

Home visit protocol relating to Partner Notification visits and Ghost patient follow-up.

1. Objectives

To establish that the participant's/contact's home address exists and is currently inhabited.

To establish that the participant/contact is resident at that address and if not, then to attempt to obtain a forwarding address.

2. Safety

Participant/contacts should be visited by two members of staff, one being the research Health Adviser, and the other either, another member of study team or, research nurse/ clinic health adviser. Where possible by one male and one female so that both male and female patients can be visited. Two male staff should not visit a female participant/contact.

Solo visits should not take place.

Staff undertaking visits should carry a mobile phone and ensure that it is charged and switched on at all times.

Visits should take place during daylight hours.

Details of premises being visited should be left with a designated senior member of staff in the department. If not returning to the department after undertaking visits, a designated member of staff should be telephoned after all visits are completed.

Excessive jewellery and valuables should not be worn/carried.

3. Confidentiality

It is the Health Advisers responsibility to ensure that confidentiality is upheld at all times. A positive confirmation of the identity of the participant/occupant should be obtained before any information/discussion takes place. Health Advisers should ensure that where applicable, they have confirmatory details such as participant's date of birth and/or date of initial appointment with them so that these can be confirmed.

If no response at home visited up to two neighbouring homes should be tried to seek clarification that patient/ contact still resident there or, any forwarding address known.

Only one visit to each participant/contact.

If the participant/contact is confirmed as still living there or, it is not possible to confirm with a neighbour that they are not still resident there, leave name and confidential Health Advisers direct telephone number on plain paper asking participant to make contact.