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| **Person’s Name**Click or tap here to enter text. | **ID No**Click or tap here to enter text. |

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| --- | --- |
| **Date and Time** | Click or tap here to enter text. |
| **Care worker name** | Click or tap here to enter text. |
| **Action already taken by care worker** | [ ]  **Accessed and checked all rooms** [ ]  **Shouted at letterbox/windows and listened**[ ]  **Called home phone** [ ]  **Called mobile** [ ]  **Called NOK** [ ]  **Spoken to neighbours**[ ]  **Checked/called known locations** [ ]  **Checked vicinity, local shops etc.**[ ]  **Saw/heard evidence of emergency and called 999Other/Notes:**Click or tap here to enter text. |
| **Office checklist** | [ ]  **Care schedule and notes checked to ensure no error in communication or relevant info from other staff at previous visit**[ ]  **Check for pre-planned procedure – if so, follow.**[ ]  **Called home phone** [ ]  **Called mobile** [ ]  **Called NOK/contacts**[ ]  **Called neighbours** [ ]  **Called known locations** [ ]  **Checked location on tracker**Click or tap here to enter text. |
| **Hospitals** | [ ]  **Hospital Name 1 – phone number Reception XXXX XXXX A&E XXXX XXXX**Click or tap here to enter text.[ ]  **Hospital Name 2 – phone number Reception XXXX XXXX A&E XXXX XXXX**Click or tap here to enter text.[ ]  **Hospital Name 3 – phone number Reception XXXX XXXX A&E XXXX XXXX**Click or tap here to enter text. |
| **Care worker instructions given** | [ ]  **Move on (by) Manager name:** Click or tap here to enter text. **At time:** Click or tap here to enter text.[ ]  **Further local checks****Outcome:** Click or tap here to enter text.[ ]  **Return at time:** Click or tap here to enter text. |
| **Escalation** | [ ]  **NOK assumed responsibility and will updateDetails:** Click or tap here to enter text.[ ]  **Welfare check by police/other professional requestedDetails:** Click or tap here to enter text.[ ]  **OtherDetails:** Click or tap here to enter text. |
| **Outcome** | Click or tap here to enter text. |
| **Notifications** | [ ]  **CQC** [ ]  **Social Services (routine)** [ ]  **Safeguarding** [ ]  **Other**Click or tap here to enter text. |
| **Action to be taken** | Click or tap here to enter text. |

***Ensure all evidence of communication, email trails etc. and action taken is attached before filing.***

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| **Manager Signoff** | **Date**Click or tap to enter a date. |