Torbay and South Devon NHS
NHS Foundation Trust

Management of Lone Working Policy

(S1)

Document Information

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1. Introduction

1.1 The purpose of this protocol is to ensure that there are adequate systems in place to protect the health, safety and welfare of lone workers, i.e. a member of staff working alone, either on site or undertaking Trust duties within the community. This is in order to reduce the risks of lone working as far as is reasonably practical.

1.2 The term 'lone worker' is used in this guidance to describe a wide variety of staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. This could be inside a hospital or similar environment, or in a community setting; there is no single definition that encompasses those who may face lone working situations and, therefore, increased risks to their security and safety.

1.3 Due to the nature of their work, lone workers need to be provided with additional organisational support, management, training and instruction to deal with increased risks, as well as being enabled and empowered to take a greater degree of responsibility for their own safety and security.

1.4 While lone workers may face higher risks, it is important that these risks are not over-emphasised, creating an unnecessary fear amongst staff that is disproportionate to the reality of the risks faced. It is therefore important that work to minimise the risks is based on fact. A common-sense approach is recommended and encouraged for the protection of lone workers. A balance needs to be struck between providing a high standard of care for patients/service users and the protection of lone workers where there are perceived or real risks.

1.5 It is vitally important that lone worker procedures are kept under constant review to take account of changes in the external environment, introduction of new technologies and the lessons learned from the investigation of incidents that occur – where they cannot be deterred or prevented. This is achieved by regular review of the risk assessments by managers.

1.6 This protocol intentionally sets out not to identify specific groups of staff thought to be lone workers, or to delineate a specific time when lone working is deemed to occur. The overarching principle must be that lone working can occur anywhere, at anytime and within any group of staff.

2. Scope

2.1 This protocol applies to all staff employed by the Trust, including permanent and temporary staff. It also applies best practice to volunteer workers, contractors and visiting professionals employed to provide services on the Trusts behalf.

2.2 This protocol establishes the following principles:

- All staff should feel safe and secure so they can perform their duties free from fear.
- Lone workers will be provided with additional support, management and training to deal with increased risks as well as being empowered to take a greater degree of responsibility for their own safety and security
- The promotion of a culture where security is the responsibility of every member of staff and anyone granted permission to use the Trust premises
- Preventing incidents or breaches in policy from occurring whenever possible using a combination of effective risk management, learning from previous incidents and sharing best practice

- Detecting and reporting lone working incidents or breaches in a consistent manner so that trends and risks can be analysed, allowing this data to properly inform the development of preventative measures and the revision of policies and procedures

3. Roles and Responsibilities

Introduction

3.1 To ensure that lone working security and safety policies, procedures and systems are accepted and implemented, it is necessary to communicate effectively to all relevant staff what their roles and responsibilities are in relation to lone working, whether they are managers or colleagues of lone workers or lone workers themselves. It is essential that staff at all levels are made aware of their responsibility to be familiar and compliant with lone working policies and procedures that are in place for their protection. This is facilitated in Torbay and South Devon NHS Foundation Trust through:

- Job descriptions
- Clearly written policies and procedures
- Induction programmes
- Presentations by Clinical Safety Manager
- Awareness-raising sessions by risk managers and health and safety professionals
- Training (such as when dealing with conflict resolution)
- Team briefings
- The intranet and newsletters.

The role of the organisation

3.2 Under Health and Safety At Work Act 1974, “employers have a legal duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees”

3.3 The overall responsibility for the protection of lone workers is that of the healthcare organisation’s, Board, Chief Executive and security management director (SMD) who is the chief operating officer The SMD will actively lead on important security issues and take responsibility for security management at an organisational and board level, including raising the profile of security management work and getting the support of the board for important security management strategies and initiatives. This should include ensuring the full backing and commitment of the board for all organisational strategies and initiatives to protect lone workers.

3.4 Although health and safety legislation does not apply specifically to lone workers and there is no specific legal barrier to prevent staff from working alone, as part of its duty of care the employer must assess risks to lone workers (including the risk of reasonably foreseeable violence) and take steps to avoid or control risk where necessary.

The Role of the Clinical Safety Manager

3.5 The Clinical Safety Manager (CSM) is responsible for ensuring that the healthcare organisation has robust and up-to-date policies and procedures in place to ensure the safety of lone workers and should ensure that the implemented lone working policies and procedures are reviewed in line with the organisations internal review process. In liaison with line managers the CSM should ensure that these are disseminated to all relevant staff – including those responsible for their implementation and those whom they are designed to safeguard.

3.6 It is essential that all new employees are made fully aware of local lone working policies and procedures as soon as possible. The CSM should ensure that lone working policies and procedures which are specific to the working environment are highlighted at new employee induction programmes.

3.7 Such local policies and procedures will always be developed in consultation with relevant stakeholders. These include health and safety advisors, line managers, human resources representatives, risk managers and staff and clinical operational representatives (for example, trade unions and professional bodies).

3.8 The CSM should also advise the Trust on physical security measures, to improve the personal safety of lone workers and make sure that appropriate preventative measures are in place.

3.9 The CSM will assist in ensuring that technology which is used to protect lone workers is appropriate, proportionate and meets the needs of the organisation and lone working staff. They should ensure that technology also meets the necessary legal requirements.

3.10 The CSM should play an active part in the associated risk assessment and management process and advises on appropriate security provisions and technologies to protect lone workers.

3.11 When an incident occurs, the CSM should carry out a full investigation and, where necessary, liaise with the police to allow follow-up action to be taken.

3.12 Once a thorough investigation and the appropriate action have been taken, the CSM with the support of the workplace managers should conduct a full post-incident review to identify lessons that can be learned. They should work with line managers to ensure that appropriate remedial measures are implemented.

The Role of Heads of Service and Senior Managers

3.13 Managers should contribute to a safer working environment for lone workers. They should identify roles and responsibilities and conduct suitable and sufficient risk assessments for lone working. This includes any assessment tools, matrices, systems, processes and procedures to follow before, during and after lone worker situations. Managers should also provide staff with clear lines of communication and reporting. It is important for there to be clear systems in place for the dissemination and use of these policies and procedures, which should be subject to regular review.

3.14 The Head of Service/Senior manager has a responsibility to ensure that each of the staff teams within their service prepares and has in place a bespoke lone worker procedure and suitable devices and processes relevant to the team's discrete working practices.

3.15 The Head of Service/Senior manager has a responsibility to hold an accurate and updated record of all their staff who are lone working and who engage in lone working out in the community.

3.16 Where it is practicable, the head of service should hold a confidential a log of known risks at service level available for inspection and communicated to relevant lone workers.

3.17 Appropriate risk assessment should be in place including risk assessment prior to a visit. It is the head of service and senior managers responsibility to audit the systems processes within their service and ensure that staff are carrying out appropriate risk assessment and adhering to lone working policies and procedures.

3.18 Managers should ensure a buddy system is in operation within their services and departments if this is risk assessed as a management system for their lone workers.

The Role of the Line Manager

3.19 The line manager has a responsibility to ensure that all relevant policies and procedures are implemented and disseminated to lone working staff for whom they are responsible. They must ensure that these staff are appropriately protected before entering a lone working situation. This must be reviewed yearly or after an incident. Please see Lone Worker Safety Checklist Guidance in Appendix 9

3.20 This includes ensuring that a suitable and sufficient risk assessment is conducted in consultation with the appropriate people (e.g. CSM, health and safety manager, risk manager), thus ensuring that all risks from lone working are identified and appropriate control measures introduced to minimise, control or remove them. Please see Appendix 1 for a Managers guide.

3.21 These control measures will include ensuring that lone workers receive sufficient information, training, instruction and advice. The line manager must also ensure that any necessary physical measures are put in place, appropriate technology is made available and, where the safety of lone workers is threatened, that alternative arrangements can be made.

3.22 Regular reviews of arrangements should be overseen by the line manager to ensure that all measures are effective and continue to meet the requirements of the lone worker.

3.23 When an incident occurs, the line manager should ensure that the employee involved completes an incident reporting form as soon as possible, in line with local policy. They should also make sure that the incident is reported to the security and emergency planning team for follow-up action, including, where appropriate, contact with the police.

3.24 If someone is assaulted, the line manager should make sure that the individual has access to a list of relevant contacts or that they can be referred to the relevant person (e.g. CSM, occupational health, staff support network, counselling or psychological services). This is to ensure that they undergo a debrief and a physical assessment, that any injuries are documented and that they receive access to proper post-incident support.

3.25 After an incident, the risk assessment should be revisited as soon as possible, the adequacy of existing control measures reviewed and the organisational risk register updated accordingly. This should take place before carrying out a formalised investigation, reviewing lessons learned and taking appropriate action taken to try to prevent a recurrence.

3.26 Each line manager will ensure that every lone worker has a nominated buddy.

3.27 In the event of a staff member becoming missing please follow guidelines in Appendix 4, 5, 6

The Role of the Staff Member

3.28 Staff members have a responsibility to take reasonable care of themselves and to cooperate with their employer under health and safety legislation. This includes making full use of mandatory training conflict resolution training, training in the use of technology, lone working risk assessments and any other information, instructions, equipment and advice from their line managers regarding lone working.

3.29 Staff members need to be fully aware of all potential risks associated with lone working. Please see Appendix 7 for further information. Staff must also complete a lone worker information sheet and provide this information to their manager and buddy. (Appendix 11)

3.30 Staff members should also report promptly any concerns or adverse incidents to their line manager or nominated contact person and in line with the Trust's incident reporting policy.

3.31 Staff members have a responsibility for their own personal safety when travelling to start their work shift and again after work from their place of work.

4. Preparing for lone Working

4.1 Staff should not enter into lone working situations where they feel that their safety or the safety of their colleagues could be compromised. A common-sense approach should be adopted and encouraged. Risk needs to be balanced against providing a good standard of care for patients/service users. Where

there are perceived or real risks, alternative provision should be considered, such as arranging treatment in secure premises or organising accompanied visits.

4.2 Line managers must ensure that all staff are aware of the contents of this protocol before any lone working takes place. When all lone working activities have been identified the appropriate control measures must be introduced to ensure significant risks are controlled. The controls given in the following section may be implemented as appropriate and as identified through the process of risk assessment.

4.3 Lone working is not unique to community-based staff and professionals. Lone working can and often does occur within different healthcare settings and is not (or cannot always be) planned. For example, administrative/support staff and nursing staff based in the acute setting are often placed in a lone working situation despite their place of work being an acute ward or open-plan office. Due to their duties, these staff may find themselves either alone in a remote part of the building or escorting a patient/service user to another site. Therefore, policies and procedures need to reflect this.

4.4 Lone working policies and procedures will be developed in line with the organisational policy and procedure guidelines. An equality impact assessment should be undertaken and lone working policies should include equal opportunities legislation and need to consider the principles of diversity to reflect the needs of the community that is served.

The Trust policies and procedures should also consider local views and needs, reflecting:

- the views of staff and their union or professional body and safety representatives
- advice from health and safety advisors and risk and human resources managers
- in mental health and learning disability environments, the views of service users on how they would like visits to their homes to be undertaken
- the use of positive reporting practices regarding appointments and movements
- clear links to other relevant procedures, risk assessment and healthcare organisation policies (for example, incident reporting, risk assessment, etc)
- a clear outline of responsibilities and lines of accountability in respect of any action required in ensuring compliance with monitoring and review of the policies, procedures and systems put in place.

5. Training – Lone working, Personal Safety and Conflict Resolution Training

5.1 It is essential that staff are given the appropriate training in identifying, preventing, managing and de-escalating potentially violent situations. This must be done within a legal and ethical framework where the rights and needs of the patient/service user are balanced against the rights and safety of lone workers. Lone workers should be given the necessary training and awareness to enable them to carry out their duties in a positive, confident and caring manner. In all situations, they should try to attend to the needs of the individual involved and recognise their particular sensitivities and concerns.

5.2 As a key preventative measure to tackle violence against NHS staff and to ensure that staff and professionals are given the necessary skills to be able to recognise, de-escalate and manage potentially violent situations, a national syllabus in conflict resolution training for the NHS was introduced in 2004. A separate syllabus, specially adapted for mental health and learning disability settings, was introduced in 2005 and training standards for ambulance settings were introduced in 2007.

5.3 Conflict resolution training should be delivered to meet the needs of lone workers and should include modules covering risk assessment, de-escalation techniques and post-incident support. The training should also be scenario-based specifically for lone workers.

5.4 Despite not being mandatory training, breakaway training is available for all lone worker teams and is seen as a best practice standard.

5.5 Ensuring that NHS staff and professionals receive appropriate training in risk assessment is a key element in building skills for dealing with lone working. Such training can raise awareness and encourage the sharing of information about identified risks that they and their colleagues may face.

5.6 Training should be delivered for any specific equipment or devices that may be issued to lone workers. This should include scenarios which are likely to be encountered when lone workers are equipped with devices and with support services fully in place.

5.7 A training needs analysis should be undertaken by individual team managers with the support of the clinical safety manager. This should determine which lone working staff in the organisation require training, who should be prioritised for training and in which subject, and how often this training is to be refreshed. Subject areas which may be included within the analysis are:

- conflict resolution training
- training in breakaway techniques
- training on health and safety encompassing employee responsibilities
- cultural awareness, diversity and racial equality training
- specific equipment training, including lone worker protection devices
- conducting a risk assessment

6. Risk Assessment

Risk management process

6.1 The purpose of the risk assessment process in relation to lone workers within the healthcare or community setting is to:

- Identify risks in relation to lone working
- Assess the risks to lone workers
- Implement measures to reduce the risks to lone workers, including appropriate staff training to minimise these risks
- Evaluate the control measures and ensure that risks to lone workers are appropriately managed
- Feed into the corporate risk register and quality assurance framework where appropriate.

Identification of risks

6.2 The identification of risks relies on using all available information in relation to lone working to ensure that the risk of future incidents can be minimised. This includes learning from operational experience of previous incidents and involving feedback from all staff and stakeholders. It is therefore essential that staff are encouraged to report identified risks to managers, as well as ‘near misses’, so that a risk assessment can be carried out, appropriate action taken and control measures put in place.

Identification of risk for lone workers

6.3 The risk identification process should be carried out to identify the risks to lone workers and any others who may be affected by their work. This information is needed to make decisions on how to manage those risks and ensure that the action taken is proportionate. Arrangements also need to be made to monitor and review the findings

6.4 This risk identification should consider:

- lone working staff groups exposed to risk

- working conditions: normal, abnormal and hazardous conditions, such as dangerous steps, unhygienic or isolated conditions, poor lighting
- particular work activities that might present a risk to lone workers, such as prescribers carrying prescription forms and medicines on their person, particularly controlled drugs
- staff delivering unwelcome information or bad news: whether they have received suitable and sufficient training to deliver sensitive or bad news and defuse potentially violent situations
- the possibility of an increased risk of violence from patients/service users due to alcohol abuse, or drug misuse in relation to their clinical condition or response to treatment, and the risk of violence from their carers or relatives
- the lone worker wearing uniforms when visiting certain patients/service users
- working in or travelling between certain environments or settings
- lone workers carrying equipment that makes them a target for theft or makes them less able to protect themselves
- evaluation of capability to undertake lone working – for example, being inexperienced or pregnant, or having a disability.

Lone Worker Risk assessment

6.5 The key to risk assessment is to identify hazards, understand how and why incidents occur in lone working situations and learn from that understanding to make improvements to controls and systems to reduce the risk to the employee. To achieve this, the following factors should be considered and documented.

- type of incident risk (e.g. physical assault/theft of property or equipment)
- frequency/likelihood of incident occurring and having an impact on individuals, resources and delivery of patient care
- severity of the incident: Cost to the healthcare organisation in human and financial terms plus impact on an individual's personal health status.
- confidence that the necessary control measures are in place or improvements are being made
- the level of concern and rated risk
- what action needs to be taken to ensure that improvements are made and risks reduced.

The "Lone Working Risk Assessment" is shown in Appendix 2.

Managing Risk

6.6 Healthcare organisations are required to implement measures to manage, control and mitigate risks to lone workers. The levels of follow-up action should be proportionate to the level of concern highlighted in the risk assessment.

6.7 These measures should be achievable, commensurate with the risk identified, and realistic. Any associated costs need to be included not only in terms of resources and purchasing equipment but also staffing, training and expertise.

6.8 Measures might include removing weaknesses or failures that have allowed these incidents to take place (procedural, systematic or technological), and identifying further training needs of staff in relation to the prevention and management of violence, or other training such as correctly identifying and operating the relevant technology. Other considerations could include:

- Work activities for example; administrating medication, delivering unwelcome information or refusing an appointment

- An increased risk of violence from patients/ service users due to substance misuse or a mental or personality disorder
- Uniforms – can easily identify staff as working for the NHS. This may leave them vulnerable to being targeted, for example on the assumption they may carry prescriptions or drugs, when working in or travelling between locations.
- The necessity to carry equipment and the capacity of the lone worker to handle the amount of equipment themselves.
- Evaluation of capability to carry out lone working; such as being pregnant, a physical disability or inexperience.

6.9 Any risks identified during this process must be reported to the Clinical Safety Manager who will ensure further checks are carried out and the appropriate warning marker is placed on the patients records. Where legally permissible, this may be communicated with other agencies who work with the same patients/service users, as part of an overall local risk management process.

6.10 The completed risk assessment should be kept in a secure place where colleagues can access it when required, it should also be updated and reviewed regularly. Any change should be recorded and relevant staff updated accordingly.

6.11 The risk assessment and any supporting information must be retained in accordance with the Data Protection Act 1998 and only strictly factual information should be recorded. This log must be available to lone workers to inspect ahead of any visit they make.

6.12 Line managers must ensure these assessments are stored in such a way that all relevant staff can access the completed assessment. Consideration should be given to placing the assessment in a secure location that only managers and lone workers can access to check and update.

6.13 In order to reduce risk in offices/clinics/consulting rooms where patients/clients are present with a lone staff member, consideration of office design should include making the atmosphere as non-oppressive and conducive to relaxation as possible. At the same time consideration to personal safety is vital. Awareness of the following points will lessen the risk:

- Ensure that you can reach an escape route without being obstructed
- Arrange furniture so that it cannot be used against you
- Remove objects that can be used as weapons or missiles i.e. plant pots, glass objects etc.
- Prevent any door locks from being activated
- Direct visitors to a chair in the position of your choice
- With dangers such as glass keep your distance to a maximum i.e. windows, doors etc.
- Consideration should be given to fitting safety glass where ever possible

Before a lone worker visit

6.14 If there are known risks with a particular location or patients/service users, lone workers and their manager should reschedule this visit to a particular time, place or location where they can be accompanied.

6.15 Staff are advised to obtain as much information regarding the patient prior to going out on their first visit, information can be sought from the GP or other professionals already engaging with the patient. Staff can carry out an initial risk assessment over the phone to the patient; this will start the process and highlight any potential risk. Staff must also be aware that there will be occasions when the engagement with the patient will be due to an urgent/emergency situation and there may not always be time to carry out the initial risk assessment.

6.16 Colleagues, who have worked alone in the same location, or with the persons/ patients/ service users before, should be contacted to help communication about any particular risks or concerns.

6.17 Where it is practicable, a log of known risks should be kept at service level. This should also be communicated to the Clinical Safety Manager. This should record the location and details of patients/service users/other people that may be visited by staff, where a risk may be present. This log should be kept secure and the information should be accurate and reviewed regularly. It should be available to lone workers to inspect ahead of any visit they make.

6.18 Consideration should be given to requiring, as part of a lone worker's job description that they inform their manager or buddy if they have to make a visit to an address or person on that log.

6.19 Before visiting a location or patient/service user that is a known risk, colleagues who may have worked alone in the same situation previously should be contacted. This aids communication and informs the action taken to minimise the risks.

6.20 If there are known risks associated with a particular location or patient/service user, lone workers should consider, in consultation with their manager, rescheduling the visit so they can be accompanied by another member of staff or security or police presence. As part of the risk assessment process, consideration should also be given to whether they should, and can, be treated by attending a clinic or hospital.

6.21 If practical, the time of day and day of the week for visits should be varied when visits are frequent.

6.22 If a lone worker has been given personal equipment, such as a mobile phone or a lone worker device, this is safety protective personal equipment supplied in support of providing a safe working environment as required by health and safety legislation. All due care should be taken by the lone worker to maintain the equipment in good working order and ensure it is fully charged and ready to use.

Information sharing

6.23 As part of the risk management processes outlined above, information concerning risks of individuals and addresses should, where legally permissible, be communicated internally to all relevant staff who may work with the same patients/service users. For example PARIS.

6.24 Wherever possible and legally permissible, the Trust should also share information on known risks of addresses and associated individuals externally, within the health, social care and other public sectors. This should include social care services, the ambulance service, patient transport services and primary care where applicable. Communication could also be facilitated through existing participation in crime and disorder partnerships, community groups and other health-care organisation forums, and liaison with the police.

Low-risk activities

6.25 There may be certain scenarios and activities that can be classified through a risk assessment as low-risk – for example, staff undertaking office work during normal daytime hours. Staff in this situation may be authorised to work alone without the agreement of their line manager. However, risk assessments need to consider not only safety while at work during normal office hours, but also issues of location and timing relating to personal safety (e.g. someone leaving an empty building, alone, at night).

High-risk activities

6.26 If there is a history of violence and/or the patient/service user, other friends/relatives who may be present or the location is considered high-risk, the lone worker must be accompanied by at least one colleague or security officer or, in some cases, by the police. Consideration should be given to whether the patient/service user should be treated away from their home, at a neutral location or within a secure environment.

Lone worker movements

6.27 Lone workers should always ensure that someone else (a manager or appropriate colleague/buddy) is aware of their movements. This means providing them with the address of where they will be working, details of the people they will be working with or visiting, telephone numbers if known and expected arrival and departure times. If the lone worker has a lone worker device then the monitored call centre should be able to track the location of that lone worker. The lone worker has responsibility to ensure that they have signal on the device before conducting duties.

6.28 Arrangements should be in place to ensure that if a colleague with whom details have been left leaves work, they will pass the details to another colleague who will check that the lone worker arrives back at their office/base or has safely completed their duties. For office-based staff, if details have been left on a whiteboard, they must not be erased until it has been confirmed that the lone worker has returned safely or completed their duties for that day.

6.29 Details of vehicles used by lone workers should also be left with a manager or colleague, for example, registration number, make, model and colour.

6.30 Procedures should also be in place to ensure that the lone worker is in regular contact with their manager or relevant colleague, particularly if they are delayed or have to cancel an appointment.

6.31 Where there is genuine concern, as a result of a lone worker failing to attend a visit or an arranged meeting within an agreed time, or to make contact as agreed, the manager should use the information provided in the log to locate them and ascertain whether they turned up for previous appointments that day. Depending on the circumstances and whether contact through normal means (mobile phone, pager, etc) can be made, the manager or colleague should involve the police, if necessary.

6.32 If it is thought that the lone worker may be at risk, it is important that matters are dealt with quickly, after considering all the available facts. If police involvement is needed, they should be given full access to information held and personnel who may hold it, if that information might help trace the lone worker and provide a fuller assessment of any risks they may be facing.

6.33 It is important that contact arrangements, once in place, are adhered to. The importance of reminding staff to make the necessary call when they finish their shift is critical.

The buddy system

6.34 It is essential that lone workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing management procedures such as the ‘buddy system’.

6.35 Managers should ensure a buddy system is in operation within their services and departments, and that every lone worker nominates a buddy. This is a person who is their nominated 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
- have all necessary contact details for the lone worker, including next of kin
- have details of the lone worker’s known breaks or rest periods
- attempt to contact the lone worker if they do not contact the buddy as agreed
- follow the agreed local escalation procedures for alerting their senior manager and/or the police if the lone worker cannot be contacted or if they fail to contact their buddy within agreed and reasonable timescales.

6.36 The following are essential to the effective operation of the buddy system:

- the buddy must be made aware that they have been nominated and what the procedures and requirement for this 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 unavailable, for example if the lone working situation extends past the end of the nominated person's normal working day or shift, if the shift varies, or if the nominated person is away on annual leave or off sick.

Emergency Equipment and Technology

6.37 As part of the planning process, the emergency equipment that may be required should be assessed. This might include a torch, map of the local area, telephone numbers for emergencies (including local police and ambulance service), a first aid kit, etc.

6.38 There are technology systems available to help protect lone workers and their use will be determined by a risk assessment.

6.39 Mobile phones and Lone Working Devices are available as well as personal attack alarms can enable staff to summon assistance and they can also be of value as a deterrent. The following guidance is available for their use:

Mobile Phones

- Where provided, a mobile phone should always be kept as fully charged as possible

- The employee should ensure they know how to use the mobile phone properly, through familiarising themselves with the instruction manual

- A mobile phone is a means of communication rather than a protection device

- Lone workers should always check the signal strength before entering into a situation where they are alone. If there is no signal, the lone worker should contact their manager or colleague ahead of a visit, stating their location and the nature of their visit, along with an estimate of the time they think they will need to spend at the visit. Once that visit is completed they should let their manager or colleague know that they are safe

- Emergency contacts should be kept on speed dial as this will speed up the process of making a call to raise an alarm

- The phone should never be left unattended but should be kept close at hand in case an emergency arises

- The use of a mobile phone could potentially escalate an aggressive situation and the lone worker should use it in a sensitive and sensible manner

- "Code" words or phrases should be agreed and used that will help lone workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving their line manager or the police

- The mobile phone could also be a target for thieves, and great care should be taken to be as discreet as possible, whilst remaining aware of risks and keeping it within reach at all times

Lone Worker Protection Device

- The Trust use the “Total Mobile” lone worker devices which can be ordered through procurement with line management approval

- The devices allows for speech to a monitored call centre and also alert the centre to a situation when you are at risk which they can then escalate for assistance

- A user can leave an amber alert, detailing their name, address, time and if there a heightened risk, this aids the alarm handling operator should a red alert be activated. These are logged on the monitoring call centres internal system

- A user can raise a Red Alert at the earliest stage when a user feels at risk. The sooner they are able to pick up the alarm and monitor the situation, the quicker they can understand the situation and escalate if required. They will monitor, record and escalate situations quickly on behalf of the user, if necessary directly to the Police. They will continue to listen until the user is safe.

- No red alert is closed until it has been established what the issue is; if it is a genuine activation, they will only call the police if asked to by the user or they deem it necessary after listening to the red alert. If the police are not required, they will start to make contact with the persons listed on the escalation form in order of priority and availability

- If the activation is accidental, they will try and call the user to ensure they are safe.

- Lone worker protection devices should be checked regularly, maintained when needed and kept fully charged

- Training on the device should take place before its use and a record of that training kept by the line manager during local induction processes.

Panic Alarms

- Panic alarms are primarily designed for use as a distraction to allow a member of staff to escape from a violent or threatening situation

- The Trust use Chaperone Mini Keyring personal alarms that are available through the unit 4 ordering system

- Training on the device should take place before its use and a record of that training kept by the line manager

- The device should be in good working order, and where it is battery operated, that it is as fully charged as possible or batteries are changed on a regular basis. If it is aerosol based, ensure that it is not about to run out

- The lone worker should ensure that it is carried in the hand, in an easy to reach pocket or clipped onto a belt, ready for use and may be activated quickly, if needed. It should not be concealed in a bag

- The device should be used pointing towards the potential assailant and away from the lone worker

- It is also recommended that the lone worker discards the personal alarm in order to divert the assailant’s attention towards silencing the alarm

- The lone worker should also ensure that they are aware of the procedures for sounding an alarm and the expected response, if a personal attack alarm is triggered. The assumption has to be that there will be no certainty of assistance, because they sound like car alarms; audible alarms are primarily to “stun” an assailant for a least a couple of seconds, allowing the lone worker to make their escape

6.40 All lone working staff should be appropriately trained so that they are both aware and mindful of cultural issues (e.g. gender issues) and can manage behaviour before entering a lone working situation. This will ensure that lone workers do not add to or exacerbate the risks faced in a lone working situation.

7. Practical Management of a Lone Working Situation

Dynamic risk assessment

7.1 During a lone working visit or a site visit, a dynamic risk assessment focuses on reducing the prevalence of a problem. This is done by minimising known or suspected risk factors and by early intervention (when violence is perceived to be imminent, while it is occurring or immediately post-incident).

7.2 A dynamic risk assessment can be defined as a continuous process of identifying hazards and the risk of them causing harm, and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. The dynamic risk assessment involves staff:

- being alert to warning signs as covered in conflict resolution training
- carrying out a ‘10-second risk assessment’; if staff feel there is a risk of harm to themselves, they should leave immediately
- placing themselves in a position to make a good escape, i.e. where possible, being the closest to an exit
- being aware of all entrances and exits
- being aware of the positioning of items, including those belonging to the lone worker (scissors, scalpels, etc), that could be used as a weapon
- making a judgement as to the best possible course of action – for example, whether to continue working or withdraw
- utilising appropriate physical security measures (e.g. triggering panic buttons to call assistance from staff nearby/security/the police or using a lone worker device to raise an alarm)
- ensuring that when they enter a confined area or room, they can operate the door lock in case they need to make an emergency exit
- avoiding walking in front of a patient/service user, and not positioning themselves in a corner or in a situation where it may be difficult to escape
- remaining calm and focused during an incident in order to make rational judgements
- being aware of their body language (as well as that of the patient/service user), as there is a risk of exacerbating the situation.

Recognising warning signs

7.3 Lone workers should be able to recognise the risks presented by those who are under the influence of alcohol/drugs or are confused, or where animals may be present. Being alert to these warning signs will allow the lone worker to consider all the facts to make a personal risk assessment and, therefore, a judgement as to the best course of action (for example, to continue with their work or to withdraw). At no point should the lone worker place themselves, their colleagues or their patients/service users at risk or in danger.

Working alone in Trust buildings / Home Working

7.4 Where staff work in one to one situations within Trust property buildings outside of normal working hours. It is the responsibility of staff members to be aware of and adhere to both Trust and local department policies and procedures to ensure their own safety. Please complete a Working Alone in Buildings Risk Assessment. (Appendix 3)

7.5 Staff who are not lone workers but wish to work alone occasionally (e.g. home working) must get agreement from their manager and a risk assessment must be made beforehand with clear controls in place.

7.6 Whenever possible, staff should utilise officially agreed working hours to ensure safety.

7.7 When this is not feasible and arrangements are made to work alone in buildings outside of normal working hours, it is the responsibility of the individual staff member to assess the risk involved and take appropriate steps to minimise compromising their safety.

7.8 Main doors must be kept locked after hours and access should not be granted until the staff member has established the appropriate identification of their client/patient. It is the responsibility of the staff member to secure the building and if in a trust property ensure that appliances and equipment are switched off according to local procedure prior to vacating the premises.

7.9 In non-client/patient areas and where staff are not using a Trust lone working device staff must ensure that they take responsibility to advise a buddy that they are working alone, confirm their finish time and book off/out of a lone working situation at the agreed finish time. In the event that no book off/out of a lone working situation call is made then the responsibility is placed on the buddy to escalate to the line manager, nominated person, Trust on call manager and/or security to manage as appropriate.

Escorting patients and vehicle use

7.10 Before a decision is taken to escort a patient/service user, a full risk assessment should take place. This should consider the safeguards that need to be in place before and during the escorting process.

7.11 Consideration should be given to the physical and mental state of the patient when planning an escort, and to whether they are capable of being transported.

7.12 The level of staff experience and their qualifications, and the number of staff needed to manage the patient during the transfer should be taken into account.

7.13 The type of transport to be used (e.g. ambulance, patient transport service, contracted taxi service or lone worker's vehicle such as ambulance fast responder car) should also be considered. Staff who escort patients using a contracted taxi service should still be considered lone workers and the necessary precautions taken.

7.14 If there is a need for a lone worker to escort a patient, they should always seat the patient behind the front passenger seat and ensure that their seat belt is fastened. This will enable the lone worker to operate the vehicle safely. There have been reported incidents of patients seated as front-seat passengers grabbing at handbrakes and steering wheels while being transported.

7.15 Lone workers should not escort a patient by car if there are any doubts about their safety in doing so and alternative arrangements should be made. Lone workers should not agree to transport a patient's animals.

7.16 If a conflict arises (or a patient becomes aggressive), the lone worker should pull over into a safe place and exit the vehicle – if possible, ensuring that the keys are removed. They should follow local procedures, which may involve calling the police, their manager, a colleague or their buddy.

7.17 Appropriate planning and provision should be made for the safe return of a lone worker to a familiar place, once the patient has been dropped off. This is particularly important if the lone worker has to return from an unfamiliar place late at night and travel to their place of work alone. Please see Appendix 8 for advice on Transport and Lone Working

Use of Lone Worker diaries and movement sheets

7.18 It is recommended that lone worker's diary shall be made available and used at all team bases and monitored by a nominated person (possibly a receptionist). The diary shall contain details of appointment times, addresses and contact telephone numbers. Where used it will be the responsibility of all lone workers to ensure that details are entered onto it prior to undertaking lone working tasks, including an agreed timescale for checking in.

7.19 Where a lone worker fails to check in within an agreed timescale, it will be the responsibility of the line manager or nominated person to establish contact and initiate a response, for example inform the police or Senior Trust Managers, should the need arise. All lone working staff are responsible for the notification of any changes in their diary schedule to all concerned parties. If the lone worker has a lone worker device then the control centre should be able to track the location of that lone worker and should therefore be contacted.

7.20 All team bases should have in place a movement sheet, which is similar to a diary, with this sheet, filled in on a weekly basis and amended daily as necessary. It is intended to act as an indicator of lone worker's whereabouts.

Prior to any community visit

7.21 Where the visit is considered high risk for any reason the first question must be: Is the visit necessary? A Community Off Base Lone Working Risk Assessment needs to be completed and updated onto PARIS or relevant workplace IT system. Appendix 2

7.22 If it is then consider the following to reduce the risks:

- Being accompanied by a colleague or in some cases the Police.
- Can the visit take place at a neutral location or is the use of a secure environment necessary? – E.g. treatment under the Violent Patient Scheme in Primary Care facilities, or at the patients GP practice.

7.23 It is important that lone workers and managers comply with the Trusts process for managing appointments as detailed in this protocol. This helps to safeguard the lone worker by ensuring that someone is always aware of their whereabouts.

7.24 In the event that a lone worker does not have a lone worker device, lone workers must provide details of all movements and appointments to their line manager and colleagues. This is often done via a buddy system where someone is nominated to look after this information. This can be via access to their diary or a list of movements.

7.25 The list of movements and appointments should include: the full address of where they will be working, the details of persons with whom they will be working or visiting, telephone numbers if known and indications of how long they expect to be at those locations (both arrival and departure times), details of breaks and rest periods should also be recorded.

7.26 This information must be kept confidential and must not be left in a place where those who do not need to have this information, or members of the public, can access it. Details can be left on a whiteboard or similar medium, if that is within a secure office where neither patients/service users nor members of the public have access.

7.27 Arrangements should be in place to ensure that if the colleague(s), holding the lone worker's appointments log is not available, that the log will pass to another responsible colleague who will check that the lone worker arrives back at their office or base or has safely completed their duties. If details have been left on a whiteboard, they must not be cleared until it has been confirmed that the lone worker has arrived back safely or completed their duties for that day.

7.28 Details of vehicles used by lone workers should also be left with a colleague and line managers, for example, registration number, make, model and colour. Emergency contact details, next of kin and contingency arrangements should also be recorded.

7.29 Procedures must also be in place to ensure that the lone worker is in regular contact with an identified person within their team /zone this should also take in account work/shift patterns, particularly if they are delayed or have to cancel an appointment;

7.30 Where there is genuine concern, as a result of a lone worker failing to attend a visit, or an arranged meeting, within an agreed time, and they cannot be contacted in the usual way (e.g. mobile phone or pager) the manager must follow the emergency procedures provided in this document. They can utilise the information provided to track the previous movements of the lone worker. Depending on the circumstances the manager or colleague should involve the police, if necessary. It is important that matters are dealt with quickly, after consideration of all the available facts, where it is thought that the lone worker may be at risk. Appendix 4,5,6

7.31 It is important that contact and appointment arrangements, once in place, are adhered to. Many procedures, such as this, fail simply because staff members 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.

Two persons rule

7.32 Situations may arise where lone workers could move into serious or imminent danger. When there is a perceived risk (following a risk assessment) of serious danger, managers must ensure that the two- person rule is applied, i.e. lone working is not permitted. The two-person rule must also be considered when lone workers are making a first visit and may not have received all information about the client (e.g. emergency referrals, transfer in clients etc.)

Dealing with animals

7.33 If there is a known problem with animals at a particular address or location, the occupants should be contacted and politely requested to remove or secure the animals before arrival of NHS staff (bearing in mind that this could provoke a negative reaction). All possible efforts should be made to ensure that the situation is managed and de-escalated, should hostility become evident. If this is not possible, alternative arrangements should be made to carry out the visit.

7.34 Even if there are no known problems with animals, the request should still be made for them to be secured, as clinical procedures may provoke an unforeseen reaction from an animal. Alternatively, the animal's presence may be disruptive, so it may be prudent to request that it be removed or placed in a different room.

7.35 If a lone worker is confronted by an aggressive animal on a visit to a patient/service user's address, they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with local procedures. This information should then be disseminated to all relevant internal (and, where possible, external) parties, including social care and ambulance staff.

During a community visit

7.36 Lone workers should be prepared and fully briefed, having concluded a necessary and appropriate risk assessment ahead of their visits.

7.37 Where risks have been identified this should be brought to the attention of the line manager.

7.38 Staff that have to undertake an urgent patient/client visit where time inhibits a full risk assessment should at the very least carry out an SBAR brief to assist with identifying any issues. SBAR stands for Situation-Background-Assessment-Recommendation: **Situation -** Identify yourself the site/unit/situation, identify the patient by name and the reason for your visit, do you have concerns about other associated family members, is their mobile phone coverage, describe your concern. **Background –** What is the patient's background, identify significant history. **Assessment -** Signs, clinical impressions, concerns. **Recommendation -** Explain what you need - be specific about request, suggestions, clarify expectations.

7.39 Lone workers should carry an ID badge and be prepared to identify themselves.

7.40 Community staff may be required to make prior arrangements with the patient/client/carer in order to access the home/property to undertake the visit – knock & enter should not be undertaken unless agreed with the patient/client/carer.

7.41 Lone workers should carry out a “10 second” risk assessment when they first arrive at the house and the front door is opened. This should include the risk presented from those under the influence of alcohol or drugs, or where animals may be present. 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.

7.42 Lone workers should ensure that, when they enter the house, they shut the door behind them and make themselves familiar with the door lock, in case they need to make an emergency exit; staff members need to be aware that patients will sometimes remove the key from the door.

7.43 Lone workers should try not to walk in front of a patient/service user. They should not position themselves in a corner or in a situation where it may be difficult to escape.

7.44 Lone workers should remain calm and focused at all times and keep their possessions close to them.

7.45 Lone workers should be aware of their own body language (as well as the body language of the client or patient/service user), 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 others. Specific training in non-physical intervention skills, customer service and de-escalation is essential and all front-line staff receive Conflict resolution training.

7.46 Staff should utilise continual risk assessment and at no point should the lone worker place themselves, their colleagues or their patients/service users at risk or in actual danger; If a violent situation develops, then staff should immediately terminate the visit and leave the location. A dynamic risk assessment can be defined as 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.

7.47 If a lone worker has been given a mobile phone or similar device, they must ensure that they have it with them and that they use it before entering into a situation, where they have prior knowledge of risk or, at that point in time, consider themselves to be at risk; and Its essential that lone workers

remain alert throughout the visit or the work that they undertaking and ensure that they are aware of entrances and exits, in the event of an emergency.

After a community visit

7.48 Report back to base, if any significant changes have occurred during the visit, ensure that base are notified and the risk assessment is reviewed for future visits including a potential incident marker.

8. Emergency Procedures and Reporting Incidents

Reporting availability

8.1 As already mentioned, in non-client/patient areas and where staff are not using a Trust lone working device staff must ensure that they take responsibility to advise a designated buddy that they are working alone, confirm their finish time and book off/out of a lone working situation at the agreed finish time. In the event that no book off/out of a lone working situation call is made then the responsibility is placed on the buddy to escalate to the line manager, nominated person, Trust on call manager and/or security to manage as appropriate.

Calling for Assistance (Appendix 10)

8.2 Where local arrangements are in place to monitor team lone workers or lone working practices it is important that the nominated person understand the importance of their role in escalating a staff member that has not reported their book off/out of a lone working situation.

8.3 Where staff have reported their movements to buddy and in the event of an emergency or hostile situation staff must call their buddy and use the Trust universal emergency code word phrase which is: **"Can you get the purple file out for me"?**

8.4 On receipt the buddy will respond with: **"Do you want a colleague to join you"?** and also **"Should the Police be called?"** Both questions should be answered yes/no as appropriate. Where the answer is yes, then the call taker will escalate the situation as appropriate.

8.5 Where a staff member holds a Trust Lone Working device they should use the emergency call button to connect to the Total Mobile monitoring service for escalation.

8.6 If a member of staff fails to make contact follow the emergency procedures in **Appendix 3**

Reporting an incident

8.7 Most incidents should be reported on Datix, the Trust incident reporting system however staff should highlight incidents with their line manager to confirm specific actions.

8.8 The flowchart in annex 3 outlines suggested action for individuals during an incident of violence or abuse.

9. Monitoring and Compliance

9.1 Heads of service and senior managers will ensure that local procedures and systems to protect Lone Workers are developed and revised as appropriate.

9.2 The Clinical Safety Manager will audit how services have implemented the lone worker procedures and report the findings to the Health and Safety Committee, the Risk Co-ordinators Committee and the Security Management Director.

9.3 The Clinical Safety Manager will audit staff reporting of security related lone worker incidents.

9.4 The Health and Safety Committee is the responsible committee for reviewing Lone Working Protocol and ensuring that continual improvement takes place.

9.5 The Health and Safety Committee will report all high-risk security related lone worker incidents through the risk management structure.

10. References and Organisation / Support Agencies

10.1 UNISON - the largest public sector union has implemented a Lone Worker policy. Copies are available from UNISON - http://www.unison.org.uk/acrobat/10943.pdf http://www.unison.org.uk

10.2 The Royal College of Nursing (RCN) - RCN represents nurses and promotes best practice to maintain standards in the nursing profession. To obtain a copy of the Lone Worker policy adopted by RCN, contact RCN, 20 Cavendish Square, London W1G ORN. Telephone 0845 772 6100 or the main HQ on 020 7409 3333. http://www.rcn.org.uk

10.3 Suzy Lamplugh Trust – a leading charitable authority on personal safety. A registered charity, and a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms. http://suzylamplugh.org

10.4 Health and Safety Executive (HSE) - The HSE has published a range of guidance and support materials to help employers manage the risk of work-related violence to staff. This includes a set of case studies demonstrating good practice in managing the risks to Lone Workers. These are all available on the HSE website at http://www.hse.gov.uk/violence - HS INDG73 – Protecting Lone Workers

Appendix 1 – Managers Guide

Are your staff –

- Trained in appropriate strategies for the prevention of violence?
- Briefed about local procedures for the area where they work?
- Given all information about the potential for aggression and violence in relation to patient / service users from all relevant agencies?
- Issued with appropriate safety equipment?
- Aware of the procedures for maintaining such equipment?

Are they -

- Aware of the importance of previewing cases?
- Aware of the importance of using the Lone Worker Protection Device?
- Aware of the need to keep in contact with colleagues?
- Aware of how to obtain support and advice from management in and outside normal working hours?
- Aware of how to obtain authorisation for an accompanied visit (community staff)?

Do they –

- Appreciate the circumstances under which interviews should be terminated?
- Appreciate their responsibilities for their own safety?
- Understand the provisions for staff support by the Trust and the mechanism to access such support?
- Appreciate the requirements for reporting and recording incidents of aggression and violence?

Appendix 2 – Community Staff Off Base Lone Working Assessment

Name of client:		**Client DOB:**	
Client address:		**GP:**	
		Team:	
Telephone:		**Date form commenced:**	
Paris/NHS no: (if known)		**Form commenced by:**	

RISK AREA			**ADDITIONAL INFORMATION**
House location	**YES**	**NO**	
1. Is the house/flat number or name visible from the road?	❍	❍	
2. Are there any specific landmarks?	❍	❍	
3. Are specific directions required?	❍	❍	
4. Are there other houses close by?	❍	❍	
Entry system	**YES**	**NO**	
5. Is there an intercom system?	❍	❍	
6. Does the doorbell work?	❍	❍	
7. Is it front door entry	❍	❍	
8. Is it back door entry?	❍	❍	
9. Is there a key safe/other entry system?	❍	❍	
Parking	**YES**	**NO**	
10. Can you park outside on the road?	❍	❍	
11. Can you park close by <5 mins?	❍	❍	
Lighting and footpaths	**YES**	**NO**	
12. Is the area well it? (state if a torch is required)	❍	❍	
13. Are there outside lights for the house?	❍	❍	
14. Are there any environmental risks/hazards? (steps, alley way, uneven paths, debris etc)	❍	❍	
Family members and associated persons	**YES**	**NO**	
15. Are there concerns about other individuals in the household? (inappropriate behaviour/drugs/alcohol etc)	❍	❍	
16. Are there any concerns about the neighbours?	❍	❍	
Premises	**YES**	**NO**	
17. Does the property have mobile telephone network coverage?	❍	❍	
18. Does the house have a land line telephone?	❍	❍	
19. Are there any slip, trip, fall hazards?	❍	❍	

20. Are doors locked whilst staff are in the house?	❍	❍
21. Are there any concerns about electrical equipment you might be required to use?	❍	❍
22. Are there any pets present which need to be restrained prior to the visit?	❍	❍
23. Is there any alternative means of exiting the premises in the event of an emergency (fire, violence etc.)	❍	❍
24. Are there any other internal risks or hazards which cause you concern?	❍	❍
Individual	**YES**	**NO**
25. Does the patient/client have any sensory impairment?	❍	❍
26. Does the patient/client use drugs/alcohol and does this pose a risk to staff?	❍	❍
27. Has the patient/client been diagnosed with mental health disorders/personality disorder/learning disability, or are there any adult protection concerns?	❍	❍
28. Does the patient/client have any history of violence/abuse/bullying/domestic violence?	❍	❍
29. Does this patient/client require an individual risk assessment? (if so please attach)	❍	❍
Drug and alcohol related risk	**YES**	**NO**
30. Does the client use drugs?	❍	❍
31. Does the client use alcohol?	❍	❍
32. Is anyone else in the household a drug or alcohol user?	❍	❍
33. Are drug or alcohol users known to visit the property to use drugs or alcohol or do they have keys to the property?	❍	❍
34. Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)	❍	❍
35. Is there a known risk of uncapped sharps or blood spills in the home?	❍	❍
36. Is there a risk of the worker being exposed to drug dealing or other offences (e.g. handling stolen goods, sex work) in the home?	❍	❍
37. Does the client have a known risk of violence or hostility to staff?	❍	❍
38. Is the client at risk of violence from others?	❍	❍
39. Are there any concerns of weapons (e.g. blades or firearms) being held at the property?	❍	❍
40. Does the client have a diagnosed mental illness and/or is there a deterioration of in their condition which might pose a risk to home visiting staff?	❍	❍
41. Is the home visit likely to involve the relaying “bad news” or difficult conversations which could provoke a hostile reaction	❍	❍

in the client? (e.g. cessation of treatment, child protection/welfare issues)?			
42. Is the client likely to be in a state of drug or alcohol withdrawal?	❍	❍	
43. Are there any other substance-specific issues that may pose a risk to a worker undertaking a home visit?	❍	❍	
44. Do they smoke	❍	❍	
45. Are they on Oxygen	❍	❍	
46. Is there a Working Fire Alarm	❍	❍	

How did you find out this information?

NOTE: When completing this assessment bear in mind the differing conditions during evenings/ nights/ weather/ season.

Outcome of Community Lone working Risk assessment			
47. Having completed this assessment is there is perceived risk?	❍	❍	
48. Is there a plan in place to reduce the risk?	❍	❍	

Please record all risks and measures to reduce these below. Consider contacting the LSMS
Details of risks identified above:

Actions to be taken to reduce risks identified above:

Name of person completing this form	Signature	Date
Name of manager	**Manager signature**	**Date**

Appendix 3 – Working Alone in Buildings Risk Assessment

Staff exposed to the risk i.e. group and number of staff .....

Checklist completed by .....

Date completed .....Review Date .....

Main Issues of Concern	**Yes**	**No**
Do staff work alone?		
Do staff work outside normal office hours?		
Do staff meet with clients in isolated locations?		
Is there enough security provision?		
Is there poor access to the building?		
Do staff activities involve working in confined spaces?		
Do staff activities involve handling dangerous substances?		
Control Measures for Consideration	**Yes**	**No**
Do you provide joint working for high risk activities (i.e. in confined spaces and with dangerous substances)?		
Do you carry out regular supervisor or colleague checks during activities?		
Do you use entrance security systems (i.e. digital locks or swipe cards)?		
Is there security lighting around access points and parking areas?		
Have you installed panic buttons linked to manned locations?		
Do you use reporting checking -in systems?		
Do staff have access to a telephone or communication system?		
Do staff have information and training on basic personal safety?		
Are staff trained in strategies for preventing and managing violence?		
Do staff have access to forms for reporting incidents or near misses and appreciate the need for this procedure?		
Are your existing control measures adequate?		
If No what modifications or additional actions are necessary? 1. 2. 3.		

Note: If you have identified a risk associated with this work activity please complete a Health and Safety Risk Assessment Form.

Appendix 4 – Emergency Procedure for a missing staff member/failed to make contact

Emergency Contact Details

On Call Trust Silver (Manager) via Torbay Hospital Switchboard Tel: 01803 614567

1. WHAT CONSTITUTES AN EMERGENCY SITUATION

Any occasion when staff have failed to follow their agreed itinerary and/or failed to make contact in a manner previously agreed

OR

Any occasion when staff have failed to follow the procedures laid down by their respective department/directorate, or policy, e.g. failing to make contact or have gone missing

2. WHO WILL DETERMINE THAT THERE IS AN EMERGENCY SITUATION

In line with the Lone Working Policy all workers involved in such work should have agreed procedures with appropriate control measures e.g. itineraries, buddy systems etc., and therefore it is the senior person at the base who initiates the emergency procedure.
The link arrangements must ensure that all such workers link back to a base position that remains staffed at least until such time as the last worker 'signs off' at the end of the duty period. This must also continue if the 'base' staff changes over, go off sick, take meal breaks etc.

3. HOW WILL THIS PERSON DECIDE THAT AN EMERGENCY EXISTS

The procedures must determine what delay to a given expected action is permissible and at what point the delay becomes unacceptable hence an emergency state is to be declared.
From this the 'base' will then be able to determine that the margin has been exceeded and go on to declare an emergency.

4. HAVING DECIDED THERE IS AN EMERGENCY WHAT ACTION IS REQUIRED

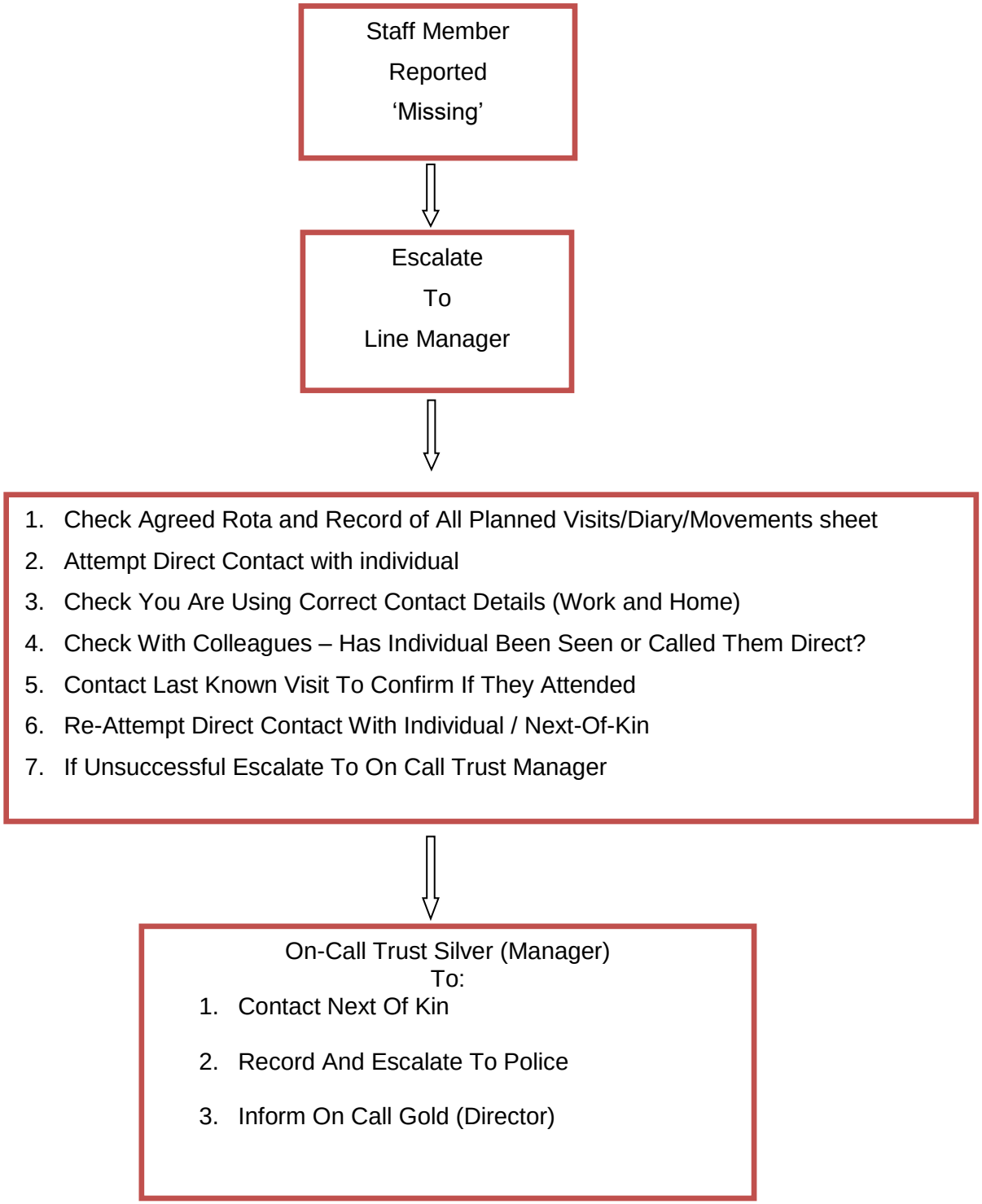
The Buddy/Line Manager will FOLLOW the procedure on the Escalation Procedure Flowchart and contact The On call Trust Silver (MANAGER)

5. PROVIDING ACCURATE INFORMATION TO THE POLICE

For such contact to be useful and to maintain the future credibility of the arrangements the following information will be required;-

WHO IS MISSING WHERE THEY ARE EXPECTED TO BE WHEN THEY WERE EXPECTED TO BE THERE/WHERE THEY WERE LAST KNOWN TO BE HOW THEY ARE TRAVELLING	DESCRIPTION OF THE MISSING PERSON DESCRIPTION OF THEIR CAR ANY CONTACT NUMBERS THAT MIGHT ASSIST THE HOME ADDRESS OF THE MISSING PERSON

Appendix 5 – Escalation Flowchart



Appendix 6 – Escalation Record Sheet

FORM COMPLETED BY:

NAME: ……..... DATE: …..……..

WHAT TIME DID THE ESCALATION PROCEDURE START? …….

HAS DIRECT CONTACT BEEN ATTEMPTED? Y / N

IS A LONE WORKER DEVICE ISSUED? Y / N IS IT ACTIVATED? Y / N

POLICE CONTACTED Y / N DATE: ……. TIME: ……..…...

MISSING PERSON

Their name ……... Age …… Gender M / F

Their job ……..……....

Contact numbers (s): Mobile …….. Work ……..……..…….

Home …….. Next-of-kin …..……..

Home address ……...

Work address & line manager ……..……..

MISSING PERSON – LAST KNOWN WHEREABOUTS

Last place visited ……..……..

Did they arrive? Y / N Did they leave? Y / N what time? ……...

Confirmed by ……...

MISSING PERSON - CAR DETAILS

Vehicle (make, model, and colour) ….. ……..……..…….…

Registration number …….…….

MISSING PERSON DESCRIPTION

Height……..….. Hair Colour ……. Build ……

Ethnicity..... Any distinctive features.....

Appendix 7 – Information Sheet For Considering Risks

Lone Working is any work undertaken, on or off site, in or out of doors, for significant periods of time, without close or direct supervision. Example of lone workers include:

- A receptionist working alone in a clinic reception area
- Community workers making home visits
- Support workers escorting people
- Any staff member who may see people for individual sessions in wards or clinics
- Those who open (or reopen) and close NHS buildings either early in the morning or late at night
- Staff Home Working

Lone works should be aware of the following:

HAZARDS

Contact with individuals where there is a potential for violence and aggression
Contact with animals where there is a potential for aggression
Contact with possible infectious environments
Difficult/dangerous access/egress
Dangerous/poorly maintained premises
Inability to exit
Road traffic accident/breakdown
Sudden Illness
Adverse weather
Getting Lost
Electrical equipment in service user homes
Isolation
Inability to access help/support
Fire
Other Hazards identified locally which are not listed

RISKS

Physical assault Domestic Violence Verbal Abuse/threats Threat with weapon Anti-social behaviour/harassment Indecent assault/Rape Stress/Poor morale Depression/Anxiety/Panic attacks Post-Traumatic Stress Disorder Death Animal Attack/bites	Robbery Infection Hypothermia Electrocution Slips/falls resulting in injury/unconsciousness unattended Fire/burns Hostage Other risks identified locally which are not included on this list

Discuss with your line manager your duties as a lone worker and conduct a risk assessment to reduce the risk and keep yourself safe

Appendix 8 – Transport Tips and Advice

Car Travel

- Before setting out, lone workers should ensure that they have adequate fuel for their journey.
- They should give themselves enough time for the journey to avoid rushing or taking unnecessary risks.
- Items such as bags, cases, controlled drugs and 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, to avoid being distracted by searching for them when outside. A visual check should be made of the outside of the vehicle. The inside of the vehicle should also be checked for possible intruders before entering.
- *Once inside the vehicle, all doors should be locked, especially when travelling at slow speed, when stationary at traffic lights and when travelling in high-risk areas. Some staff may understandably feel that 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 that 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 that all the vehicle's windows are closed and the doors locked.
- Lone workers should avoid parking on the driveway of the property they are visiting as their vehicle may be blocked in, delaying or preventing escape. The Health and Safety Executive's safe driver training programmes advise that lone workers should reverse into car parking spaces so that the door can act as a barrier
- Lone workers driving alone, especially after dark, should not stop, even for people who may appear to be in distress or require help. The lone worker should stop in a safe place and contact the emergency services as appropriate.
- If followed, or concerned that they might be being followed, lone workers should drive to the nearest police station or manned and well-lit building, such as a petrol station, to request assistance.
- In case of vehicle breakdown or accident, lone workers should contact their manager, colleague or buddy immediately. If they need to leave the vehicle to use an emergency telephone, they should put their hazard lights on, lock their vehicle and ensure that they are visible to passing traffic.
- Lone workers should not display signs such as 'doctor on call' or 'nurse on call' as this may encourage thieves to break in to the vehicle to steal drugs, for example.

  Lone workers should avoid having items in their vehicle that contain personal details, such as their home address.

Lone working and taxis

- If a taxi has not been booked, the lone worker should use the number of a reputable cab company – ideally saved on fast dial in their mobile phone – and find a safe place to wait. As a last resort, they should go to a taxi rank to hail a cab. They should never use a minicab, unless it is licensed or a registered hackney carriage. When travelling, they should sit in the back, behind the front passenger seat. They should be aware of child locks and central locking (although most black cabs will have locked doors while in transit) in the taxi.

- They should not give out personal or sensitive information to the driver (either through conversation with them or while talking on a mobile phone).

- Whenever possible, a taxi should be booked in advance from a reputable company (NHS organisations should have an established contract or arrangement) and the driver's name and call sign obtained.

Lone working and travelling by foot

- Planning before a journey should include determining the safest route for lone workers, highlighting known areas of concern, including any crime hotspots. Planning should include the actions lone workers should take if they require assistance, how to safely carry personal possessions and equipment and what to do in the event of a theft.

- When setting off, lone workers should walk briskly, if possible, and not stop in areas that are unknown to them (for example, to look at a map or ask for directions). If they require assistance, they should go into a safe establishment, such as a police station, petrol station or reputable shop and ask for directions or, if necessary, to call for assistance from their manager, colleague or buddy.

- They should avoid using mobile phones overtly in any area (before a visit, they should make a note of the phone's SIM number in case of theft) and, if carrying equipment, should ensure that this is done using bags that do not advertise what they are carrying.

- Lone workers should stay in the centre of pavements, facing oncoming traffic. They should remain alert to the people and environment around them, staying on well-lit paths and areas if possible. They should avoid waste ground, isolated pathways and subways, particularly at night.

- If someone attempts to steal what they are carrying, they should relinquish the property immediately without challenge. If carrying a handbag or similar, they should consider carrying their house keys and mobile phone separately.

- It is important that any theft, or attempted theft, is reported both internally and to the police as soon as is practicable and safe to do so. The lone worker should make a note of the date, time and descriptions of events and attacker(s), as soon as they are in a position to do so and retain it safely until it is requested by the police or LSMS.

Lone working and public transport

- Before using public transport, lone workers should have a timetable for their route. They should give their manager, colleague or buddy details of their intended route and mode of transport. If they have to vary their route or experience a significant delay, they should inform the relevant individual.

Appendix 9 – Lone Worker Safety Checklist Guidance

This check list and information sheet is to be completed by lone workers and their manager and reviewed at least annually at appraisal.

Use the sheet to confirm that lone workers are prepared for their role and duties and are able to carry them out safely. If you cannot answer yes to a question then record it in the *Comments/Notes Column* contingency plans to mitigate the risk. This sheet must only be signed when both the lone worker and manager agree that every aspect of safety and risk have been address in relation to the role of the lone worker. Store this sheet in the lone worker's local personnel file.

Lone worker:_____ Line manager:_____

Checklist	Yes or No?	Comments/Notes Column
Has the scope of lone working for this member of staff been fully identified?	Y / N	
Have specific hazards and areas of risk been identified such as visits to isolated areas?	Y / N	
Does this lone worker have a schedule to stay up to date on all mandatory training required for their role?	Y / N	
Is the lone worker maintaining equipment supplied by the Trust in good working order? Mobile phones, alarms, lone working devices, etc.	Y / N	
If the lone worker is transporting people in their car, is there a current risk assessment in place and sufficient insurance?	Y / N	
Is the lone worker's access to information systems still up to date and not in need of renewal?	Y / N	
Has the lone worker identified a co-worker who will support them on visits when required?	Y / N	
Has the lone worker updated hard copies of their contact details in the office and given access to electronic diaries?	Y / N	
Has the lone worker agreed with co-workers how they inform them of their well-being once a shift is over?	Y / N	
Should the lone worker go missing, are the emergency procedures still up-to-date and adequate. **Has the *Lone Working Safety Sheet* been completed?**	Y / N	
Does the lone worker know how to access counselling and support to discuss issues affecting them?	Y / N	

Does the lone worker know how to access and use the Trust incident reporting system?	Y / N	
Does the lone worker know how to report safeguar**d**ing incidents?	Y / N	

We jointly agree that all subjects highlighted on this check list have been considered and both agree that lone working for this member of staff can commence / continue. (Signatures)

Lone worker:_____ Line manager:_____ Date:_____

Please keep this sheet safe and accessible as it may be required at short notice.

Lone Worker Name:	
Job Title	

Mobile Telephone:	
Pager Number:	

Personal Description	Current photograph
Gender: Height: Build: Hair colour Glasses: Other distinguishing features:	

Vehicle details (Make, Model and Colour)	
Registration Number:	

Appendix 10 – Lone Worker Safety Crib Sheet

'Purple Folder' guidelines – How to summon help covertly

If you find yourself at risk and need to summon assistance covertly, please record a word or phrase below to which the team can respond when it is given over the phone:

Word or Phrase:
"Can you get the purple file out for me"?

Upon hearing your assistance phrase, your team will tell you they know you are in trouble and ask the following questions. Please record responses that will inform the team of what action they should take:

Do you want a Colleague to join you?	
YES	NO
Should the Police be called?	
YES	NO
e.g. That would be nice	e.g. I wouldn't worry

Lone Worker Devices

1. A user can leave an amber alert, detailing their name, address, time and if there a heightened risk, this aids the alarm handling operator should a red alert be activated. These are logged on the monitoring call centres internal system

2. A user can raise a Red Alert at the earliest stage when a user feels at risk. The sooner they are able to pick up the alarm and monitor the situation, the quicker they can understand the situation and escalate if required. They will monitor, record and escalate situations quickly on behalf of the user, if necessary directly to the Police. They will continue to listen until the user is safe

3. No red alert is closed until it has been established what the issue is; if it is a genuine activation, they will only call the police if asked to by the user or they deem it necessary after listening to the red alert. If the police are not required, they will start to make contact with the persons listed on the escalation form in order of priority and availability

4. If the activation is accidental, they will try and call the user to ensure they are safe.

Appendix 11 – Lone Worker Information Sheet

Personal Details – Part One

Company Name	
Department	
Address	
Telephone Number	
Job Title:	
Nature of Role:	

Lone Worker's Name	
Home Address (incl. postcode)	
Telephone Number	
Mobile: Personal	
Mobile: Works	

Date of Birth	
Sex	
Ethnic Origin	

Height	
Build (Small/Medium/Large)	
Hair Colour	
Eye Colour	
Distinguishing Marks	

Car Registration Number	
Colour and Make	

Do you wear glasses?	
Do you wear uniform? If yes give details	

Contact Details: Part Two

Contact 1 –

Name	
Address	
Relationship	
Keyholder	
Office Telephone Number:	
Telephone Number – Home	
Mobile Number - Work	

Contact 2 –

Name	
Address	
Relationship	
Keyholder	
E-Mail address: smart phone	
Telephone Number – Home	
Mobile Number - Work	

Contact 3 – On Call Manager

Name	**On Call Manager**
Address	**Torbay and South Devon NHS Foundation Trust**
Relationship	**On Call Manager**
Keyholder	**Yes**
Telephone Number:	**Dec**

Contact 4

Name	
Address	
Relationship	
Keyholder	
Telephone Number – Home	
Mobile Number - Personal	
Mobile Number - Work	

Contact 5

Name	
Address	
Relationship	
Keyholder	
Telephone Number – Home	
Mobile Number - Personal	
Mobile Number - Work	

Contact 6

Name	
Address	
Relationship	
Keyholder	
Telephone Number – Home	
Mobile Number - Personal	
Mobile Number - Work	

Part Three – Additional Information / Procedures

Lone Worker's Signature

Lone Worker's Manager's Signature

Date Information Input on System

1. Torbay and South Devon NHS Foundation Trust complies with the GDPR

2. Information you have provided will be used solely for the purpose of the Torbay and South Devon NHS Foundation Trust and only disclosed to Health Professionals and the Emergency Services.

Please return completed forms to your line manager and buddy

Appendix 12 – Rapid Equality Impact Assessment

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	***Management of Lone Working***	**Version and Date**	*Version 4 Dec 2021*
Policy Author	Clinical Safety Manager		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

To standardize the lone working arrangements across the trust.

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Lone Workers / Health and Safety Committee / Diversity and Inclusion Lead

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**
None		

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	Clinical Safety Manager	**Signature**	
Validated by (line manager)	Head of Shared Operations	**Signature**	

Any issues Please contact Diversity & Inclusion Lead
Debbie Maynard on Debbie.maynard@nhs.net or *Mobile Number 07976895349*

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy