

LONE WORKING POLICY

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| Version: | 4 |
| Date issued: | August 2016 |
| Review date: | July 2019 |
| Policy Scope | This policy is applicable to any employee, volunteer or contractor who may be considered a lone worker whilst undertaking work for the Trust. |
| Policy Summary | This document sets out an overarching framework to guide and inform the development of local lone working procedures across all Trust services and including those working alone in the community and in Trust buildings. It provides a robust framework to ensure a consistent approach across the whole organisation and supports the Trust's statutory duties. This policy aims to alert staff to lone working risks, to identify their responsibilities and offers guidance to manage such risks. The Trust has undertaken a review of its management of Lone Working which was designed to ensure compliance with its legal obligations. By developing this policy the Trust aims to demonstrate its commitment to successful health and safety management. by measuring and reviewing incidents relating to Lone working when they do occur and by providing guidance to staff it is hoped to reduce the likelihood of such an incident occurring. |

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DOCUMENT CONTROL

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REFERENCES AND ASSOCIATED DOCUMENTS

References

- Health and Safety at Work etc. Act 1974
- Health and Safety Executive - Working Alone in Safety
- Management of Health and Safety at Work Regulations 1999
- 'Not Alone" A Guide for the Better Protection of Lone Worker in the NHS – March 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- UNISON - Working Alone: A Health and Safety
- Workplace (Health and Safety and Welfare) Regulations 1992

Cross reference to other procedural documents

- Clinical Assessment & Management of Risk to Self and Others Policy
 - Health and Safety policy
 - Agile Working Policy;
 - Information Governance Policy
 - Learning Development and Mandatory Training Policy
 - Prevention and Management of Violence and Aggression Policy
 - Risk Management Policy and Procedure
 - Risk Management Strategy
 - Security Policy
 - Serious Incidents Requiring Investigations (SIRI) Policy
- All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

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1. INTRODUCTION

- 1.1 The Trust recognises some staff work by themselves for significant periods of time in the community without close or direct supervision, in isolated work areas and often out of normal working hours. The purpose of this policy is to provide an overarching framework to guide the development of local procedures to protect staff, so far as is reasonably practicable, from the risks of lone working.
- 1.2 It would be impractical to address each situation individually. This policy has been designed to be as wide ranging as possible but still assist managers to manage the risks of lone working through the development of service-specific local lone working procedures.
- 1.3 The Trust acknowledges the effective processes already in place locally to minimise the risks of lone working, this policy is designed to support and strengthen those arrangements and to ensure consistency across the organisation. There is a clear imperative to balance the Trust's legal obligations to ensure lone worker safety against avoiding an overly bureaucratic system which would be too onerous to effectively implement.
- 1.4 This Policy takes into account NHS Protect guidance on protecting health staff and the options available to take action against those who abuse or assault them.
- 1.5 The Trust recognises its obligations under the *Health and Safety at Work Act (1974)* and the *Management of Health and Safety at Work Regulations (1999)* for the health, safety and welfare at work of its staff. These responsibilities apply equally to those staff who work alone. They require the Trust to identify hazards, assess the risks and put local measures in place to avoid or control the risks.
- 1.6 This policy aims to:
- increase staff awareness of lone working safety;
 - ensure the risk of working alone is systematically assessed;
 - support the development of local procedures to eliminate risks to staff working alone or to reduce those risks to the lowest practicable level;
 - ensure appropriate training is available to identified lone workers which provides practical advice on safety when working alone;
 - encourage full reporting and recording of incidents relating to lone working;
 - reduce the number of incidents related to lone working;
 - ensure the Trust complies with relevant health and safety legislation and current best practice.

2. DUTIES

- 2.1 The **Chief Executive** has overall accountability for the health and safety of staff, visitors, patients and others through effective governance structures to

ensure policies and procedures are applied fully and consistently.

2.2 The **Director of Strategy and Corporate Affairs** has delegated responsibility for ensuring there are procedures in place for lone working. The Director's responsibilities include:

- coordinating and ensuring the implementation and continued development of the Lone Working policy throughout the Trust;
- communicating the Trust's commitment to lone working safety;
- ensuring effective arrangements to identify, evaluate, and manage lone working risks.

2.3 The **Executive Directors and Heads of Division** have delegated responsibility for this policy and are responsible for ensuring the policy is adopted, implemented and promoted in their respective areas. They will ensure in their Directorates there are:

- suitable local risk assessments on staff who are lone workers;
- local procedures to protect and ensure the safety of lone workers;
- arrangements to investigate incidents involving lone workers;
- arrangements to support lone workers following any incidents.

2.4 The **Head of Corporate Business** is responsible for this policy and for ensuring appropriate provisions are made to protect lone working staff which complies with relevant health and safety legislation and NHS guidance. The Head has responsibility for raising the profile of lone working across the organisation and provides oversight on the effectiveness of local reporting, assessment and procedures.

2.5 **Managers and Supervisors'** responsibilities include:

- ensuring lone workers are made aware of the policy and their roles and responsibilities;
- assessing the need for lone working;
- identifying all lone workers in their services;
- ensuring local lone working risk assessments are completed and uploaded to their local risk registers;
- escalating any risks to the next level of management and recording this on their risk assessments;
- regularly reviewing local risks assessments to ensure they remain current and valid;
- developing local lone working procedures to manage lone working risks;
- ensuring staff are aware of the local procedures to manage these risks;
- ensuring local mechanisms are in place to account for and trace the whereabouts of lone workers and these systems are regularly tested;
- documenting regular reviews of the local lone working procedures as

part of team and service meetings;

- ensuring local lone working is discussed and documented as part of lone workers' supervision and annual appraisal;
- providing support to lone workers who have been assaulted and advising them of post-incident support (such as occupational health services and Well@Work);
- ensuring their lone workers receive appropriate PMVA training.

2.6 All **Identified Lone Workers** are responsible for:

- taking reasonable care of their own health and safety by not putting themselves at undue risk of harm and taking necessary action to minimise the possibility of an incident occurring;
- cooperating with the Trust to enable it to comply with its health and safety duties and report any concerns they may have in relation to lone working to their line manager;
- attending any lone working training appropriate for their role;
- following local lone working procedures, making use of any technology or equipment provided for their safety as a lone worker;
- reporting any lone working incidents, including near miss incidents using the Trust's incident reporting procedures;
- reporting any dangers and concerns identified related to lone working;
- maintaining an electronic diary which is accessible to others whilst they are out working alone;
- providing the required personal lone worker information which must be kept up to date (please see Appendix C);
- assisting managers and the team in carrying out and updating risk assessments and local procedures.

2.7 The **Local Security Management Specialist** is responsible for:

- providing advice on physical security measures to improve lone workers' safety;
- advising on lone working technology which is appropriate, proportionate and meets the needs of the organisation and lone working staff;
- supporting managers to complete or review local lone working risk assessments and procedures;
- providing specialist advice and support to the investigation process following reported incidents and making recommendations where appropriate; these may include sanctions to be taken against those who cause harm to staff;
- liaising with external agencies such as the police where appropriate.

3. DEFINITIONS

3.1 The Health and Safety Executive (HSE) define **lone workers** as "...those who work by themselves without close or direct supervision. They may be found in a wide range of situations."

3.2 An **isolated situation** is defined as a situation where staff are engaged in regular or occasional work (either outdoors or indoors) where there are no other people who could reasonably be expected to come to their immediate aid or contact help on their behalf in the event of an incident or emergency.

3.3 **Identified Lone Workers** are those whose activities involve significant periods of their working time by themselves or in isolated situations without close or direct supervision or the benefit of interaction with other workers. The definition of a **significant period** will be determined by the local risk assessment. Examples of lone workers who carry out their work for significant periods, include:

Staff working outside of office hours:

- early morning cleaners;
- kitchen staff;
- call centre staff.

Staff working in remote or isolated parts of a Trust building or shared premises:

- office-based workers;
- clinic staff;
- maintenance staff and contractors;
- a receptionist working alone in a clinic reception area;

Staff working with patients and public, without contact with other workers or supervision for periods of time:

- community nurses, doctors and other health care professionals making home visits;
- staff dealing with complaints or security incidents.

Staff who travel alone for significant periods or in circumstances which may give rise to significant risks:

- driving long distances;
- making deliveries between Trust sites and other premises;
- travelling at night; or travelling in dangerous conditions.

3.4 **Risk** is the likelihood a hazard will actually cause its adverse effects or harm, together with a measure of its severity or impact (consequences).

3.5 **Dynamic Risk Assessment** is a continuous process of identifying hazards and the risk of them causing harm, and taking steps to eliminate or reduce them in rapidly changing circumstances.

- 3.6 A **Buddy** is a person who is an identified lone worker's nominated contact for the period during which they will be working alone'.

4. LONE WORKING

- 4.1 Local procedures will set out for each team/service the process and mechanisms to support identified lone workers. These include risk assessment, methods and systems, support systems, what to do when there is genuine concern about a lone worker's safety or whereabouts and the review process.

Prevention

- 4.2 All Trust Managers must ensure a full Lone Worker Risk Assessment (see below) has been conducted which identifies control measures, communication and training requirements for staff who work alone within the confines of a building, while on home visits or otherwise on Trust business. Managers must regularly review working practices in order to ensure all situations where staff are required to work alone are kept to a minimum and appropriate control measures are in place.
- 4.3 All employees have a responsibility to abide by this policy and any decisions arising from it. Any possible risks to the health and safety of themselves or others should be reported to their Manager. Individuals are accountable for their own practice and where lone working processes or electronic devices are in place must adhere to these for their own safety and that of their colleagues.
- 4.4 The key to preventative action is an understanding of how and why incidents occur in lone working situations and learning lessons from incidents.
- 4.5 In order to achieve this, the following factors should be considered in the development of local procedures:
- type of incident (e.g. physical assault / theft of property or equipment);
 - severity of incident;
 - individuals or groups of staff involved;
 - weakness or failures that have allowed the incidents to take place.(e.g. procedural, systems or technological);
 - training needs of lone workers;
 - review of risk management plans;
 - technology in place for the protection of Lone Workers.
- 4.6 Local Procedures in relation to lone working will be developed and will include a lone worker risk assessment completed by managers.
- ##### **Positive Reporting Practices**
- 4.7 The Datix Incident Reporting System must be used to record incidents.
- 4.8 Any areas of identified risk must be placed on the local risk register and escalated as appropriate.

Incident Reporting and Investigation

- 4.9 Where incidents have taken place these must be reported centrally to the Trust where wider lessons can be learned. It is important these are fed back into revisions of procedures and systems locally to ensure the identified lone workers are provided with the best possible protection.
- 4.10 Where an incident is a physical or non-physical assault this must be investigated and appropriate sanctions applied in accordance with framework for tackling violence against NHS staff established by NHS Protect.

5. LOCAL ARRANGEMENTS FOR LONE WORKING

- 5.1 Having robust local procedures is the key element to addressing lone worker safety. Managers will use the following overarching process.

Risk Assessment

- 5.2 All managers must ensure local risk assessments are undertaken and documented on their local risk registers which identify risks to lone workers. Under no circumstances must generic risk assessments be used; all risk assessments must be specific to each team or lone worker.
- 5.3 The next step is to create a list of all lone workers within the team and this must identify all the tasks they perform and the risks involved with each task. For example:
- do they have responsibility for large sums of money or expensive equipment?
 - do they carry, or are the public likely to believe, they carry medication?
 - does their role involve giving bad news to people?
 - does the job involve going into strangers' houses?
 - do they work in areas with poor or no mobile network coverage?
- 5.4 Following this, consider if lone working or the task be eliminated all together? If not, a local lone working procedure must be developed and implemented to ensure it can be undertaken as safely as possible. Local procedures must be regularly reviewed and tested to ensure they remain effective. Examples include:
- Site-Based Lone Workers:*
- safe entrance and exit;
 - risk of verbal or physical abuse;
 - safety of equipment for individual use;
 - channels of communication in an emergency;
 - security and security arrangements
- Mobile Lone Workers:*
- the patient/family risk history;

- home visits in high crime areas;
- reporting/recording arrangements;
- communications and traceability;
- personal safety/security;
- reliable transport.

5.5 If risks are identified these need to be documented and procedures put in place whenever possible before personal contact is made. Their precise nature will vary, but any of the following may be appropriate and should be documented:

- arrange for meetings in Trust or other suitable premises rather than at the patient's home;
- two members of staff to make the visit;
- arrange for a reliable relative to be present;
- if the presence of relatives is problematic, ask the patient to arrange for them not to be present;
- if there are aggressive animals, ask them to be secured or removed before the visit;
- ensure staff who work in non-Trust premises work closely with other agencies to identify any problem situations;
- for persistent, low-level problems, agree a contract with the patient or relative which, if broken, would result in the withdrawal of home care;
- if there are severe problems, home care should be withdrawn and the patient concerned be identified as unsuitable for home visits.

Local Lone Working Procedure

5.6 It is essential lone workers can be located by their work team. Wherever possible, lone working should be eliminated. Where this is not possible, the following steps should be followed:

- put in place documented local lone working procedures to manage the risks identified in the risk assessment – the use of clear flowcharts are encouraged;
- train staff on identifying and managing the risks arising from lone working and in the use of these local procedures;
- regularly review these procedures through documented team discussions and individual supervision meetings;
- ensure staff are fully aware of the risks and are empowered to take action to reduce their own personal risk;
- ensure local procedures are used appropriately by all relevant staff;
- ensure all incidents relating to lone workers are reported in accordance with the Incident Reporting Policy;

- seek advice from the Trust LSMS where required;
- provide access to support and counselling to any staff who may be affected emotionally following a physical or non-physical assault they received or experienced while working alone.

6. **COMMUNICATION**

6.1 Local systems and procedures are required to ensure teams are aware of lone workers' locations and movements. Patient identifiable information must be kept in a secure manner in accordance with the Information Governance and Confidentiality Policies. This must include:

- maintaining an electronic diary of visits which can be accessed by others and including the anticipated time and duration of work activities or visits;
- providing details of the people they will be visiting, including patient addresses and telephone numbers;
- using a whiteboard or similar in a secure and confidential environment;
- maintaining a database of personal contact details for lone workers which is held securely and which can be accessed centrally by the Trust in the event a lone worker goes missing or is involved in an incident;

6.2 The database of lone worker personal information (please see Appendix C) must as a minimum include:

- a photograph;
- a physical description;
- personal and Trust contact details;
- emergency contact details;
- next of kin contact details;
- car(s) description and registration number;
- relevant medical conditions.

7. **BUDDY SYSTEMS**

7.1 Buddy systems enable lone workers to keep another colleague informed of their movements and should be incorporated into local lone working procedures. These have the advantage of flexibility in as much as the buddy can be kept informed of unplanned changes to the planned schedule of work activities. For example, a community nurse changing the order of home visits due to patient availability.

- 7.2 Buddy systems can provide reassurance to staff working on their own.
- 7.3 For buddy systems to work, teams must ensure the nominated buddy understands the agreed local procedure and:
- has access to information relating to the movements of the lone worker;
 - knows the contact details for the lone worker (including vehicle details where appropriate), their next of kin and other nominated emergency contacts;
 - agrees with the lone worker timescales within which contact will be made (check in times), this may include at the start of work, between visits and when returning to base or home when finishing work;
 - knows the times of breaks or rest periods.
 - will attempt to contact the lone worker should they not contact with buddy within timescales as agreed;
 - understand the local emergency and escalation procedures in place;
 - ensures there are contingency arrangements in place for someone else to take over the role of buddy, for example if the lone working situation extends past the end of the nominated buddy's shift.

8. TECHNOLOGY

- 8.1 The technological needs of lone working can be broken into three key requirements:
- effective recording/reporting of staff movement and timed appointments;
 - recording and accessing of staff lone worker information, including photograph, car details, personal contact details, home address and next of kin - his information needs to be easily accessible by on call managers/directors;
 - methods of calling for help if needed.

Diary Management

- 8.2 All home visits as well as any lone working situations (meetings, travel etc.) should be recorded in electronic diaries in advance and updated as soon as is practicable. These diaries must be made available to identified colleagues, buddies and the team manager; this may be extended to more senior and on call managers following local risk assessment. Paper diaries cannot be shared with colleagues and as such should not be used by Trust lone workers.
- 8.3 Clinical appointments should all be recorded in RiO diaries and outcomed accordingly afterwards.

Recording and accessing of personal lone working information

- 8.4 The Windows Active directory, which provides the contacts and phone book for Outlook, is able to hold this information.

8.5 A software solution called Directory Manager will provide the necessary access to staff to maintain the required lone worker personal information as well as restricting access to the sensitive sections to those who need it. The solution will link into the Trust's existing Outlook Address book and will enable staff to add/edit the required information. This is stored securely and only gives access to individuals and their line manager and, in the event of an incident, the manager or director on call.

Reporting of staff locations or calling for help if need be.

8.6 Most electronic solutions available to the Trust are dependent upon the mobile telephone network, both for logging locations and calling for help. A map of current mobile network coverage in Somerset is given below:

8.7 It is clear at this time there is not 100% mobile network coverage across Somerset with little prospect of this changing in the near future. As such a lone worker system built on mobile technology would be ineffective as there would be no guarantee such a system would work all of the time, even where there are normally strong mobile network signals. Due to the connectivity black spots across Somerset, none of these significantly reduce the risk. Even very expensive cross-network handsets or solutions will not prevent a member of staff being cut off without signal. There is no solution which will work effectively in Somerset and provide a significantly better service than the existing mobile phone contracts.

8.8 As such, lone workers, following local risk assessment, can be provided with Trust equipment to report their location or to summon help. However, these must be fully backed up by local, non-technological solutions which must be clearly documented in the local, lone working procedures.

8.9 Equipment provided for the safety of lone workers, which they must be fully trained to use, may be identified as appropriate for certain groups of staff and may include:

- mobile phones and smartphones;
- two way radios (walkie-talkies) on hospital sites;
- personal transmitter alarms linked to locator panels within fixed buildings;
- panic attack alarm systems in treatment or consultation rooms within fixed buildings;
- personal audible alarms.

8.10 Lone worker safety devices will not prevent incidents from occurring and are intended as an additional layer of protection and cannot be solely relied upon or be seen to replace existing local procedures.

8.11 Personal audible alarms are primarily designed to create a distraction, to startle or disorientate to allow a member of staff time to escape from a violent or threatening situation. Such alarms may not be heard by those who could assist and the expected response from use of such alarms must be considered.

8.12 Personal transmitter alarms and panic alarm buttons can discretely and, in

some instances, silently raise an alarm. Local procedures must be agreed when using such devices to ensure appropriate responses and support is forthcoming should an alarm be activated.

- 8.13 Lone worker devices, personal transmitter alarms, personal audible alarms and emergency call systems must be regularly tested and the results of these tests documented.

9. SUPERVISION

- 9.1 Although lone workers cannot be constantly supervised, it is still the Trust's responsibility to ensure staff safety as far as is reasonably practical. Supervision helps to ensure staff understand the risks associated with their lone working and necessary safety precautions are carried out.
- 9.2 Supervisors should provide guidance in situations of uncertainty checking of progress and compliance with any existing or new local procedures which have been put in place.
- 9.3 Procedures need to be put in place locally to monitor lone workers to ensure they remain safe, these may include;
- regular contact between the lone worker and their supervisor;
 - regular testing of procedures designed to raise the alarm if contact is lost with a lone worker;
 - regular testing of any safety devices to ensure they still work.

10. WHAT TO DO IF THERE IS A GENUINE CONCERN

- 10.1 Actions to be taken in the event of genuine concerns about the welfare or whereabouts of a lone worker the response needed
- 10.2 Where there is a genuine concern, as a result of a lone worker failing to attend a visit/arranged meeting or returning to base within an agreed time, the manager should use the information provided in the lone worker's electronic diary to track their whereabouts and ascertain whether or not they turned up for previous appointments that day.
- 10.3 Depending on the circumstances and whether contact through normal means (i.e. mobile telephone, etc.) can or cannot be made; the manager should involve the police.
- 10.4 It is important matters are dealt with quickly after consideration of all the available facts, where it is thought that the lone worker may be at risk. If police involvement is needed, they should be given full access to the information held if that information might help trace the lone worker and provide a fuller assessment of any risks they might be facing. The police are happy to act on a "missing person" with immediate effect, providing the Trust has made every effort to trace the person **and** can justify their cause for concern.

11. IMMEDIATE SUPPORT FOLLOWING AN INCIDENT

- 11.1 In the event of an incident involving a lone worker, the manager should immediately ensure the employee receives any necessary medical treatment and/or advice. If an incident occurs out of hours the on-call manager should be contacted.
- 11.2 Managers should be sensitive to the employee's need to talk about the incident and offer any assistance possible. If the employee is a member of a Trade Union or Professional Association, they may find this an appropriate source for practical and emotional support.
- 11.3 The importance of colleague support should not be underestimated; they may be able to provide primary emotional support.
- 11.4 Staff should be made aware of the confidential counselling services offered through the Trust.

12. INVOLVING THE POLICE

- 12.1 If a situation arises which requires Police attendance, the employee at risk, or other relevant person, should contact the Police immediately.
- 12.2 Trust managers should be encouraged to report crime, in the first instance, on the Police *Reporting a Crime* website at <https://www.avonandsomerset.police.uk/contact-us/report-a-crime-or-incident/>. Reporters should enter the Crime Number given onto DATIX. *Reporting a Crime* is simple, easy to use and saves time.
- 12.3 The Trust will seek to take legal action in all cases of physical violence and in specified cases of verbal violence, if deemed appropriate, in line with NHS Protect guidance on tackling violence against staff.
- 12.4 The victim of the assault will be kept informed of the investigation's progress and offered such support as is necessary or desirable in the circumstances.

13. MONITORING COMPLIANCE AND EFFECTIVENESS

- 13.1 The Health, Safety and Security Management Group will monitor incidents and near misses relating to lone working and will provide a quarterly progress report to the Regulation Governance Group.
- 13.2 Local procedures in place to eliminate reduce or control risks from lone working, **must** be regularly monitored and recorded to ensure they are being followed and remain workable, including the provision of suitable and sufficient staff training.
- 13.3 Where concerns are raised regarding local lone working risk assessments / procedures, a joint review should be undertaken by staff and their managers to determine any corrective measures necessary. The advice of the LSMS should be sought as necessary.

14. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

14.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 15: Premises and equipment

Regulation 17: Good governance

Regulation 18: Staffing

Regulation 20: Duty of candour

14.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

14.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

15. APPENDICES

15.1 For the avoidance of any doubt, the Appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

- Appendix A - Practical Suggestions for the Development of local Lone Worker Procedures
- Appendix B - Guidance Notes on Lone Working
- Appendix C – Personal Details

PRACTICAL SUGGESTIONS FOR THE DEVELOPMENT OF LOCAL LONE WORKER PROCEDURES

These should be used to inform the development of local, documented procedures for each team/service.

| |
|---|
| Date local procedure implemented and review date |
| What Team or Service does it apply to? |
| Who is responsible for the local procedure, for its testing, review and updating? |
| Have you identified your lone workers? Who are they? <i>Include lone workers in the community and in Trust buildings</i> |
| Can lone working be eliminated? |
| Do you have all lone workers' personal information? Is this information up to date? Is this information accessible in and out of hours locally and centrally by the Trust if needed? |
| Is lone working discussed and noted at regular team/service meetings and individual supervision/appraisal? |
| TECHNOLOGY |
| Do all of your identified lone workers have a Trust mobile telephone? Whey networks do they use? Display areas of poor/no mobile phone reception. Do identified lone workers have any other Trust-issued equipment related to lone working? Has this been tested and maintained regularly? Is any other equipment needed? |
| RISK ASSESSMENT |
| General Considerations for Assessing Lone Working Risks A risk assessment is carried out to identify the risks to workers and any others who may be affected by their work. Proper assessment should identify how the risks arise and how they impact on those affected and is needed to make decisions on how to manage those risks so that decisions are made in an informed, proportionate and structured manner. Arrangements also need to be put in place to monitor and review the findings. Document lone working risks on the local risk register. It unrealistic to complete a risk assessment for every scenario, but managers should, |

initially, ensure risk assessments consider:

- identification of lone working staff;
- assessment of working conditions – normal / abnormal, hazardous conditions (i.e. dangerous steps, unhygienic conditions, poor lighting, weather conditions, times of day/night and the geographical areas in which they are required to work, whether the Lone Worker has network cover for mobile);
- assessment of activities which might present a risk to lone workers such as refusing an appointment, administering medication and delivering unwelcome information. Whether staff have received suitable and sufficient training to defuse potentially violent situations should also be considered (i.e. physical or sexual assault, verbal abuse or threatening behaviour, substance abuse or mental ill health);
- assessing the risk to the lone worker themselves (i.e. from wearing uniforms when visiting certain patients, or working in or traveling between certain environments, or when they experience a road traffic accident/breakdown);
- assessment of necessary equipment;
- evaluation of physical capability and conduct to carry out lone working (i.e. being pregnant, disabled or inexperienced);
- estimation and assessment of 'emergency' equipment that may be required, such as, for example, a torch, map of the local area, a first aid kit or mobile telephone charger.

BUDDY SYSTEM

To operate the '*Buddy System*' a lone worker must nominate a '*buddy*'. This is a person who is nominated as contact for the period in which they will be working alone. The nominated '*buddy*', will:

- be fully aware of the movements of the lone worker using electronic diaries accessible to the '*buddy*' and the line manager;
- have all the necessary contact details for the lone worker, including personal contact details, such as next of kin or nominated person to be contacted;
- have details of the lone worker's known breaks or rest periods;
- follow the agreed escalation procedure for contacting the lone worker, if they do not contact the '*buddy*' as agreed. Knowing when to alert their manager or the Police, if the lone worker cannot be contacted, or they fail to contact their '*buddy*' within agreed and reasonable timescales;
- contingency plans should be made if poor phone signal is a concern. This should be risked assessed. Remember 999 can be transmitted to any provider's strongest signal.

Essential to the effective operation of the 'Buddy System' are the following factors:

- The '*buddy*' must be made aware they have been nominated and what the procedures and requirement for their role are;

- contingency arrangements should be in place for someone else to take over the role of the *'buddy'* in case the nominated person is called away to a meeting for example;
- there must be procedures in place to allow someone else to take over the role of the *'buddy'* if the lone working situation extends past the end of the nominated person's normal working day or they are called away.

LONE WORKERS

Are your identified lone workers:

- Trained in PMVA?
- Briefed about local lone working procedures?
- Given all information about patients' risks?
- Issued with appropriate equipment?
- Aware of the procedures for maintaining and testing this equipment?

Are they –

- Aware of the importance of keeping an electronic diary?
- Aware of the importance of keeping their lone working personal information up to date (Appendix C)?
- Aware of the importance of risk assessing patients, where possible, before visiting them?
- Aware of the need to keep contact with colleagues?
- Aware of how to obtain support and advice in and outside normal working hours?
- Aware of how to obtain authorisation for an accompanied visit?

Do they –

- Appreciate the circumstances when visits should be terminated?
- Appreciate their responsibilities for their own health and safety?
- Understand the provisions for staff support by the Trust and how to access this support?
- Appreciate the requirements for reporting and recording incidents involving violence and aggression?

PATIENTS AND RELATIVES (on an individual basis)

Consider (not needed for all patients):

- is there a process to clearly document risks to lone workers who may visit the patient/family?
- is this accessible to other relevant staff/agencies?
- where possible, home visits should only be carried out after an assessment of

risks to the lone worker?

- is a home visit necessary or can an alternative venue to be identified?

LOCAL PROCEDURE

Consider:

- Do all identified lone workers have access to the local procedure?
- Is it available to others in the Trust? Who?
- Can it be accessed in and out of normal working hours?
- Flowcharts can be easier to understand.
- Is it regularly reviewed, tested and updated?

ESCALATION PROCESS

Consider:

- within team or service;
- use of pre-determined 'Code word';
- within the directorate or wider Trust;
- in and out of normal working hours;
- externally including the emergency services, e.g. the Police.

REPORTING OF INCIDENTS

Consider:

- use of Datix;
- sharing information within the team/service;
- seeking support from LSMS.
- sharing information and learning with the wider Trust;
- debriefing and support for those involved.

GUIDANCE NOTES ON LONE WORKING

There are a number of practical steps which can be followed to help lone workers minimise the risk of incidents occurring. It is essential where technology fails appropriate back-up procedures are in place to ensure the safety of the lone worker at all times.

Under no circumstances, should staff compromise their safety. If they feel unsafe at any point while in a lone working situation they should remove themselves from the situation immediately.

It is important contact and appointment arrangements, once in place, are followed. Many procedures fail simply because staff forget to make the necessary call when they finish their shift. The result is chaos and unnecessary escalation and expense, which undermines the integrity of the process.

High risk visits

- Where there is a history of violence and/or the patient location is considered high risk, the lone worker must be accompanied by a colleague or, in some cases, by the Police.
- Where possible, the visit should take place at a neutral location or within a secure environment.

During visits

- Lone workers should be prepared and fully briefed, having concluded a necessary and appropriate risk assessment with their manager ahead of their visits, where appropriate risks have been identified. They should carry an ID badge and be prepared to identify themselves.
- Lone workers should carry out a “10 second” risk assessment when they first arrive at the house and the front door is opened. If they feel there is a risk of harm to themselves, they should have an excuse ready not to enter the house and to arrange for an alternative appointment. They should also be aware of animals in the house and ask for them to be removed, prior to entry.
- Lone workers should ensure when they enter the house they shut the front door behind them and make themselves familiar with the door lock in case they need to make an emergency exit.
- Lone workers should try not to walk in front of a patient. They should not position themselves in a corner or in a situation where it may be difficult to escape.
- Lone workers should remain calm and focused at all times and keep their possessions close to them.
- Lone workers should be aware of their own body language (as well as the body language of the patient), as there is the potential risk of exacerbating the situation by sending out the wrong signals, particularly where there may be cultural, gender or physical issues to consider. Body language or other forms of

non-verbal communication and mannerisms, plays an important role in how people perceive and behave towards other people. Specific training in non-physical intervention skills and de-escalation is essential and lone workers must be trained in PMVA, with additional training provided over and above this, depending on the risks they face and their own personal needs.

- Emergency contacts will be entered on 'speed dial' to assist speedy responses.
- 'Code' words will be developed within teams to help the lone worker convey the nature of the threat so that an appropriate response can be taken, such as involving the police.
- Mobile devices have the potential to aggravate a situation. They should be placed on silent during consultations.
- In Case of Emergency (ICE) numbers should be entered in the Address Book of both Trust and personal mobile phones.

Escorting Patients

- Where there are known risks, or identified potentials risks, about a patient or a location to be visited, a full assessment of those risks should be made ahead of the lone worker making that visit, along with taking appropriate action to minimise those risks.
- Where there are known risks, the patient should be looked after by a member of staff who is not the driver, so that the patient's needs can be catered for and the driver is allowed to concentrate on driving the vehicle safely.
- Consideration should be given to the most appropriate mode of transport, based on such risk assessments. It may not be appropriate for the lone worker to drive, unless in an emergency, and alternative arrangements may need to be made.
- If escorting a patient/service user by car, lone workers should always seat the patient behind the front passenger seat and ensure their seat belt is fastened. Lone workers should not escort a patient by car if there are any doubts about their safety in doing so, nor should they agree to transport patient's animals.
- If a patient becomes aggressive while the lone worker is driving they should pull over into a safe place and exit the vehicle, ensuring the keys are removed. They should follow local procedures in place, which may involve calling the Police, their Manager, or a colleague.

Lone working and vehicles (other than escorting patients)

- Before setting out, lone workers should ensure they have adequate fuel for their journey.
- They should give themselves enough time for the journey to avoid rushing or taking items such as bags, case-notes, Patient notes or other equipment should never be left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle.

- Lone workers should always hold the vehicle keys in their hand when leaving premises, in order to avoid looking for them outside, which could compromise their personal safety.
- Once inside the vehicle all doors should be locked, especially when travelling at slow speed, when stopped at traffic lights and when travelling in built-up areas. Some staff may understandably feel a locked door may prevent them from escaping or receiving help in the event of an accident. However, modern vehicles and rescue techniques make this less of a factor than it may seem.
- Lone workers should always try to park close to the location they are visiting and should never take short cuts to save time. At night or in poor weather conditions, they should park in a well-lit area and facing the direction in which they will leave. They should ensure all the vehicle's windows are closed and the doors are locked.
- Lone workers driving alone: especially after dark, should not stop even for people who may be in distress or requiring help. The lone worker should stop in a safe place, as soon as it is practicable to do so, and contact the emergency services as appropriate.
- If followed, or if in doubt as to whether they are being followed, lone workers should drive to the nearest Police station or manned and lit building, such as a petrol station, to request assistance.
- In case of vehicle breakdown, lone workers should contact their buddy or manager immediately.
- They should not display signs such as "Nurse on call" and should avoid having items in their vehicle which contain personal details, such as their home address.

Dealing with animals

- If there is a known problem with animals at a particular address or location, the occupants should be contacted and requested to remove or secure the animals before arrival. Clinical procedures may provoke a reaction from an animal or pet, so it may be prudent to request it be removed or placed in a different room for the duration of the visit.
- If a lone worker is confronted by an aggressive animal on a first visit to a patient's address, they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with local reporting procedures.
- If a lone worker feels uneasy with animals being present, they should politely request they be removed, bearing in mind that this could provoke a negative reaction. All possible efforts should be made to ensure the situation is managed and de-escalated, should hostility become evident. If this is not possible, then alternative arrangements should be made to carry out the visit, such as rescheduling so that the lone worker can be accompanied or asking a colleague - more at ease with animals - to assist them.
- Involve the Trust LSMS for further advice and support if needed.

The environment

- Be aware of the environment and people. Remain alert to risks presented by people who have taken drugs and/or alcohol.
- Avoid waste ground, isolated pathways and subways, particularly at night.
- Where there are known risks, consideration should be given to scheduling visits to a time and location where they can be accompanied.
- Avoid taking short cuts which involve isolated or unlit areas.

At the premises

- Park as close to the premises as possible.
- Avoid parking on the driveway of the person they are visiting.
- If there is no alternative to this, reverse into the driveway.
- At night and in poor weather conditions, park in a well-lit area.
- Always have keys easily accessible.

Attack alarms

Personal audible alarms, also known as 'attack alarms, are designed as a distraction to allow the member of staff to escape from a violent or threatening situation.

It is important such alarms are:

- Pointed/thrust at the potential assailant.
- Discarded or the pin replaced when making an escape.
- Kept in a serviceable condition and checked regularly to ensure they are fully operational.
- Easily accessible, e.g. carried in an easy to reach pocket or clipped to a belt.

Staff should be familiar with the procedures for sounding an alarm and the expected response if activated. The lone worker must assume that there is no certainty of assistance. The need to use an alarm should be reported via DATIX

Theft and Robbery

In the event of an attempted robbery of clinical bags, resistance is not recommended and such property should be relinquished without challenge. Ideally, house keys and mobile phone should be kept somewhere other than a handbag. A good diversion is a disposable purse/wallet containing petty cash and expired credit cards. All thefts of Trust property must be reported to the police and recorded on DATIX.

LONE WORKING POLICY – PERSONAL DETAILS

For completion by Lone Workers and returned to your Ward/Team Manager for distribution to the appropriate people.

| | |
|--|--------------------------|
| Name | |
| Name of Team | |
| Name of nominated ward/person to contact | |
| Home Address | |
| Home Telephone | |
| Mobile number | |
| Pager number | |
| Description | Attach photograph |
| Ethnic description | |
| Male/Female | Height |
| Build | Complexion |
| Colour of hair | Colour of eyes |
| Clothing | |
| Other distinguishing features | |
| Vehicle | |
| Type | Model |
| Colour | Vehicle Registration |
| Relevant Medical Conditions | |
| eg Diabetic, Asthmatic | |
| Missing – List actions to be taken | |
| for instance: | Details |
| <ul style="list-style-type: none"> • Inform next of kin, relative | |

IT IS IMPORTANT THAT YOU ENSURE THAT YOUR DETAILS ARE CURRENT.

I AGREE TO FOLLOW THE LOCAL LONE WORKING PROCEDURES AND UNDERSTAND AND ACCEPT THE CONSEQUENCES IF THE INFORMATION ABOVE IS INCORRECT.

| | |
|------------------|--------------|
| Agreed between | |
| Signatures | |
| Manager | Staff Member |
| Date | Date |
| Ward Manager | |
| Dates of Updates | |