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**Handover Policy**

**[Date of Issue]**

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| Policy Lead: | [Policy Lead] |
| Version No. | 1 |
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CONTENTS

[1. Introduction 3](#_Toc147994935)

[2. Policy Statement 3](#_Toc147994936)

[3. Scope 3](#_Toc147994937)

[4. Procedures 3](#_Toc147994938)

[5. SBAR 4](#_Toc147994939)

[6. ATMIST 5](#_Toc147994940)

[7. Monitoring 5](#_Toc147994941)

[8. Related Policies 5](#_Toc147994942)

[9. Legislation and Guidance 6](#_Toc147994943)

[10. Summary of Review 7](#_Toc147994944)

# Introduction

The aim of any handover should be to achieve a high-quality and efficient transfer of information between staff, where a transfer of responsibility or accountability for some or all aspects of client care is required. To ensure safety and continuity of care, it is essential that effect communication Is promoted.

# Policy Statement

[Company Name] are committed to ensuring a standardised approach to handovers that provides all of the necessary, relevant and accurate information in a time-efficient manner.

# Scope

This policy and the procedures apply to all staff involved in the handover of direct client care or information.

The Registered Manager is responsible for the implementation of this Policy and for supporting staff in efficient handovers.

# Procedures

Staff must provide a succinct but comprehensive handover to any other member of the team within [Company Name] when taking over client care. Staff should be allowed sufficient time to carry out a safe and effective handover between different shifts or staff. This could be handwritten notes, electronic or over the phone, which must be documented.

**Documentation**

Documentation and communication must include important information about clients, including any details staff require, to adapt their approach to respond to a clients need (e.g., condition, mood, behaviour, ability). Any important issue raised in handover must be updated in other relevant documents, care plans and risk assessments.

**Confidentiality**

Staff should use a standardised method to document key information, relevant to client’s care. Due to client specific information contained on handover documents, it is vital that confidentiality is maintained in line with [Company Name]’s Information Governance Policy.

**Emergency situations**

The same principles of handover should be applied where emergency services are required, where a client is conveyed to a healthcare facility or where a referral to another service is required. This should include all the relevant and clinical assessment information. Handovers should follow one of the following formats:

# SBAR

SBAR handovers should be used to escalate a clinical problem that requires immediate attention and/or to facilitate efficient handover of clients between clinical teams in a succinct manner and as follows:

(Situation, Background, Assessment and Recommendation)

* **Situation:** introduce yourself and provide client name and details, including resuscitation status, if known
* **Background:** any significant medical history and prior procedures and any other relevant social/living information
* **Assessment:** vital signs (including NEWS2 where appropriate and in line with the staff member’s scope of training and competence), ongoing care and any concerns
* **Recommendations:** any outstanding treatment or interventions required within service handovers, or reason for referral where referring to another service.

When handing over information, consider the following:

* keep the handover brief, particularly when providing contacting the emergency services in an emergency situation
* privacy and confidentiality of the client
* do not rush
* use written notes for reference
* present accurate and standardised information
* ask for any questions or points of clarification before completing handover.

Upon completion of handover ensure that all information and the handover of care is recorded in the client’s records.

# ATMIST

ATMIST handovers should be used for cases of resuscitation and/or handover to the emergency services. ATMIST should be undertaken as follows:

* **A**ge and name of the client
* **T**ime that the incident happened
* **M**echanism: how the incident occurred and mechanism of injury
* **I**njuries: what injuries/issues have been found - follow an ABCDE (Airway, Breathing, Circulation, Disability and Exposure) assessment format where trained and competent to do so
* **S**igns and symptoms: client vital signs where trained and competent to undertake these, including NEWS2 score and GCS, and any symptoms (e.g., pain, feeling sick, cannot feel their legs)
* **T**reatment: what treatment has been given (follow an Airway, Breathing, Circulation, Disability, Exposure (ABCDE) format).

Where possible, ATMIST handovers should be kept to less than 60 seconds.

# Monitoring

Compliance with this policy will be monitored through routine auditing, feedback from any clients or staff and incident reports relating to miscommunication or poor handover.

# Related Policies

* Emergency Situations Policy
* Health and Safety Policy
* Incident Management Policy
* Information Governance and Record Keeping Policy
* Quality Assurance Policy

# Legislation and Guidance

**Guidance**

* NHS England: <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/SBAR-Implementation-and-Training-Guide.pdf>
* <http://www.cfrhq.co.uk/atmist/>
* [The Caldicott Principles - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/the-caldicott-principles)
* [NICE Guideline Template](https://www.nice.org.uk/guidance/ng94/evidence/32.structured-patient-handovers-pdf-172397464671)
* [Guide to safe staffing (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Safe-staffing/Guide-to-safe-staffing.pdf)

# Summary of Review

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| --- | --- |
| Version | 1 |
| Last amended | [Date of Issue] |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes |  |
| Target audience | Care staff, Managers |
| Next Review Date | [Date of Review] |