**Protocol for Learners Lone Working Checklist**

Please photocopy this sheet and retain copy in placement area file, send a copy to the RDaSH PLT and staple original within Learner assessment document or upload a copy to MYEPAD/NAPAD.

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| **Learner Name**  |   |
| **Educator Name**  |   |
| **Practice Placement Area**  |   |

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| **Risk Assessment of Patient’s home environment and immediate surrounding area.**  |
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| **Checklist**  | **Yes**  | **No**  | **Educator Initials**  | **Learner** **Initials**  |
| The Educator has assessed the Learner as safe and competent to carry out delegated care activities during lone visit.  |   |   |   |   |
| Up-to-date risk assessment completed and discussed with Learner; including management of risks.  |   |   |   |   |
| Risk assessment of the home environment completed and documented above.  |   |   |   |   |
| Learner has met with the Patient prior to lone visit.  |   |   |   |   |
| Verbal consent for Learner visits gained from the Patient and documented in care records.  |   |   |   |   |
| Learner feels confident and competent to undertake delegated care activities during lone visit.  |   |   |   |   |
| RDASH Lone Working Policy and The Protocol for Learners have been read and understood by the Learner and Educator  |   |   |   |   |
| The Learner has been provided with the following: 1. Access to mobile phone
2. Access to Educator mobile phone number and base office number.
3. A Face Mask
4. Personal Protective Equipment (PPE)
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| The Educator has agreed a communication mechanism on how and who to contact if the Learner experiences any difficulties or concerns.  |   |   |   |   |
| It is the Learner’s responsibility to ensure that their (or the policy holders) motor vehicle insurance covers them for business use and their vehicle is roadworthy. Neither the University nor the placement provider can accept any liability relating to or from the use of Learner’s vehicles to or from their placement setting. Under no circumstances must the Learner transport Patients in their vehicle.  |   |   |   |   |

If **No** is answered to any of above lone visits should not be undertaken and action plan to address this issue to be completed.

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| **Additional Comments**  |
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Learner Name and Signature:

Date:

Educator Name and Signature

Date: