



Delivering Quality Healthcare

Policy Title	Out of Hours and Emergency. Policy: 51	Date Implemented or Date of Last Review	11/05/2020
CQC KLOE Reference	Well Led	Date of Next Review	10/05/2021

1. POLICY STATEMENT

- 1.1. The out-of-hours duty is a requirement within the service specification for social services contracts. It is linked to the care and welfare of people who use services in that it provides a mechanism to ensure that, while staff are at work, there is a safe and tried method of contact between the staff and KOPE-MEDICS. This ensures the protection of both staff and clients.
- 1.2. It is important that those who undertake the duty of out-of-hours contact are clear about their role and what they need to do in certain circumstances.
- 1.3. This policy outlines their responsibilities and procedures to be followed under certain circumstances. It also gives guidance where staff need to refer to the out-of-hours social services team.

2. THE POLICY

- 2.1. The out-of-hours duty is to ensure a response to a situation and, where necessary, to implement an action. The situation should be one of an emergency nature, not one that can be dealt with within normal working hours. Staff and clients should use it in the following circumstances:
 - a) To report staff sickness
 - b) To seek advice in an emergency
 - c) To relay urgent information
 - d) To convey information which is required first thing the next morning.

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3. DEFINITIONS

- 3.1. For the criteria to be applied, there must be a common understanding of what is meant by 'emergency', 'priority', 'urgent' etc. Importantly, the definitions are not set in stone, and common sense coupled with relevant information will enable the out-of-hours duty worker to make the best decision given the information.
- 3.2. What constitutes an emergency or an urgent or crisis? Perceptions are often not the same as facts. Information gathering is the prerequisite for an appropriate response, alongside the ability to stay calm and ask the right questions in order to gain the full picture of the situation.

4. AN EMERGENCY

- 4.1. This is a situation that requires an immediate response, and is usually a 'life or limb' scenario. Any of the following emergency services may be involved, as required: police, ambulance, fire service or coastguard; they are available via the emergency 999 number.

5. CRISIS

- 5.1. These situations can appear worse than they are, and may involve the following: an unexpected fall, a sudden deterioration in health, an unplanned hospital discharge, or a carer who is, for whatever reason, unable to continue in their caring duties. This can be particularly difficult where the carer is in a 24 hour live in situation.

6. URGENT

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- 6.1. These situations do not require immediate response, but instead require planning for. For instance, an urgent situation can be one in which a family member is unable to turn up for a pre-booked appointment, such as lunch or a hospital trip. Since the situation is not imminent there should be time to plan ahead, provided notification is given.

7. PRIORITY

- 7.1. An urgent situation should become a priority dependent upon how much notice staff have been given about the situation, and how many hours and days there are in which to respond.
- 7.2. Other situations need to be dealt with in a polite, but firm, manner and referred to the office during normal opening ours e.g. calls from staff concerning time sheets or pay queries, changes to programme for the days ahead. Clients need also to be reminded of what is appropriate for out of hours.
- 7.3. All of these need to be "signposted" to normal working office hours. The more that these sorts of situations are dealt with, the greater the signal that it is acceptable for your time to be taken up with queries that are not out-of--hours duties situations.
- 7.4. **Please remember that social services out of hours teams have your duty number in order that they can gain access to providers who can, in turn, assist them with evening discharges from hospital, client falls etc. This includes situations in which they would send in a provider to prevent a hospital admission.**

8. OUT OF HOURS PROCEDURES

- 8.1. Requirements:
 - a. The phone, including a charger if using a mobile
 - b. Client information

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- c. A list of helpful numbers
 - d. Staff rotas and client visit sheets
- 8.2. It is important that all telephone activity is recorded on the out-of-hours record, so that, should any investigations or queries be instigated, there are records detailing our response. Out-of-hours duty starts when the office closes, and you need to ensure, as a company, that all clients, staff and social services out of hours teams have your duty number.

9. CLIENTS

- 9.1. Remember the out of hours cover is an emergency response cover, politely but firmly hold this line. Record all details on your telephone record, and your actions in regard to any situation that you have responded to. If the client is admitted to hospital, respite care, or residential care, remember to inform the next of kin and the social services if they are a social services funded client.

10. STAFF

- 10.1. This is the same situation, always signpost all queries that can be dealt with during normal working office hours, to the next day. You cannot assist with things such as pay queries, because you do not have the information, nor on out of hours duty do you have the time to find the information. Remember, the phone is the only method that other emergency services, and social services out of hours team can contact you.

11. SCENARIOS

- 11.1. Listed below are general scenarios which occur during out of hours cover duty, the scenarios and the advice on how they should be handled, is guidance only. All staff who are on duty should know how to contact the out of hours duty cover, and be aware of what they need to report. Duty cover

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should always be available for staff advice in situations where they are not sure how to proceed.

12. SCENARIO 1 – FALLS

- 12.1. All falls that are reported by staff should be dealt with in the same way. If there is an injury, paramedics should be called to check them over and to ensure that nothing is broken. Even if they are able to get themselves up, they are often left shaken and distressed, so always check if they want the paramedics or next of kin called, and record if they have declined.
- 12.2. If they are unable to get themselves up from the floor, please check that staff have followed the correct moving and handling procedures, remember, we do not get anyone up from the floor.
- 12.3. The paramedics should be called to assist the client from the floor.
- 12.4. Record all of this activity and ensure that all is well before the carer leaves the clients home. Where there is no reply from a next of kin, ensure that this is a priority for the next morning.

13. SCENARIO 2 – A NO REPLY

- 13.1. Clients sometimes forget to tell us that family are coming to take them out for an evening meal. Evening visits made by carers who cannot access are to be dealt with in the following way.
- 13.2. When the carer calls in to report a no reply, please ensure that the carer has checked with neighbours, looked in windows and doors, and ascertained that the client is not there.
- 13.3. Where they find that the client is on the floor, or perhaps sitting in the chair, they need to have shouted through the letterbox and tried to question the

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client calmly and quietly to find out as much as possible before deciding on a course of action. If there is still no response, the following steps need to be taken.

- 13.4. Where the client is visible but there is no response, call the paramedics straight away, they will then take charge of the situation and deal with it appropriately.
- 13.5. Where the client does not appear to be there, you need to try and ascertain the following.
 - a. Has there been an admittance to hospital?
 - b. If they are mobile, is it possible that a relative has taken them out on an unscheduled visit?
 - c. If they are confused or have a mental health diagnosis, are they prone to wandering?
- 13.6. This is the type of client where you need to do some investigation surrounding the situation. Ask the carer to check with neighbours to see if they have seen anyone arrive such as an ambulance or GP. Leave no more than 1 hour to try to find out where they could be.
- 13.7. If this is a social services client, inform the out of hours service who will deal with the situation and make the appropriate responses, they will make all the decisions, but may be in contact with you for further information regarding the client.
- 13.8. At this point the duty cover may wish to involve the Registered Manager in order that they take the appropriate steps. If the client is a self-funder, then the responsibility lies with you to ascertain the whereabouts of the client, in which case, the missing persons policy comes into place.
- 13.9. The key phrase is "This is an emergency contact number, so can I please ask that you ring the office in the morning where they will be happy to deal with your enquiry. Remember, the duty phone needs to be as clear as possible for real emergencies to be dealt with.
- 13.10. **Note:** The Social service out of hours system is staffed by a team of qualified social workers, including mental health specialists.

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- 13.11. This team is also a very good source of advice for the out of hours duty cover. Should you report anything to this team, it is fully logged and a report is sent to the appropriate local office with the details pertinent to that client e.g. had a fall, admitted to hospital etc.
- 13.12. It is important that you inform social service duty team because they can stop visits that are planned for the next day, remember you may not be the only provider of service to that particular client.
- 13.13. For staff, the message has to be got across that this is not a carer information line, they have a responsibility to ensure they are equipped with all the relevant information to enable them to complete their work, and only where appropriate for advice or information that may need to be shared should they contact the out of hours duty cover.
- 13.14.** This document is intended as a guide and should not be viewed as a prescriptive remedy for all situations. Common sense and a clear channel of support are what is required for a successful model of the out of hours duty cover service.
- 13.15. List of Helpful Numbers Relevant to your Local Area and Local Emergency services such as hospitals etc. Should be part of the out of hours information and updated regularly.**

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