

ASPC WORKING ALONE STATEMENT

Most contacts and consultations in Primary Care begin as one-on-one interactions between the healthcare professional and the patient.

However, there are certain situations in which the presence of another person is either required or recommended. This is particularly relevant when a chaperone is required, particularly when an examination is to take place.

In addition to routine consultations, a wide range of clinical procedures are carried out in Primary Care settings, ranging from simple tasks - such as measuring blood pressure - to more complex interventions.

Many of the simpler procedures may not require the presence of another person, as the need for a chaperone is minimal and the risk of a sudden clinical emergency is negligible. In contrast, when more complex procedures - such as surgical operations - are performed, the risk of sudden emergencies increases due to the nature of the procedure and the need to administer injections, such as local anaesthetic.

These situations can result in the collapse of the patient, either from a vasovagal episode, anaphylaxis or even a cardiovascular event.

In such situations, it could be extremely difficult - and potentially dangerous - to manage the patient effectively if the health professional is alone and / or in the midst of performing a surgical procedure.

Although emergency or panic buttons may be readily available, they are not always responded to promptly, which can result in delays in treatment and potentially preventable harm to the patient.

For this reason, the ASPC strongly recommended that a clinical assistant should be present during all surgical procedures involving the use of local anaesthetic, unless the clinician has performed a risk assessment and has deemed the procedure minor, with negligible risk of the patient collapse or other potential serious adverse event.

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