Lone Working Policy

# Document Control:

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* Contractors engaged by the ICS Body
* Staff from other MSE ICS Partnership organisations who are members of ICB Committees and other groups
 |
| Stakeholders engaged in development of Policy (internal and external)  | * Internal Audit
* Health and Safety Coordinator
* MSE CCG Governance Leads
* Chief Finance Officer
* Director of Human Resources
* Director of Quality and Nursing
* MSE Audit Committees
 |
| Impact Assessments Undertaken  | * Equality Impact Assessment
 |

# Version History:

| **Version** | **Date** | **Author (Name and Title)** | **Summary of amendments made** |
| --- | --- | --- | --- |
| 0.1 | Jan 2022 | Julie Hill, Security Management Specialist | New Policy |
| 0.2 | Feb 2022 | D Triggs MSE CCG Governance  | First review |
| 0.3 | May 2022 | Viv Barnes, Governance Lead | Review of compliance with ICB policy template |
| 0.4 | May 2022 | Alyson Taylor, Head of Continuing Healthcare | Review and comments |
| 0.5 | May 2022 | CFO & Interim Head of HR | No comments |
| 0.6 | June 2022 | Sara O’Connor, Head of Corporate Governance | Review of 0.5 |
| 1.0  | 12/08/22 | Marion Barritt / Sara O’Connor | Final review against policy checklist |

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## Introduction

The UK’s Health and Safety Executive encourages employers of lone workers to provide an *“adequate and reliable means of communication and a way to call for help*”.

Mid and South Essex Integrated Care Board (the ICB)staff face potential risks to their personal safety when they are lone working, including when visiting patients in their own home or other care settings or undertaking other frontline activities, such as engaging with members of the public at events/meetings, providing reception duties, when working alone or in isolation within in a building or working at home.

A basic principle of the NHS is that all patients have a right to receive services. If a healthcare professional refuses to provide treatment for a patient this could potentially constitute a breach of duty to that patient. However, there will be situations where such a refusal will not constitute a breach of the standard of care owed to the patient.

Clinical staff who carry out lone working in a community setting owe a duty of care to their patients which may only be withdrawn in exceptional circumstances. The duty of care to the patient must be balanced against the risks to staff safety associated with visiting the patient in their home setting.

This policy adopts a proactive and systematic approach to managing lone worker risks and aims to reduce the risks to personal safety, as far as is necessary and practicable.

## Purpose

The ICB aims to:

* Provide a system of safe working practices for staff
* Comply with appropriate legislation
* Acknowledge the NHS Zero Tolerance Campaign (included within the NHS Violence Prevention and Reduction Standard).
* Comply with Improving Working Lives requirements

Lone working includes, but is not limited to, health professionals on home or community visits, ancillary staff working in buildings on their own and staff working at home alone.

This policy aims to:

* Provide measures to increase staff awareness of safety issues relating to lone working.
* Provide a systematic methodology for assessment of the risks of lone working; to enable safe systems of work to be put in place and therefore eliminate or reduce the risks to the lowest practicable level whilst lone working.
* Ensure that staff can recognise risks and provide them with practical advice on safety when working alone, including, how to use technology and equipment.
* Ensure there is support in place to help lone workers if they need assistance.
* Encourage full reporting and recording of any adverse incidents relating to lone working and to reduce the incidents of violence and abuse and injuries to staff related to lone working.

## Scope

This policy applies to all ICB staff (including temporary, bank/agency and interns), Non-Executive Board Members, volunteers and contractors engaged by the ICB and staff from other MSE ICS Partnership organisations working on behalf of the ICB.

## Definitions

* **Lone Working -** any work activity which, is specifically intended to be carried out by people regularly working on their own, or in isolation, without immediate physical/ in-person access to other staff or team colleagues.
* **An isolated situation** - a situation where staff are engaged in regular or occasional work (either outdoors or indoors) where there are no other people who could reasonably be expected to come to their immediate aid or contact help on their behalf in the event of an incident or emergency.
* **Risk Assessment –** theprocess that helps the organisation identify and manage risks, including the ability to control, likelihood of occurrence and potential impacts.
* **Single Point of Contact (SPOC)** - a line manager or a nominated colleague who will decide on the action to take in the event of lack of contact with, or failure to report in by, a staff member. Any individual nominated as a SPOC should be fully aware of their role and its responsibilities.
* **Violence -** Work related violence is defined by the Health and Safety Executive as: *“Any incident where staff are abused, threatened or assaulted in circumstances related to their work involving an explicit or implicit challenge to their safety, well-being or health”.* Using this broad definition, violent incidents will include, but not be limited to:
	+ Physical violence (i.e. unlawful contact between the perpetrator and the victim), whether or not an injury results.
	+ A threat, even though no physical injury results.
	+ Verbal abuse e.g. intimidating and/or abusive language.
	+ Non-verbal abuse e.g. gestures or stalking.

## Roles and Responsibilities

### Integrated Care Board

* + 1. The Board is responsible for ensuring that it provides a safe environment and systems of work for staff, patients, and visitors, as far as is reasonably practicable..

### Audit Committee

* + 1. The Audit Committee shall be responsible for:
* Monitoring compliance with this policy.
* Receiving reports from the Local Security Management Specialist (LSMS) regarding the ICB’s compliance with this policy.
* Escalating any security concerns identified and/or recommendations made.
* Ratifying and recommending to the ICB Board for final approval any significant amendments to this and other security policies.
* Approving this and other security policies that have been subject to no revisions or only minor changes from the previous version.

### Chief Executive

* + 1. The Chief Executive Officer is responsible for ensuring that appropriate arrangements are in place, to reduce, where it is reasonably practicable, the risks associated with lone working.

### Director of Resources

* + 1. The Director of Resources is responsible for:
* The formulation, implementation and maintenance of an effective policy and supporting framework for the management of a safe and secure lone working environment.
* Instituting regular campaigns to highlight the importance of the responsibilities of all staff in relation to lone working.
* Ensuring that details of incidents are recorded on the incident reporting system to comply with The Management of Health and Safety at Work Regulations and where an incident meets the relevant criteria, to the Health & Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
* Ensuring that managers review incidents and that learning is used to evaluate policy guidelines and skills to avoid further incidents.

### Local Security Management Specialist (LSMS)

* + 1. The LSMS is responsible for providing support and advice on all aspects of lone working or the contents of this Policy, including:
* Promoting security management advice at all levels of the organisation.
* Raising awareness of emerging risks relevant to lone working within the organisation.
* Promoting the health and safety of staff and the safety of lone workers.

### Policy Author

* + 1. The Health and Safety Lead will be the Policy author and is responsible for reviewing and updating this policy on an annual basis or should legislation, guidance, organisational change or other circumstances necessitate an earlier review.

### Health and Safety Lead

Responsibilities to be inserted in due course once H&S Lead is identified.

### Line Managers

* + 1. All Line Managers are responsible for the following:
* Carrying out an annual risk assessment, sharing the significant findings with the staff members potentially affected by lone working as per **Appendices B & C.**
* Re-visiting as appropriate the risk assessment after an incident relating to lone working to assess the adequacy of existing arrangement.
* Sharing lessons learned following the investigation of relevant incidents.
* Ensuring members of the team have access to and attend training, e.g., ensuring that lone working is covered during the induction of new staff.
* Ensuring staff complete the checklist as per **Appendix E** prior to leaving for lone working visits.
* Ensuring staff utilise the guidance in **Appendices C-I** as necessary.
* Ensuring the safe return of all staff undertaking lone working activities and those working out of normal office hours. Teams must have systems to monitor that staff have safely returned (e.g., Single Point of Contact (SPOC) on-call manager or ‘buddy’ system.
* Ensuring that contact details for lone workers are available in the event of an emergency and are accessible by staff on duty for that shift.

### All Staff

* + 1. All employees are responsible for ensuring they are aware of the policy and procedures that apply to them by:
* Complying with the personal safety checklists, risk assessments and guidance in Appendices B to H.
* Ensuring they are up to date with any related training.
* Taking responsibility for their own health and safety whilst lone working and the safety of others who may be affected by their actions, e.g. members of the public who might be visiting ICB premises.
* Implementing and complying with control measures and safe systems of work developed by their managers / team leaders, including the use of lone worker alarm devices where they are deemed necessary from local risk assessments.
* Taking care of any provided lone worker alarm or other safety device, ensuring they are kept in full working order and stored as per local arrangements between use.
* Reporting any violence or aggression in line with the Incident Reporting Policy, including all incidents of assaults, unsafe environments, and any ’near misses’ that could have led to a serious incident.

## Policy Detail

### Risk Assessment

* + 1. The Quick Reference Flow Chart at **Appendix B** summarises the processes to be undertaken for the management of Lone Working.
		2. Risk assessments must be undertaken in accordance with the established processes for the identification, assessment, action planning, reporting and minimising of risks. Lone Worker risk assessments must be undertaken for all staff that may have to work alone either in a building belonging to the organisation (or its partners), in the community or when working at home.
		3. This may be generic for a specific work group, but each hazard should be identified and assessed to check that control measures are in place or required.
		4. A checklist to assist managers in completing a Lone Worker risk assessment is included at **Appendix C** together with the Risk Assessment Template (**Appendix D**). Where risks are identified an action plan must be drawn up to address gaps in existing control measures, indicating who is responsible for what action and the timeframe to achieve this. Monitoring of risk assessments and the resulting action plans must be undertaken in accordance with the requirements of Regulation 4 of the Management of Health and Safety Regulations 1999 (as amended) in respect to principles of prevention.

### Communication Arrangements to Ensure the Safety of Lone Workers

* + 1. Managers will ensure that methods of communication are either provided and/or utilised for all Lone Workers irrespective of task or location. Such methods must allow for routine and emergency communication and, where appropriate, include the use of lone worker alarm devices.
		2. Managers will ensure that Lone Workers have a SPOCto enable them to report developments throughout their working hours. Lone Workers should report when they start and finish their visits and include the journey to and from home unless operating from a team base.
		3. Managers must maintain an up-to-date list of all vehicles and addresses, and contact details used by Lone Workers making home visits or working in isolation. Vehicles will probably be the first clue as to the location in the case of an unaccounted-for member of staff. Whilst staff have a personal responsibility to update their contact/vehicle details as required, managers should regularly ask their staff if any amendments are required.
		4. Minimum details required are as follows:
* Vehicle Registration Number
* Make and model of vehicle and colour
* Home contact details and next of kin
* This list must be always available to the person responsible for the supervision of staff.
* Managers must establish appropriate emergency plans to be activated if a Lone Worker fails to make a scheduled communication contact and/or keep a schedule appointment.

### Lone Worker Visits - Dynamic Risk Assessment

* + 1. The importance of dynamic risk assessment is that it enables lone workers to anticipate and recognise the early warning signs of suspected risks and enables safe early interventions to minimise or negate the risk to themselves and others. It recognises that situations change rapidly as do associated risks and that dynamic risk assessment should be on an ongoing process.
		2. What sets dynamic risk assessments apart from systematic risk assessment is that it is applied in situations that are:
* Unpredictable/unforeseen risks.
* The risk environment rapidly changes.
* Allows individual to make a risk judgement.
* Provides all staff with a consistent approach to assessing risk.
	+ 1. Dynamic risk assessments should be conducted as necessary in response to the circumstances at the time. The process involves:
* An assessment of risk in dynamic situations is undertaken before, during and after a visit or potentially hazardous appointment or working period.
* Assessment of the benefits of proceeding with a task being weighed carefully against the adverse risk posed to the lone worker.
	+ 1. Staff who will be undertaking lone worker visits should:
* Obtain as much information as possible about the service user, their families, and the location to be visited.
* Review available/existing information regarding the patient such as case notes, GP records, previous referrals etc.
* Review the last documented risk assessment, or if this is unavailable or if one has not been completed, contact the referrer to ascertain whether there are any relevant risk factors present and/or whether there is any reason why it would be inadvisable to visit the service user alone.
* Double-check the address and telephone number of the individual they are visiting.
	+ 1. If no information or records are available, and there is concern regarding potential risk, consider whether it would be more appropriate to invite the service user to another location, therefore avoiding a home visit.
		2. 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 finding an alternative solution. As part of the risk assessment process, consideration should also be given to whether they should, and can be treated by attending an appropriate health care setting.
		3. Lone working staff may need to meet family members of a patient who pose a particular threat when providing clinical care/treatment. Alternative provisions should be made if there is an unacceptable risk, e.g. two staff attending.
		4. Where a lone worker has been issued with personal equipment, such as a mobile phone or a lone worker device, this is in support of providing a safe working environment as required by Health and Safety at Work Act 1974. 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.
		5. Any equipment faults must be immediately reported by the lone worker to their line manager so that a replacement can be issued until the faulty equipment is repaired (where possible).

### Guidance for safe travelling

* + 1. All staff attending ‘lone working’ appointments must accept responsibility for their own safety whilst travelling to and from these visits. **Appendix G** provides guidance for travel by car, public transport, and vehicle parking.

### Guidance on Lone Working in Departments/Office/other premises during office hours

* + 1. On occasions staff may have to work alone in their office or other setting apart from their homes during normal office hours. **Appendix H** provides guidance for staff in these circumstances.

### Guidance on Lone Working in Departments/Office/Clinical areas outside office hours

* + 1. The ICB recognises staff may still be undertaking lone working within an office or other setting apart from their home outside of normal office hours. Line managers will review these situations and only authorise this working practice if there is no suitable alternative solution. For office-based documentation work, consideration should be made for home working instead. **Appendix I** provides guidance for staff who have no alternative but to come in to work in these circumstances.

### Lone Home Workers

* + 1. The ICB has the same Health and Safety responsibilities for home workers as for any other staff and the risks must therefore be assessed. There may be home workers who are also working alone, and the following also needs to be considered:
* The importance of keeping in touch – direct regular contact is important so that staff do not feel disconnected, isolated, and unsupported, managers can assess if they are safe and healthy.
* What work activity will they be doing (and for how long). Most types of home working are low-risk activity, but this does not mean that it is risk free and if anything should happen to an employee in their home, within work hours, it must be treated as any other safety incident.
* Are there any safety considerations – the most common risks are accidents and illness but, the risk of burglary or assault in the home are quite low. Lone workers at home have no direct supervision or anyone to help if things go wrong.
* Lone home workers in the same way as other lone workers need a quick and effective mechanism established so that they can summon help should they feel ill, have an accident or suffer a security incident.
* A Home Working Risk Assessment must be undertaken for all staff who are required to work from home, whether full time or part time and signed off by the individual’s line manager. All new employees will be required to complete a Home Working Risk Assessment upon appointment which is to be submitted to the Human Resources Department and reviewed by the Health and Safety Lead.

### Information Sharing

* + 1. Wherever possible and legally permissible, the ICB will share information on known risks of addresses and associated individuals externally, within the health, social care, and other public sectors in accordance with the [Information Sharing Policy](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies). This includes social care services, the ambulance service, patient transport services and primary care, where applicable.
		2. Communication could also be facilitated through the existing participation in crime and disorder partnerships, community groups and other healthcare organisation forums, and liaison with the police.

### Emergency Equipment

* + 1. As part of the assessment and planning process, the emergency equipment that may be required should be assessed by the line manager who may consult the LSMS or Health and Safety Lead for advice. This might include a torch, map of the local area, telephone numbers for emergencies, including local police, and a first aid kit. In adverse weather e.g. snow, a spade, and warm clothing.

### The Buddy System

* + 1. It is essential that lone workers keep in contact with colleagues to make them aware of their movements. This can be done by implementing management procedures such as the ‘buddy system’.
		2. Buddy system arrangements are where each member of staff is paired with a colleague in the same team, whilst this may occur informally it creates a further control measure that can be relied upon so that staff are aware that colleagues are safe and well during or at the end of their working day by “checking in” with each other.

### Escalation Process

* + 1. Managers, or if necessary, colleagues must follow an escalation process, outlining who should be notified if a lone worker cannot be contacted or if they fail to contact colleagues or team base within agreed or reasonable timescales.
		2. The escalation process should include details of a SPOC who may be a line manager or a senior manager who will decide on action to take. Any individual nominated as a SPOC should be fully aware of their role and its responsibilities.

### Following an Incident

* + 1. In the event of an incident, contact the police if you feel you are at serious risk and intervention is required. If you do not feel in any immediate danger (threat of injury or harm) report it to your line Manager.
		2. Staff must report all incidents of physical and non-physical assault to their line manager and complete a incident report form. The incident will then be investiageted in accordance with the [Incident Reporting Policy](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies).
		3. Any incidents that occur, which meet the criteria of the schedule within the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, (RIDDOR) will be reported to the Health and Safety Executive by the ICB Health and Safety Lead.

## Monitoring Compliance

The Director of Resources is responsible for monitoring compliance with this policy, including ensuring that all staff who work alone either in a building belonging to the organisation (or its partners), in the community or work at home are risk-assessed.

## Staff Training

Conflict resolution training will be offered to staff who undertake lone working (with those staff identified as at a higher risk given priority) to provide them with the relevant de-escalation, communication and calming skills to help prevent and manage potentially violent and aggressive situations.

## Arrangements for Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the ICB Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the ICB Board.

## Associated Policies, Guidance and Documents

[**Associated Policies**](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies)**:**

* Health and Safety Policy
* Incident Reporting Policy
* Information Sharing Policy
* Risk Management Policy
* Management of Violence and Aggression Policy

**Associated Guidance:**

* Health & Safety Executive. (2021) Lone working: Protect those working alone. Available at: <https://www.hse.gov.uk/lone-working/employer/index.htm> [accessed 28 September 2021].
* NHS Employers. (2018) Improving the personal safety for lone workers: A guide for staff who work alone. Available at: <https://www.nhsemployers.org/sites/default/files/media/HSWPG-Lone-Workers-staff-guide-210218-FINAL_0.pdf>.
* NHS England and NHS Improvement. (2020) Violence, Prevention and Reduction Standard. Available at: <https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf>.
* Royal College of Nursing. (2016) Personal safety when working alone: guidance for members working in health and social care. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-005716>.
* Royal College of Nursing. (2021) Prioritising personal safety. Available at: <https://www.rcn.org.uk/get-help/rcn-advice/prioritising-personal-safety>.

## References

* Health and Safety at Work Act 1974. Available at: <https://www.legislation.gov.uk/ukpga/1974/37/contents>.
* Health and Safety Executive. (2020). INDG73(rev4). Protecting lone workers: how to manage the risks of working alone. Available at: <https://www.hse.gov.uk/pubns/indg73.pdf>.
* Health and Safety Executive. (2013) RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Available at: <https://www.hse.gov.uk/riddor/>.
* Health and Safety Executive. (2021) Managing risks and risk assessment at work. Available at: <https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm>.
* Health Education England. (2021) Core Skills Training Framework.
* (England) Statutory/Mandatory Subject Guide. Version: CSTF (England) v1.1 Available at: <https://skillsforhealth.org.uk/wp-content/uploads/2021/07/CSTF-Eng-Subject-Guide-v1.1.pdf>.

## Equality Impact Assessment

An Equality Impact Assessment of this policy has been undertaken and it has identified no equality issues.

The EIA has been included as **Appendix A**.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Lone Working Policy **Version number (if relevant):** 1.0 | **Directorate/Service**: XXX |
| **Assessor’s Name and Job Title:** Viv Barnes, Governance Lead | **Date:** May 2022 |

|  |
| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| This policy sets out the ICB’s arrangements for increasing staff awareness of safety issues relating to lone working, providing a systematic methodology for assessment of the risks of lone working, ensuring that staff can recognise risks and provide them with practical advice on safety when working alone, ensuring there is support in place to help lone workers if they need assistance and encouraging full reporting and recording of any adverse incidents relating to lone working. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The CCGs, and the ICB as their successor body, regularly monitor the make-up of their workforce, including protected groups.  |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| * Internal Audit
* Health and Safety Coordinator
* MSE ICB Governance Leads
* Chief Finance Officer
* Human Resources
* Director of Quality and Nursing
* CCG Audit Committees in Common
 |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome*** *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | No impacts identified |
| Disability(Physical and Mental/Learning) |  |  | X | As above. Policies will be made available in alternative formats on request. |
| Religion or belief |  |  | X | As above |
| Sex (Gender) |  |  | X | As above |
| Sexual Orientation |  |  | X | As above |
| Transgender / Gender Reassignment |  |  | X | As above |
| Race and ethnicity |  |  | X | As above. Policies will be made available in alternative formats on request. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | As above |
| Marriage or Civil Partnership |  |  | X | As above |

|  |
| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Relevant incident reporting data and Staff Survey results will be used to monitor the effectiveness of this policy.  |

|  |
| --- |
| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Lone Worker Quick Reference Flow Chart

## Appendix C - Annual Lone Working Checklist

| *Line Managers should consider all criteria then complete the risk assessment document. This should be completed by each staff group that are required to work alone. It will be reviewed and updated annually or after and adverse incident.* |
| --- |

|  | **Criteria** | **Y/N** |
| --- | --- | --- |
| **Identify the hazards** | Does the workplace present a special risk to the lone worker? |  |
| Is there safe access in and out? |  |
| Can all the equipment, substances and goods involved in the work be safely handled by one person? |  |
| Does the work involve lifting objects too large for one person? |  |
| Is there a risk of violence/abuse? |  |
| Does the lone worker have a way of securing the workplace so that they can safely take breaks? |  |
| Does the workforce include women (including those who are pregnant), those with a disability or health condition(s), young people or new workers who might be more at risk if they work alone? |  |
| Are staff involved in activities or behaviour that puts them more at risk, for example, community nurses known to carry drugs in their cars may be more at risk of mugging or theft? |  |
| Do staff actively look for any staff /patient warning markers/alerts in place on patient documentation prior to seeing patients? |  |
| **Decide who may be harmed and how** | Staff working in a community environment? |  |
| Staff working alone at ICB premises 'after hours' (e.g., first in, or last out)? |  |
| Staff travelling alone between sites? |  |
| Risk of physical and or sexual assault? |  |
| Risk of verbal abuse or threatening behaviour? |  |
| **Evaluate the risks**  | People working alone in potentially isolated conditions have no immediate back up or support and so are at greater risk of injury through aggression or violence directed towards them from patients, relatives, carers or the public. |  |
| People working alone are required to rely on their own judgement and initiative and may be at greater risk of making mistakes or errors. |  |
| **Decide on control measures** | Do staff have a means of raising the alarm in case of an emergency (lone worker alarm and/or mobile phone? |  |
| Are work and mobile phone records updated and kept in a secure place within the working environment and accessible by senior or admin staff if required? |  |
| Is any emergency equipment required – e.g., torches, first aid equipment, maps of the area, spade, warm clothing etc? |  |
| Are staff visiting or working in pairs? |  |
| Have staff got access to electronic diaries/notice boards with lists/times of visits and this is also accessible to another member of the team? |  |
| Is a buddy system in place? |  |
| Regular check on lone worker by supervisors and or work colleagues? |  |
| Equipment available, such as personal alarm, sat-nav and a torch for visits to unfamiliar areas or at night? |  |
| A contact that staff can inform of their location before they enter and after they leave a client’s home or when locking up a building. |  |
| Duress code word set up? |  |
| Staff trained in lone working procedures? |  |
| **Training** | Staff have completed Conflict resolution training? |  |
| Staff are conversant with Lone working policy? |  |
| Supervisors periodically visiting and observing lone worker? |  |
| Regular contact between the lone worker and supervisor or ‘buddy’ using either telephone or radio. |  |
| Other devices designed to raise the alarm in the event of an emergency, and which are operated manually or automatically by the absence of activity? |  |
| Checks that a lone worker has returned to their base or home on completion of a task. |  |
| **Record findings** | Risk assessments are required to be recorded and made available for audit and legal requirements. Follow the instructions on the risk assessment template.  |  |
| **Review assessment and update if necessary** | Managers should review risk assessments at least annually or following an incident in the workplace, or if there are any significant changes to hazards, such as new work equipment or work activities. |  |

|  |
| --- |
| **Risk assessment** |
| **Location:**  | **Job Role:**  |
|  |
| **Who is at risk?**  | **Date:**  |
| **What is the hazard?****How could it happen?** | **What could be the effect?** | **What are the existing control measures?** | **Severity** | **Likelihood** | **Rating** | **Risk Rating** | **What additional controls are required?** | **Severity** | **Likelihood** | **Rating** | **Risk Rating** | **Gaps in Controls** |
|  |  |  |  |  |  |  |  |  |  |  |  | e.g. Failing to follow procedure. |
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## Appendix D – Lone Working Risk Assessment

**Risk Assessment**

**Additional measures action plan:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Addition controls required** | **Action required** | **Person responsible** | **Target date** | **Date completed** | **Manager** **sign off** |
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| **Assessor Name:** |  | **Assessor Signature:** |  | **Date:** |
| **Manager Name:** |  | **Manager Signature** |  | **Date:**  |
| **Review date:** |  |

## Appendix E – Checklist for Lone Workers visiting patients at home or other location

*Where there are known issues, or concerns have been flagged for a patient, lone visits will not be undertaken. In these circumstances, 2 staff members must attend the visit if the patient cannot be reviewed/treated in an alternative way, e.g. telephone consultation; clinic visit; GP attendance; security present if applicable.*

|  | **Prior to visit** |
| --- | --- |
|  |  |  | **Tick** |
|  | **Share information with your manager/ buddy/supervisor/ office / colleague /Single point of contact (SPOC)***(This information to be held with the relevant base staff member on duty – see template example log sheet Appendix E)* | The location of the visit/meeting |  |
| A contact telephone number |  |
| The time of the appointment |  |
| The likely or estimated length of the meeting/visit |  |
| The time when you are expected to return to the office/base or call in |  |
| If not returning to the office, the time and location of your next visit |  |
| If driving, car make, registration, model and colour |  |
| Refresh memory of the agreed **DURESS CODE WORD** to be used if staff member is in danger  |  |
| Staff members next of kin name; relationship; contact details  |  |
|  | **Check available information, prepare for visit** | Where possible, conduct an initial telephone screening consultation with the patient and/or carer |  |
| Obtain as much information as possible about the service user, their families, aggressive pets, access to property, parking and the location to be visited |  |
| Review available existing information regarding the patient such as case notes, GP records, previous referrals & staff alerts. |  |
| Review the last documented risk assessment for the patient. If no previous assessment for the patient, contact the referrer to ascertain whether there are any relevant risk factors present and/or whether there is any reason why it would be unadvisable to visit the service user alone. |  |
| Double-check the address and telephone number (is it in a high crime risk area). |  |
| If no records or information is available and there is concern regarding potential risk, consider if possible whether it would be more appropriate to invite the service user into the workplace or a safe place, therefore avoiding the need to make a home visit. |  |
| Consider whether it would be appropriate to arrange to have a 2nd staff member present for the duration of the visit if there is a known risk e.g., potential for violence or aggression or manual handling. |  |
|  | Always ensure that fellow workers know where you are. Details should include: expected time of return, names and addresses of the clients being visited and time of appointments when visiting alone, mode of contact (e.g. mobile phone numbers); |  |
| Make sure that you carry appropriate personal identification e.g., name badge/Identification card to verify your authenticity. |  |
| Wear shoes and clothes that do not hinder movement or ability to run in case of an emergency |  |
| Ensure that the means of communication and any personal alarms or lone worker device are charged, working and accessible. Programme the work base number into mobile telephones so they can be ‘speed dialled’. |  |
| Ensure car keys are easy to retrieve e.g. not in bottom of bag. |  |
| Ensure enough fuel in car |  |
| Ensure mobile phone charged, always kept on person |  |
| Ensure working torch is available |  |
| **On Arrival** |
| **3.** | **Always remain alert** | Be alert, aware, safe. |  |
| Park car as close to visiting address as possible, facing exit route |  |
| Let buddy/supervisor /SPA /office know you have arrived at the patient/service user’s location**.**  |  |
| Assess the situation on approach and be prepared to abandon or postpone the visit if there is a concern for safety e.g. dangerous pets/dog. Ask the patient to lock them away. If they refuse to do so, be prepared to abandon the visit and do not place yourself at risk, as some clinical procedures may provoke an unforeseen reaction from a pet. |  |
| Have identity badges available on request |  |
| Before you enter make sure you confirm that you are at the correct address and you are expected. |  |
| If the person answering the door makes you feel uneasy about entering, then an excuse should be made not to enter; for example when the patient or relatives are drunk or ‘high’ on non-prescribed drugs. (something like you need to return to car for notes etc). If in doubt, **do not enter premises** – seek advice/ assistance |  |
| Allow the patient or carer to lead the way into the property to reduce risk of blocking exit routes. Make sure you are not being locked in; check that the door you entered by can be operated in an emergency. |  |
| Remain alert while in the house look for anything that may present a problem. |  |
| Sit in a position near an exit, which would allow safe and quick exit, do not sit/ stand in a corner away from exit door. |  |
| Explain reason for visit, seek verbal consent to proceed with the visit/planned treatment. If the service user declines this, leave the property and document events in patient records.  |  |
| Be aware of the positioning of items, e.g., scissors, syringes etc., that could be used as a potential weapon. |  |
| Only take with you the necessary items you will need (avoid too many bags and files) so that you do not have to abandon anything if you must leave the premises. |  |
| ***IF VIOLENCE IS THREATENED OR STAFF FEEL THEIR SAFETY IS COMPROMISED – LEAVE IMMEDIATELY*** |  |
| **Post Visit** |
| **4.** | **Report back to buddy /supervisor** | Report to buddy/supervisor /office that visit is complete.  |  |
| Document any issues or risks that have been encountered during visit in patient records. |  |
| Report all incidents, accidents and concerns immediately to your Manager. Record using the incident reporting system as soon as possible. Report all safeguarding concerns as appropriate. |  |
| **Escalation Process** |
| **5.** | **Staff member uncontactable** | If a staff member has not been in contact for more than 2 hours, phone their work and personal mobiles at least 3 times over 30 minutes.  |  |
| If no response, try to call the number of the patient they were last known to visit and the next patient they were due to visit to try to locate staff member. |  |
| If no response, contact the staff member’s next of kin. |  |
| Escalate to police if staff member still cannot be contacted. Use details provided above in section 1 of Appendix E |  |
| Inform department manager/site co-ordinator/on call manager of missing staff member |  |
| Submit Incident formally via incident reporting system |  |

## Appendix F - Example Lone Worker Log Sheet

|  |  |
| --- | --- |
| **Team:** | **Date:** |
| **Name of Lone Worker:** | **Mobile Number:****Car Reg Number:** |
| **Meeting Title/Name of Patient** | **Address of Visit** | **Time of Visit** | **Approx. Return Time** |
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***If an incident occurs, a copy of the relevant completed log sheet should be attached to the Incident Report Form.***

## Appendix G – Guidance on personal safety when travelling

| **Mode of transport** | **Potential Issues/considerations** |
| --- | --- |
| **Car** | Consider time of day  |
| Plan your route in and out  |
| Always adhere to the Highway Code |
| Don’t leave items on view in your car even whilst driving  |
| Keep equipment/prescription drugs in the boot  |
| Make sure petrol is replenished or sufficient for the journey  |
| In cases of road rage do not make eye contact or gestures; always stay in car; drive to a place of safety  |
| Consider places of safety on the route, e.g. garages, shops, police stations  |
| Beware of faked ‘accidents and other ploys to get you to stop. |
| Keep mobile phone in the car for emergency use (do not drive whilst using mobile phone) |
| Cover uniform and any identification badges/lanyards etc. |
| Make sure vehicle is maintained regularly, and you have membership of breakdown/recovery organisation. If you should break down stay in your vehicle with the hazard lights on and call for assistance and keep vehicle locked. |
| Have car keys in hand when leaving premises to avoid searching for them outside |
| Always check the vehicle inside and out for intruders before entering |
| Always keep vehicle locked once inside especially when travelling at low speed or when stationary at lights or junctions. |
| Always try and park as close to your destination as possible in a well-lit area facing the direction you will be leaving from. |
| Do not stop for anyone appearing to be in distress instead, stop when safe to do so and contact the emergency services as appropriate. |
| If you feel that you are being followed or if you are in any doubt drive to the nearest police station or well-lit location such as a fuel station and request assistance. |
| If you need to attract attention sound your horn to summon help |
| **Public Transport** | Plan your route in and out  |
| Do not carry too much  |
| On buses try to sit near the driver, as they have a radio which is accessible and in an aisle seat if possible |
| Try and wait in a well-lit area where there are other people waiting. |
| On metros and trains, try to sit near the front of the carriage |
| Sit near other people if possible – try and avoid upper decks on busses or empty train carriages. |
| Familiarise yourself with emergency alarms and exits and sit nearby |
| Have change for your fare ready and easily accessible.  |
| Keep mobile phone out of sight but in reach, only use in emergencies  |
| Wear shoes and clothes that do not restrict movement. |
| Cover uniform and any identification badges/lanyards etc. |
| **Walking** | Do not carry too much, if you must carry a bag hold it under your arm and close to the body, avoid backpacks as attackers can use these to pull you to the ground. |
| Always notify your colleagues that you will be walking to your destination  |
| Plan your route, avoid waste ground, subways or other isolated and poor lit areas  |
| If you think you are being followed cross the street and head for a busy area. |
| Walk briskly and try not to stop in unfamiliar areas and try to avoid groups/gangs of people especially if they appear to be under the influence of drugs or alcohol. |
| Keep to well-lit routes and paths, avoid short cuts |
| Be alert and look confident, don’t switch off to the world by listening to music through headphones  |
| Wear shoes and clothes that do not restrict movement and footwear with anti-slip soles |
| Avoid using mobile phone overtly, if you need to use it go to a safe place like shop entrance or busier place. |
| Don’t be a hero – if anyone attempts to steal your belongings don’t try and challenge (consider keeping your mobile phone and house keys separate to your bag in case you have to relinquish it). |
| Cover uniform and any identification badges/lanyards. |
|  Plan your route and know where you are going  |
| Consider places of safety on route e.g. garages, shops, pubs  |
| Walk facing oncoming traffic, you cannot be kerb crawled by oncoming traffic  |
| Keep to the outside of the pavement  |
| Never accept lifts from strangers  |
| Keep at least one hand free  |
| Always know where your mobile phone or personal alarm is and make sure it is accessible in the event of an emergency  |
| If you must carry a handbag, make sure it is small, holds little of value |
| Keep your car and house keys and a small amount of money separate from your bag  |
| Do not walk with your hands in your pockets  |
|  | Continually assess the situation, if in doubt be prepared to abandon or postpone the visit.  |

|  |  |
| --- | --- |
| **Taxis** | Wherever possible a taxi should be booked in advance from a reputable company |
| If no taxi has been booked, you should firstly telephone a reputable company or use a recommended app booking system |
| Never use an unlicensed taxi. |
| Sit in the back of the taxi behind the driver’s seat and have a mobile phone readily accessible |
| Avoid giving out too much personal information to the driver |
| **Cycling/****Motorcycling** | If someone attempts to steal your bike you should relinquish the property without challenge.  |
| Secure bike near premises in a well-lit area if possible |
| Always hold the bike lock keys in your hand when leaving premises to avoid looking for them outside which could compromise personal safety |
| Fit and use front and rear lights to your bicycle when dark |
| Avoid making repairs to your bicycle in isolated areas, where possible push the bike to the nearest safe place e.g. petrol station, guarded car park to make repairs |
| If someone attempts to steal your bike you should relinquish the property without challenge. |
| **Parking** | Lock your vehicle |
| Close all windows and sunroof  |
| Do not leave anything on view  |
| When parking in daylight, think ahead and imagine what the area will be like in the dark  |
| Locate your nearest observable busy road and park closely to it  |
| Do not leave visible permits/ notices indicating that you are a health professional  |
| Reverse park so that you can drive straight out as opposed to having to do a 3-point turn.  |
| Never leave car registration documents in your car  |
| Have your car keys ready when returning to your car |
| Check the interior of your car before getting in  |
| Be particularly vigilant and careful when getting equipment into and out of the boot |

## Appendix H – Guidance on lone working in office premises during office hours

Staff working alone within a department during office hours should consider taking the following precautions as necessary:

* Ensure 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 a colleague for assistance.
* Avoid arranging meetings with people you do not know if you are alone in the workplace.
* Familiarise yourself with fire/evacuation procedures and exit routes.
* If you are meeting someone, let other people know who you are meeting, when, where and that you will telephone them to let them know that your visitor has arrived and that you will get back to them at a certain time.
* Do not tell a service user that they are alone in the workplace.
* Report any incidents to the relevant Manager as soon as practicable after any adverse event.
* Never assume it will not happen to you; always plan to stay safe.

**Interviewing/Treating Service Users in ICB premises or other locations.**

In addition to advice already given earlier in this document when interviewing in the office consider the following:

* Use rooms with panic buttons and door view panels.
* Sit nearest the exit.
* Make yourself aware of locks, bolts etc. on exit doors and observe how they work.
* Ensure that colleagues are aware that an interview/treatment is taking place.
* 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.
* Exit the room immediately if you feel uncomfortable or feel that a situation of risk is arising.

## Appendix I – Guidance on lone working in office premises outside office hours

From time-to-timeemployees may need to carry out their office-based work outside of normal office/department hours, such as weekends, early mornings and evenings. The following precautions should be considered to ensure that their health and safety continues to be protected:

* If working at weekends, or very late at night/ early in the morning, consider letting a friend or relative know your whereabouts and the time that you are expected back. Contact them at regular intervals to verify your wellbeing. If you change your plans, let your contact know immediately.
* Inform switchboard and/or security if applicable that you are in the building and where you are. Let them know when you have left site.
* 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 are not obstructed.
* If a lift must be used make sure it has a call button in case of emergency and that it is visibly working to prevent becoming 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 sure you are familiar with the procedure and the fire information notices and where the nearest fire exit is.
* 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 as possible in a well-lit area. (Move your car closer to the building during normal hours if you know you will be leaving late to minimise the risks when leaving the building on your own).
* If it is necessary to access remote areas or go outside to another building on your own, you can ask a colleague or security officer to accompany you.
* If an incident occurs, follow the incident reporting procedure.
* Never assume it won’t happen – plan to stay safe.