	All pregnant women booked for maternity care within NHS Lanarkshire

Clinical Guidelines Summary

- As defined by the Health & Safety Executive (HSE) work activities of midwives working in community involves periods or occasions of their working time in situations where they are by themselves or without any close or direct supervision.
- Work activities include visiting clients in their homes, evening parenthood classes and attending home birth. This involves working out with normal working hours in the evening and at weekends.
- Safety and wellbeing of staff is paramount. Team leaders should complete lone working/working in isolation checklist appendix 1 and lone working checklist appendix 2 at least annual as per control book recommendations.
- All new staff in the community should be made aware of NHSL ‘Working Alone Policy’, as part of the induction process. This also includes guidance on risk assessing suitability for home visiting based on booking history and knowledge of local areas.

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Daily/home visits

- Team leader or nominated midwife should have an overview of all visits planned for the day, how they are allocated to the team and approximate time required to complete.
- Any planned work should be documented on to the midwife's electronic diary. Team leaders should have access to the electronic diaries of all members within their team.
- Each midwife should contact the team leader/nominated midwife if significant delay is encountered.
- The team leader/nominated midwife should contact any midwife who has not returned within expected time.
- Midwives with any visits where there are concerns and no signal is available to their mobile phone must contact team leader/nominated midwife prior to going in and leaving the house.
- In accordance with risk assessment two people may be required to carry out the visit. In this situation the midwife should inform the team leader or nominated midwife before and after entering the property to ensure their safety.
- If following a risk assessment, it is deemed unsafe for staff to visit at home; arrangements should be made for the woman to attend a safe area to be checked e.g. in local health centre.
- At the end of each shift, local arrangements should be made to contact team leader/nominated person to confirm safety and wellbeing.

Week-end visits

- During morning safety huddle Team Leader/ Nominated Midwife will co-ordinate home visits for all midwives Lanarkshire wide.
- Information such as addresses that are difficult to access, isolated areas or any other significant information should be communicated to the team leader or nominated midwife in advance by the team requesting the visit.
- In accordance with risk assessment the team leader or nominated midwife may need to make arrangements for two midwives to carry out a visit.
- Lunch time safety huddle to be carried out to ensure staff safety and ongoing workload management.
- Each midwife must contact the team leader or nominated midwife if significant delays are encountered and when they have completed all visits allocated to them.
- Team Leader or nominated midwife to contact unit-coordinator at end of shift to confirm all visits complete and weekend staff are safe including themselves.

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Concerns with safety of staff

- If at the end of any shift week day or weekend the team leader or nominated midwife is unable to account for the safety of any staff member and unable to make contact with the midwife, the next of kin details should be accessed and contacted to check they are safe.
- If no assurance can be made of the safety of the midwife, contact should be made with the senior midwife for community or maternity coordinator out of hours and police contacted to check they are safe.

Home Births

- The home birth guideline should be followed which includes a risk assessment antenatally.
- Clear directions should accompany the home birth rota particularly for rural outlying areas.
- On arrival at the homebirth the midwife should always inform the unit coordinator that they have arrived safely. This should also be the case for the second midwife when she arrives.
- A Satnav should be made available to staff when on- call for a homebirth if no smart phone
- Risk assessment should be carried out prior to on call commencing to determine if 1st and 2nd on call midwife to attend together. This should be documented clearly on the on call rota.
- Team leader to be contacted if midwives at homebirth at the weekend during the daytime.
- If the homebirth is in a rural area, then both midwives can meet at UHW and a taxi can be arranged to take them to their destination

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References/Evidence

Nil to note

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Appendices

1. Governance information for Guidance document

Lead Author(s):	Margaret McCredie
Endorsing Body:	CEG Group
Version Number:	3
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Responsible Person (if different from lead author)	Catriona Hand

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	NIL
Consultation Process / Stakeholders:	Maternity CEG process
Distribution	CEG Group

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CHANGE RECORD			
Date	Lead Author	Change	Version No.
May 2014	Margaret McCredie	<i>First written</i>	1
June 2019		Updated by Angela Duffy	2
April 2024		Updated by Catriona Hand	3
			4
			5

2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance

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