STANDARD OPERATING PROCEDURE
LONE WORKING WITHIN THE FORENSIC COMMUNITY SERVICES

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*13 Feb 2023*	*New SOP – adapted from previous forensic document wrtitten by Karlynne Scott. Approved at Forensic Division Security Committee (13.02.23).*
1.1	*22 Jan 2024*	*Reviewed. Approved by Forensic Clinical Governance Group with no ammendments made (22 January 2024).*

Contents

1.   INTRODUCTION

The purpose of this procedure is to ensure that all staff are following agreed practices designed to maximise their safety and whilst working alone with patients. This includes working within community-based services, the community itself or in patient's homes. The procedure defines actions that should be taken in the event of an incident occurring whilst lone working.

2.   SCOPE

This procedure is intended to guide the practice of all staff within all Forensic Community Services. This includes all elements of community work including both in reach and outreach interventions.

3.   PROCEDURE STATEMENT

The Trust is committed to ensuring compliance with legal requirements using them as a minimum standard and seeking to exceed those standards to protect staff. The Trust is also committed to ensuring a healthy and safe place to work and receive care. The Forensic Division has applied these legal requirements and Trust standards to this procedure.

4.   DUTIES AND RESPONSIBILITIES

All staff must ensure that they are familiar with the guidance from Humber Teaching NHS Foundation Trust Lone Working Policy (F-004)

All staff will be aware of this divisional procedure and will work in accordance with it. Managers must aim to ensure that the teams have safer staffing numbers within their working day to fulfil the lone working guidance. Should this not be possible the Forensic Community teams should seek support from the duty workers within the divisional community teams highlighted in this guidance.

Arrangements with the team base for example reception staff at Humber Centre and or Pine View can be made to cover lone working policy and procedure (as set out below). Where this is required, a manger must be informed as soon as possible.

5.   DEFINITION

Lone working may be defined as any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague.

The Health and Safety Executive (HSE) defines lone workers as those who work by themselves without close or direct supervision.

This could refer to those who routinely work in a hospital or general practice environment, where staff care for patients or service users on their own, without the support of line managers or other colleagues. It could also relate to those who work in the community where care is provided in the patient's home or in a non-clinical environment and away from a hospital setting. Lone working may be part of a person's usual job, or it could occur infrequently, as and when circumstances dictate. Lone working is not unique to any particular group of staff, working environment or time of day.

Lone workers are those who work by themselves without close supervision (i.e., where the operative has their supervisor or colleague on site) or direct supervision, such as:

i) Staff in fixed establishments where:

   - Only one member of staff works on the premises
   - Staff working separately from others
   - Staff working outside normal hours
   - Staff working in other external locations

ii) Mobile lone workers working away from their base and when their work may be carried out in:

   - Patients' homes
   - Nursing Homes
   - Other Trust or Business premises
   - Schools
   - Public venues
   - Community / outdoor areas

6. PROCEDURE

Staff from the community teams are to keep their movements documented within their team diary at base. This should be updated with the individuals time out, expected time of return, details of place and or patient visiting, name, address and their telephone details. Staff must ensure an up-to-date contact telephone number is recorded.

   - All staff within each community service will have access to each other's electronic diaries.
   - Staff will complete personal details form to include – Name, Address, Phone Numbers, Make and model of car, next of kin details to be held on the v-drive in an accessible folder for each community team.
   - Remote working staff must inform the Duty Person daily of their whereabouts and patient information and report back each visit.

Duty Cover /Buddy system will

- Be allocated daily on a rota system by the team administrator. Team administrator to also cover this function when possible.
- Be based at their central base, or at home, should they be required for assistance.
- Be aware of where all members of the team are daily and have access to each team members electronic diary.
- Complete an electronic log of team whereabouts for reference.
- Be available if there is a crisis situation and act as a second person/Buddy for a visit. Consider if two staff are required to enter the building or one to act as backup/alarm raiser. Never visit a patient assessed as presenting a significant risk to others alone.
- Call patients if a team member is unable to attend a planned appointment due to sickness etc.
- Check the generic mailbox and discuss any issues with other team members.
- Arrange/cover depots if a nurse is on sick leave (SCFT).
- Ensure all staff are safe by the end of the working day.

All Staff

Staff members should ensure that a handover of relevant risk information is available to the duty person. This can be provided via completion of a Lone Worker Factor Check Sheet. Staff members must be aware of historical & current risk information including;

- Previous history
- Behaviour patterns
- Problems with relatives
- Use of medication/drugs/alcohol

Staff should obtain information regarding:

- Preferred location for the meeting – clinic/health centre/home
- Preferred time of day for visit considering daylight/evening
- Previous contact with relatives

The Lone worker factor checklist should be reviewed prior to pre-planned visits to patients and form part of the consideration re composition of staff attending i.e. single, pairs, male/female and location.

When planning a visit consider the proximity/location of other staff members in the locality.

Schedule the last appointment of the day to be back at base if possible, or another venue where staff are present or ring in at the end of the visit. If not returning to the base at the end of the last visit each staff member must notify their base (if still open) or by pre-arrangement an identified team member or another unit to inform them they have left their last patient and they are okay or otherwise.

Consider a contingency plan such as identified member of staff at base calling you at regular intervals. This must be clearly communicated with the base staff and an agreed traffic light system used to allow communication of any issues (see below.)

When out on visits, should schedules or itinerates change, then contact must be made with the duty worker to inform them of this.

Forensic community staff will not routinely review patients out of hours. In the event of exceptional circumstances requests to offer out of hours visits should be escalated to senior management. Staff visiting patients out of hours and weekends should notify the pre-arranged unit of their proposed activity giving information on;

- Name of patient
- Location of Visit
- Time of visit start and ending
- Contact details
- Any identified risks

Staff must ensure that they have a fully charged mobile telephone on their person and ID is worn. Staff should consider working in pairs where there it is indicated on account of risk.

Traffic Light System

Ensure that the trust traffic light system is followed in times of difficulty as follows

"Is there a **green** file" (I think I'm alright but ring me again in half an hour)

"Is there an **amber** file on my desk" (I am / could be in trouble, send another member of staff)

"Is there a **red** file on my desk" (I am in serious trouble, get the police immediately)

7. IMPLEMENTATION

All staff will be required to read the service procedures and lone working presentation as part of their service induction.

8. MONITORING AND AUDIT

This procedure will be monitored by the Clinical Network Group.

APPENDIX A - LONE WORKER FACTOR CHECK SHEET

LONE WORKER FACTOR CHECK SHEET

This checklist can be used by Managers and Staff where they want to assess the Lone Worker risk present in local situations. The checklist should be used to identify areas of weakness or vulnerability and can assist in forming an action plan of how to make services or working environments safer.

1. Special factors to be considered for All Lone Workers

Have you considered the factors below?	YES	NO
Can one person adequately control the risk of the job?		
Does the workplace present a special risk to the lone worker?		
Is there a safe way in and out for one person?		
Can one person safely handle all plant, substances and goods involved in the work?		
Is there a risk of a conflict situation?		
Are women especially at risk if they work alone?		
Is the person medically fit and suitable to work alone?		
What training is required to ensure competency in safety matters?		

2. Factors to be considered for site based Lone Worker

Have you considered the factors below?	YES	NO
Safe access and egress?		
Risk of conflict behaviour?		
Safety of equipment for individual use?		
Channels of communication in an emergency?		
Site security?		
Security arrangements: alarm systems and response to personal alarms?		
Level of adequacy of on/off site supervision?		
First aid arrangements?		

3. Factors to be considered for Mobile Lone Workers

Have you considered the factors below?	YES	NO
Patient risk assessment where applicable?		
Risk of conflict behaviour?		
Arrangements for domiciliary visits, including consideration of alternatives?		
Travelling between appointments?		
Reporting and recording arrangements?		
Communications and trace ability?		
Personal safety/security? (Disability/Gender/Race issues affecting personal safety)		
First aid arrangements?		

APPENDIX B - LONE WORKER GUIDANCE

LONE WORKING GUIDANCE

- Ensure all personal information is up to date and available.

- Ensure a mobile phone is kept fully charged and emergency contacts kept on speed dial. A mobile phone could also be a target for thieves. Care should be taken to use it as discreetly as possible, while remaining aware of risks and keeping it within reach at all times.

- Ensure you obtain the full history of the patient **BEFORE** you visit

- Ensure the referring agencies leave a number to enable you to clarify details

- Do not enter a building if you feel unsafe.

- Ensure awareness and compliance of policies and procedures relating to lone working.

- Ensure there are local protocols in place for support mechanisms, i.e. emergency contact details, liaise with their manager to confirm there are, e.g. personal alarms. Comply with any locally formulated strategies/protocols implemented and agreed with their managers.

One recognised method is the use of a 'traffic light' system of coded message when in difficulty and contacting base, i.e.

*"Is there a **green** file on my desk?"* Would mean, I think I'm alright, but ring me again in half an hour.

*"Is there an **amber** file on my desk?"* Would mean, I could be in trouble, send another staff member.

*"Is there a **red** file on my desk?"* Would mean, I am in serious trouble, get the police immediately.

- Discuss with their manager concerns, risks, health issues, capabilities and competence factors, identify significant likely risks, and complete a job specific risk assessment.

- Access training in the areas identified from the risk assessment i.e. Personal Safety, Infection Control, Moving and Handling, First Aid etc., as well as other training deemed necessary by the Trust.

- Identify and report potential risks or hazards, disseminating information to other agencies where appropriate, in relation to the Data Protection Act, i.e. to prevent a crime or where there is a risk of harm to the patient or others.

- Complete a DATIX entry for incident or Near Misses

- Make contact arrangements with a fellow employee, if your job does not terminate at base or if working arrangements are altered.

- Negotiate with your manager when joint working with a colleague is necessary.

GUIDANCE NOTES - FOR TRAVELLING TO OR FROM PATIENT ADDRESSES OR OTHER TRUST SITES

- Make sure somebody knows you are travelling, where to and how long.

- Keep your car maintained and topped up with fuel;

- Plan your journey and have a good set of maps;

- Consider having in the car items such as a torch, blanket and flask of hot drink in severe conditions, warning triangle, "Call Police" sign for rear window, pen and notebook in case of accident and a First Aid Kit;

- Have the vehicle breakdown organisation details to hand;

- Allow plenty of time for your journey;

- Keep doors locked whilst in the car;

- Keep windows and sunroofs closed whilst in stationary or slow moving traffic;

- Hide bags, telephones and equipment as much as possible;

- Park as near to the premises as possible;

- Park in a well-lit area, preferably facing the direction you will need to leave in;

- Be aware of the nearest place of safety i.e. police station, shops or petrol station;

- Glance round before unlocking and opening the car door;

- Lock the car door and make your way to the premises concerned avoiding subways alleys and open land as far as possible;

- When leaving the premises, have your car keys ready in your hand.

Note:
- Always consider your own personal safety if you come across an incident/accident;

- Be wary of people trying to flag you down by pointing at your car indicating that something is wrong. If the car seems O.K. to you, acknowledge their gesture and drive immediately to the nearest populated area to check the car;

- If you come across an accident, consider whether it would be better to give assistance or summon help from a position further away.

GUIDANCE NOTES FOR ENTERING A PATIENT ADDRESS

- Stand well clear of the doorway after ringing or knocking;

- Stand side on to the doorway whilst it is being opened;

- Show your I.D. badge and identify yourself;

- Check the identity of the person you are visiting by asking a question which requires them to tell you who they are i.e. "Hello I am Mrs Smith who am I speaking to?" – do not ask "are you Mr Jones?" if the person is not the patient you can then ask their whereabouts. In most cases the person answering the door will be a relative or friend and will not hesitate in answering and you will be aware that there are other person(s) in the premise.

- Do not enter if anything gives you cause for concern re: the person answering the door, the patient or the premises, e.g. anyone under the influence of alcohol or drugs, potentially violent or abusive persons, or dangerous animals;

- Follow the patient into the house, remaining between them and the door as much as possible;

- Keep aware of the movement of other people around the house;

- If pets such as dogs are present and you feel are a risk you should ask the person to keep them in a separate room whilst you visit, if they refuse you may consider terminating the visit.

SECURITY GUIDANCE: - Last Out – First In

- Employee's last out/first in of departments/premises:

- Keep entrance door locked; install a door bell if required;

- Keep several lights on, not just the one in your office;

- Consider moving your car nearer when everyone else has left;

- Make sure at least one telephone can make outgoing calls;

- Ensure you have access to a First Aid Kit;

- Ensure escape route (i.e. fire exits) are accessible and can open quickly from the inside;

- If working after dark consider requesting the fitting of an automatically activated (e.g. by movement) security light over the main entrance/exit;

- Late callers to CMHT bases (or other allied health professional premises) should not be allowed into the building if you are alone or are suspicious of their motives. Be satisfied the visit is genuine and presents no danger.

GUIDANCE ON LONE WORKING STAFF WORKING WITHIN A DEPARTMENT DURING OFFICE HOURS SHOULD:

- Ensure that you are near a telephone to call for help if needed;

- Secure valuables in an appropriate place;

- Ensure that keys are secured and not accessible to visitors;

- If you become anxious regarding your safety, call security or emergency services for help;

- Avoid meeting people if you are alone in the workplace;

- If you are meeting someone, let other people know who you are meeting, when, where and telephoning them to let them know that Mr X has arrived and that you will get back to them at a certain time;

- Do not tell anyone that you are alone in the workplace;

- Report any incidents to the relevant Manager as soon as practical after any events;

- Never assume it won't happen to you – plan to stay safe.

STAFF WORKING ALONE WITHIN A DEPARTMENT OUTSIDE OFFICE HOURS

From time to time, employees may need to carry out their office-based work outside of normal office hours, such as weekends and evenings. The following precautions are recommended to ensure that your health and safety continues to be protected:

- Always let the Receptionist/Cleaner (if applicable) or another colleague know if you are staying behind in the office at the end of the normal working day. They will then know to check in on you before they leave;

- If you are working at weekends or very late at night/early in the morning let a friend or relative know your whereabouts and the time that you are expected back. Contact them at regular intervals to verify that you are OK. If you change your plans, let your contact know immediately;

- Ensure that all windows and doors are secured to prevent unauthorised access, so that the working environment is as safe as possible;

- Do not open the doors to any strangers no matter what identification they have. If they are meant to be there, they will either have keys or another means of access;

- Never give security codes or keys to any stranger. Again there are channels they can use to gather information if they are legitimate and are meant to have access;

- Make sure your fire escape routes are available to you and not locked;

- Do not use lifts at these times, as you may become trapped inside and unable to gain assistance or attention;

- Should the fire alarm activate whilst you are in the office alone, you must leave the building immediately by the nearest fire exit. Make your way to the front of the building, a safe distance away and wait for the emergency services to arrive;

- Should you discover any problems with equipment whilst in the office, do not attempt to repair or tamper with the controls. If it is not serious, report it to your manager the following working day;

- On leaving a department, ensure that all windows are closed and doors locked;

- Ensure you have access to a phone in case you need to call the emergency services;

- Park as close to the building in a well-lit area. Move your car closer to the building if necessary, to minimise the risks if leaving the building on your own;

- Never assume it won't happen to you – plan to stay safe.

INTERVIEWING PPATIENTS IN THE OFFICE:

- When interviewing in the office consider the following:

- Use interview rooms with panic buttons where possible;

- Sit nearest the exit;

- Staff should make themselves aware of locks or bolts etc. on exit doors and observe how they work;

- Ensure that colleagues are aware that an interview is taking place and the approximate time you expect the interview to finish;

- If there is ever a need to take a patient/visitor through a coded security door ensure that the patient/visitor cannot see the code or knock on the door and be let through to maintain security.

- Remove all non-essential furniture / equipment which could be used as a weapon.

VEHICLE BREAKDOWNS & ACCIDENTS
If your car breaks down:

- Stop vehicle where it is safe to do so;

- Turn on your hazard warning lights;

- Always remember your own safety;

- Call for assistance;

- Keep your doors locked and the windows open no more than one-and-a half inches;

- If you leave the car, lock it and note its location. If you have a personal attack alarm, take it and keep it in your hand. If it is dark, or will be soon, take a torch;

- Contact base/senior manager to inform them of the situation;

- Contact patients to inform them of the delay/cancellation via base.

If you are involved in an accident, try to obtain witness contact details.

You are legally obliged to stop if you collide with another person, car, property or livestock.

- Check if anybody is injured;

- If medical attention is required, summon help immediately. Provide information such as:

1) The exact location of the accident to pinpoint scene road junctions, road names and any obstructions which may have caused the accident;
2) The type and seriousness of the accident;
3) Details of casualties involved, i.e. number, sex, age, condition;
4) Details of any hazards such as fog, gas, chemicals, spilt fuel, power line damage, fire, danger of explosion;
5) Emergency vehicles present and/or required, if you call the emergency services.

DO NOT HANG UP BEFORE THE OPERATOR DOES

APPENDIX C - GUIDANCE FOR BUDDY / DUTY STAFF (INCLUDING RECEPTION AND ADMIN) ON ACTIONS FOLLOWING THE TRAFFIC LIGHT SYSTEM FOR LONE WORKER COMMUNICATION.

In the event of contact with a clinician who is lone working the following traffic light system will be used to indicate what action you need to take based on perceived risk of the situation.

This guidance must be displayed prominently within the reception area and admin offices.

"Is there a **green** file on my desk" (I think I'm alright but ring me again in half an hour)

"Is there an **amber** file on my desk" (I am could be in trouble, send another member of staff)

"Is there a **red** file on my desk" (I am in serious trouble, get the police immediately)

Should the staff member not make contact following a planned visit the following procedure should be followed:

- Duty / buddy to contact the staff member in the first instance via mobile telephone.

- Should the staff member not respond or return a message then the lone worker checklist must be reviewed for information.

  - If the staff member is in a staffed building for example a school or health centre, then the provider must be contacted for a staff member to complete a visual check.

  - If in the visit was planned within a services users home address or community address then contact can be made with colleagues to identify if the staff member has been in touch.

  - If the staff member does not make contact then the police should be consulted and provided with details of the address and summary of historical risk.

  - Staff members (pairs) where safe to do so, can attend the last known address to complete a spot check of the area and to look for signs of staff member. Communication with the police should take place where necessary.