

Lone Worker Policy (F-004)

Policy currently under review – please continue to use this version until it is replaced by the next approved version

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1. INTRODUCTION

The purpose of this policy is to set achievable guidelines for the management of lone workers, to work in conjunction with any departmental procedures or protocols to ensure that the Trust's approach to lone workers is clearly defined and that all staff know the procedures to deal with a potential/actual incident. Staff under the age of 18 must not work alone.

From April 2015 the Care Quality Commission (CQC) guidance Essential Standards of Quality and Safety and the 28 "outcomes" that it contains was replaced in its entirety with "Raising Standards putting people First" Strategy 2013-2016 which asks:

- Are we safe
- Are we caring
- Are we effective
- Are we well led
- Are we responsive to individual needs

2. SCOPE

This policy sets out the Trust's approach to the management of lone workers throughout the organisation and applies to all staff and any sub-contractors that may be employed by the Trust.

3. DEFINITIONS

The Trust is committed to ensuring compliance with legal requirements using them as a minimum standard and seeking to exceed those standards in order to protect staff. The Trust is also committed to ensuring a healthy and safe place in which to work and receive care and treatment.

4. DUTIES AND RESPONSIBILITIES

Trust Board

The Trust Board has overall responsibility for monitoring compliance with and effectiveness of, all Trust policies, and will ensure that effective management systems are in place to achieve high standards of health, safety and welfare. The Head of Estates and Environmental Services will chair the Health and Safety Committee.

Chief Executive

Under the Standing Orders of the Trust, the Chief Executive, as Accountable Officer, has overall responsibility for health and safety matters and will ensure that this Policy is implemented in all directorates and reviewed on a regular basis.

Directors / Care Group Directors

Directors have responsibility for the co-ordination of health and safety activities within each Directorate and for ensuring that decisions are implemented in accordance with this policy.

Security Management Director (SMD) – Director of Finance

The SMD is responsible for ensuring that appropriate security management provisions are made with the Trust to protect lone workers. They have overall responsibility for the protection of lone workers by gaining assurance that policies to protect lone workers are implemented. They should oversee the effectiveness of risk reporting, assessment and management processes for the protection of lone workers. Where there are foreseeable risks, the SMD should gain assurance that all steps have been taken to avoid or control the risks.. They have the responsibility for raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiatives.

Local Security Management Specialist (LSMS)

The LSMS is responsible for ensuring that the Trust has robust and up to date policies and procedures to ensure the safety of lone workers. They help to ensure that this policy allows the Trust to comply with their legal responsibilities. They 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. They should assist in ensuring that technology which is used to protect lone workers is appropriate and meets the needs of the organisation and staff. When an incident occurs, the LSMS should carry out a full investigation and where necessary liaise with the police to allow follow up action to be taken. Once a thorough investigation and the appropriate action have been taken, a full post incident review to identify the lessons that can be learned will be provided to the relevant management group.

Managers/Supervisors

Managers and supervisors have a responsibility to implement this policy. This policy provides general guidelines, information and a working framework to ensure that the personal safety of Trust staff is not unduly compromised.

All Trust managers and supervisors are responsible for ensuring that the information contained in the policy is implemented accordingly in their work areas.

It is however recognised that not all Trust working environments are the same and each individual Ward or Department will present different risks for the successful management of lone workers.

It is the responsibility of all Trust managers and supervisors to ensure that a relevant risk assessment is undertaken to highlight all appropriate risks that regular lone working presents to their particular working environment. In order to achieve the successful implementation of all the guidelines contained in this document, all Trust managers and supervisors must implement procedures in line with Appendix B, which are pertinent to their working area.

All protocols should consider the necessary action to be taken should any individual's personal safety or wellbeing be compromised due to the circumstances relating to their status as a lone worker.

All Trust managers must ensure that a full risk assessment has been conducted

which identifies control measures, communication systems and training requirements for staff who work alone within the confines of the building, while on domiciliary visits or otherwise on Trust business. This risk assessment should also include any equality and diversity issues e.g. some staff not being able to work alone due to disability, sex, religion or gender issues.

Managers must regularly review working practices in order to ensure that all situations where staff are required to work alone are kept to a minimum and appropriate control measures are in place.

Employees

All employees have a responsibility to abide by this policy and any decisions arising from the implementation of it. Any possible risks to the health and safety of themselves or others should be reported to their manager and through the Adverse Incident Reporting mechanism.

Lone workers **MUST** keep colleagues informed of their whereabouts to ensure their own safety in line with departmental procedures. This may include calling their department to inform someone that they have arrived at an appointment safely and calling again when they leave to say they are on their way back to the department.

All employees have a duty of care to ensure the safety of persons receiving treatment or care in the hospital environment and from domiciliary services provided by the Trust and shall at all times co-operate with management to achieve the aims of this policy. By adopting the working guidelines contained in this policy all Trust employees will play a pivotal role in the protection of their colleagues, Trust assets, employees, patients and visitors.

All employees who work additional, unplanned or ad-hoc hours must ensure that they inform a colleague of their whereabouts during the period of work to be undertaken.

If staff find themselves in situations which later they find causes them distress or stress in any way, they are advised to seek help via their line manager, occupational health or their own General Practitioner (Stress at Work Policy).

5. PROCEDURES RELATING TO THE POLICY

The Risk Process

Each team will have their own risk assessment in place to manage and mitigate the risk; these identify the risks in relation to lone working, assess the risks and implement measures to reduce the risk, evaluate the control measures and ensure that risks are appropriately managed. Safe lone working is reliant on the judgement of the staff member making the risk assessment and, if applicable, conducting the visit, whether this is a first visit or as part of an ongoing care plan.

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. It is 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. This information is needed to make decisions on how to manage those risks and ensure that the action is proportionate.

The safety of staff is of paramount importance and the Trust will ensure that:

- Risk Assessments are undertaken for lone working which determines and prioritises actions and resources to minimize identified hazards. (Appendix A)
- Procedures will be developed and safe systems of work introduced which incorporate appropriate support systems. (Appendix B & C)

Equipment will be made available to enable staff to work safely alone including mobile phones and personal sounder/attack alarms.

Risk assessments shall be carried out for lone workers/lone working situations. 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 documented¹:

- 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
- 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.

Where staff either work alone in buildings or carry out domiciliary visits, managers should first consider the relevant factors for lone workers.

These factors can be used as a tool to assist managers to identify if the existing control measures are adequate and if not, what modifications or additional actions are necessary to help reduce the risks associated with lone working. A lone worker check sheet is attached at Appendix A. This check sheet should be completed and retained by the Ward/Department.

Risk assessments for site based lone workers must include:

Safe access and exit

Risk of conflict situations

Safety of equipment for individual use

¹ For further information, see the Health and Safety Executive's *Five Steps to Risk Assessment*.
<http://www.hse.gov.uk/risk/fivesteps.htm>

Channels of communication in an emergency
Site security

Security arrangements i.e. alarm systems and response to personal alarms
Level and adequacy of on/off site supervision
First aid arrangements

Risk assessments for mobile lone workers must include:

Client risk assessment where applicable
Risk of conflict situations
Arrangements for domiciliary visits, including consideration of alternatives
Travelling between appointments
Reporting and recording arrangements
Communication and traceability
Personal safety/security
First aid arrangements

Following completion of the risk assessment, actions identified must be implemented. Where the risk rating level is above the Trusts Risk Register threshold and cannot be reduced the risk must be entered on the Risk Register.

Training requirements

The Trust recognises the need for effective training of staff to deal with violence and aggression incidents and will through training and development ensure the most appropriate training is provided to reduce the likelihood of assaults.

- Conflict Resolution Training
- Personal and Team Safety Programme
- MAPA Initial Foundation Programme – 5 days
- Staff induction for new starters
- Local Team Procedures/Emergency Response Procedures

The Statutory and Mandatory Policy outlines the Trusts commitment to staff and service user safety, and identifies the training programmes that relevant staff groups need to undertake to comply with Health and Safety Legislation and the NHS Litigation Authority Minimum Data Set.

In the event of an incident

Staff are encouraged and supported by the Trust to report all security incidents/near misses using the Trusts reporting system DATIX. This will enable the LSMS to conduct a thorough investigation and to ensure all appropriate cases are reported to the police ASAP for action. This will also ensure that any lessons learned can be fed back into risk management processes to make sure similar incidents do not recur. It also means that further preventive measures can be developed, sanctions taken (where appropriate) and increased publicity generated, creating a strong deterrent effect. This fosters a pro-security culture amongst NHS staff.

Advice and guidance will be available for all staff covering personal safety and security aspects for lone workers. (Appendix B, C & D). The 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.

The Trust has measures in place to support any member of staff who has been involved in a physical or non-physical assault, theft or criminal damage. These might include a debrief following the incident, psychological support or counselling services from the Occupational Health department, peer support and access to the staff member’s professional or trade union representative and reporting the incidents to the police, supported by the LSMS.

Post-incident reviews will enable all available information to be used to ensure that lessons can be learned and the risk of future incidents minimised. The key to post-incident review, risk assessment and follow-up action is an understanding of how and why incidents occur in lone working situations and being able learn from that understanding.

There are various sanctions that can be taken against individuals (or groups) who abuse NHS staff and professionals, or who steal or inflict damage on its property. These range from criminal prosecutions and civil injunctions. Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from the LSMS.

6. CONSULTATION

Consultation with Health & Safety Group members, which include Modern Matrons, Human Resources Department, Occupation Health Department, Safety and Information Manager, Head of Estates, Representatives from the Estates Department, Infection Prevention and Control Department, Hotel Services

7. IMPLEMENTATION AND MONITORING

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy. This includes:

- Policy to be shared via the Weekly global emails
- Interactive sessions within the MDT/Team Meeting by senior staff within all teams
- Clear accountability and responsibility is identified within the team/unit with feedback to the Team Manager/Modern Matron
- All issues with regards to implementation to be raised via the policy awareness log, with a copy returned to the Team Leader/Modern Matron.
- Modern Matrons/Team Manager/Leader to ensure that a copy is held centrally

It is the decision of the author as to whether this policy requires additional financial resource or not:

This policy may require additional financial resources in the future in accordance with national guidance relating to lone working devices

The following will be used to audit the effectiveness of the policy and its requirements:

- Review of control measures produced from the risk assessment process . (Health and Safety Committee).
- Analysis of support system information.
- Adverse incident reports and investigations are appropriately undertaken

This will be undertaken by a combination of Health and Safety Committee and Infrastructure, Safety and Compliance Group.

8. REFERENCE TO ANY SUPPORTING DOCUMENTS

- Health and Safety at Work etc. Act 1974 section 2
- Management of Health and Safety at Work Regulations 1999 (amended 2003)
- The Corporate Manslaughter and Corporate Homicide Act 2007
- Working Alone in Safety INDG73 (rev) HSE
- Staff handbook on Crime Prevention
- Local “Safe Systems of Work” Procedures
- Tackling work-related stress. A manager’s guide to improving & maintaining employee health and well-being. HSE 2001
- Line Managers’ resource “A Practical guide to managing and supporting mental health in the workplace. MIND
- Best Practice in rehabilitating employees following absence due to work related stress. Research Report 138 HSE 2003. ISBN 0 7176 27152
- Stress surprises. *Employers need to manage stressful situations sensitively and decisively.* Occupational Health September 2003 Pg 12-13
- Labour Force Survey 2006/7
- ‘Not alone’ A guide for the better protection of Lone Workers in the NHS

9. DEFINITION OF LONE WORKERS

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 present 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:

- Client's homes
- Nursing homes
- Other Trusts or Business premises

RELEVANT HFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

- Adverse Incident Reporting Policy
- Risk Management Strategy including Serious Untoward Incident Procedure
- Health and Safety Policy
- Stress at Work Policy
- Management of Violence and Aggressive Behaviour policy

Appendix A: 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
Client 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: GOOD PRACTICE GUIDANCE FOR LONE WORKERS

Guidance
A mobile phone is provided and should always be kept as fully charged as possible Emergency contacts should be kept on speed dial
All areas must have a movement board/access to appointment diary detailing <ul style="list-style-type: none"> • Time out • Expected time of return • Details of visit address with phone numbers and name if possible • Contingency plans
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 client and they are okay or otherwise. Assess the desired number and composition of staff attending, i.e. single, pair, male, female <ul style="list-style-type: none"> • Never visit a high risk client alone
Use a “buddy” system (colleague/inpatient unit or another building) to ring into if schedule changes if they are lone working in a building Consider if two staff are required to enter the building – one can be a backup/alarm raiser
Use/develop a “buddy” system (colleague/inpatient unit or another building) to ring into at agreed times throughout their shift, if lone working in a building
Inform the base if schedules or itinerary are altered
Decide what equipment needs to be carried e.g. mobile phone, personal alarm, small change, ID badge <ul style="list-style-type: none"> • Leave contact number in diary/movement board
Prior to visits of new clients, obtain information on <ul style="list-style-type: none"> • Previous history • Behaviour patterns • Problems with relatives • Use of medication/drugs/alcohol
Obtain information from other colleagues and agencies regarding the client
For existing clients obtain details on: <ul style="list-style-type: none"> • Preferred location for the meeting – clinic/health centre/home • Preferred time of day for visit considering daylight/evening • Previous attitude of relatives
Consider the proximity/location of other staff members in the locality
Contact base on a basis proportional to the level of risk, e.g. after each visit, after a particular visit

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
Staff visiting clients/patients out of hours and weekends should notify the pre arranged unit of their proposed activity giving information on: <ul style="list-style-type: none">• Who you are visiting• Where the visit is to be held• The planned time of arrival• The duration of the visit• The expected time of return to base/home
Avoid the need to work alone if undertaking administrative jobs <ul style="list-style-type: none">• Work in another occupied building• Work from home
Set up a “safe and well” phone call every hour to a colleague working alone in a building or in community. Vary the call time each day from o’clock to quarter past etc.

Appendix C: GOOD PRACTICE GUIDANCE FOR IN-PATIENT UNITS

Lone working on an in-patient unit is very rare. However staff escort patients on leave within the grounds and in the community as well as visiting patients at home. All patients will have been assessed by the appropriate Consultant/Nurse in charge before granting leave and may have local restrictions/measures in place. Staff need to follow the below good practice guidelines as well as been aware of the Trust Policy on Lone Working to ensure safety for themselves and others.

- Prior to taking a patient on leave or before going to visit a patient at home ensure that you are fully aware of all potential risks.
- Inform the Nurse in charge/other colleagues of your departure off the unit, with a planned itinerary if possible i.e. walking to the nearest newsagent for newspaper approx. time scale 15 mins or driving to the town/supermarket to purchase toiletries approx. time scale 2 hours.
- Have an agreed method of recording time of departure and estimated time of return for other staff members on the ward to be able to refer to.
- If you are visiting a patient at home and then not returning to the ward, once the visit is completed ring the ward to inform them that you have left the patients house.
- If no contact is made from the staff member visiting the patient contact them on the agreed number to check all is well. In the result of no answer contact Police to advise them of your concerns.
- 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.
- If staff are using their own mobile phones ensure the ward have contact details readily available.
- Contact Nurse in charge/other colleagues ASAP if schedule changes or urgent assistance is required.
- If assistance is required then follow the recognised method for reporting, which is the 'traffic light' system:
 - *"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.
- Ensure training is accessed in the areas identified from the risk assessment i.e. Personal Safety, MAPA, Infection Control, Moving and Handling, First Aid etc., as well as other training deemed necessary by the Trust/individual ward.

- If using a vehicle ensure that it is maintained and topped up with fuel.
- Plan your journey and have a good set of maps.
- Consider having in the vehicle 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.

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.

Appendix D: 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 client **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 doorbell 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 CLIENTS 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 client/visitor through a coded security door ensure that the client/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/sounder 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 clients 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 E - DOCUMENT CONTROL SHEET

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	Guidance and procedures for the safety of all lone workers within the Trust		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	11 August 2021	Health & Safety group members	
Approving Committee:	EMT	Date of Approval:	September 2018
Ratified at:	Trust Board	Date of Ratification:	September 2018
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	Training requirements for these procedures for management to implement	Financial Resource Impact	There are no financial resource impacts
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below – to be delivered by the Author:</i>		
	<ul style="list-style-type: none"> Shared within communication email to all staff as per Trust procedures via the Communications Department 		
Monitoring and Compliance:	Monitoring and compliance of the policy will be evidenced through the Health & Safety Group and by the Local Security Management Specialist.		

Document Change History:			
<i>Version Number / Name of procedural document this supersedes</i>	<i>Type of Change i.e. Review / Legislation</i>	<i>Date</i>	<i>Details of Change and approving group or Executive Lead (if done outside of the formal revision process)</i>
1.00	New policy	05/11/09	New policy
1.07	Review	April 2010	Full review
1.08	Review	09/07/12	Reviewed and updated, minor amends
1.09	Review	October 2015	Reviewed and updated
1.10	Review	February 2016	Inserted inpatient lone working
1.11	Review	April 2016	Review
1.12	Review	August 2018	Minor changes to job titles
1.13	Review	August 2021	Review Approved at Health & Safety Group (Minor amends)

Appendix F - Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **LONE WORKER POLICY**
2. EIA Reviewer (name, job title, base and contact details) **V SHAW – H&S ADVISOR AND SECURITY LEAD**
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **POLICY**

Main Aims of the Document, Process or Service

Policy for the safety of all Lone workers within the Trust

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	Young workers may be assessed as not mature or experienced enough to work alone safely
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	Low	Working alone may not be appropriate for some disabled persons, e.g. severe epilepsy sufferers who may need immediate medical attention.
Sex	Men/Male Women/Female	Low	Some people may be a target for violence in some situations because of their race/ethnicity. Lone working may not be appropriate in these situations
Marriage/Civil Partnership		Low	Some people may be a target for violence due to beliefs of others
Pregnancy/Maternity		Low	Some females may be a target for violence due to their condition because of beliefs of others. Working alone may not be appropriate for some people
Race	Colour Nationality Ethnic/national origins	Low	Some people may be a target for violence in some situations because of their race/ethnicity. Lone working may not be appropriate in these situations
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical	Low	Some people may be a target for violence in some situations because of their religion or belief. Lone working may not be

	belief		appropriate in these situations
Sexual Orientation	Lesbian Gay Men Bisexual	Low	Some people may be a target for violence in some situations because of their sexual orientation. Lone working may not be appropriate in these situations
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Some people may be a target for violence in some situations because of their gender or adopted opposite gender role. Lone working may not be appropriate in these situations

Summary

There are no major issues. This is a safety policy for all staff. The risk assessment process should take into account all areas covered by the EIA when assessing whether staff are safe when working alone.	
EIA Reviewer – V SHAW	
Date completed; August 2021	Signature V SHAW

Please return the completed form to: HNF-TR.policymanagement@nhs.net