

Protection of Lone Workers Policy

Document Number	HS-013
Version	V1
Ratified By and Date	Quality Governance Committee 14 October 2015
Name of Approving Body and Date	Health & Safety Policy Review Group 23 April 2015 Health & Safety Sub-Committee 28 May 2015 & 30 July 2015 Document Approval Panel 2 October 2015
Job Title of Document Author	Security Manager / Local Security Management Specialist (LSMS)
Name of Responsible Committee	Health & Safety Sub-Committee
Executive Director	Director of Finances and Resources / Security Management Director
Date Issued	30 October 2015
Expiry Date (Maximum Two Years)	30 October 2017
Target Audience	All Staff

This document may be made available in a different format
by contacting the Author of the Document

Version Control - Review and Amendment Log

Version	Type of Change	Date	Description of Change
V1.1	Consultation with the Health & Safety Sub Committee	10.10.14 06.01.15	Positive feedback received no changes requested.
V1.2	Health & Safety Policy Review Group	23.04.15	Minor additions requested as per minutes of the meeting.
V1.3	Health & Safety Sub Committee	28.05.15 30.07.15	Policy tabled for Approval, however Committee not quorate. Policy Approved as per minutes.
V1.4	Administrational Amendments by Corporate Governance	28 October 2015	Administrational and formatting amendments to comply with the Development and Implementation of Procedural Documents Policy and comments of DAP 2.10.15 in Minutes. Risk Matrix version changed to comply with the Risk Management Strategy/Policy Matrix.

DOCUMENT SUMMARY			
Document Title	Policy for the Protection of Lone Workers		
Document Status	New	✓	Revision
Date of Publication	30 October 2015		
Key Points			
<p>This policy sets out the responsibilities, actions and procedures to be followed by all employees of Staffordshire and Stoke-on-Trent Partnership NHS Trust including Social Care to ensure the safety of those employees who are required to work alone either routinely or on an ad-hoc basis.</p>			
Available Support	Security Manager / Local Security Management Specialist (LSMS)		

Contents

	Page
1. Introduction	5
2. Purpose	5
3. Explanation of Terms	6
4. Duties and Responsibilities	6
4.1 Chief Executive	
4.2 Director of Finance and Resources / SMD	
4.3 Chief Operating Officers	
4.4 Line Managers / Team Leaders	
4.5 Security Manager / Local Security Management Specialist	
4.6 All Employees	
5. Policy Application and Risk Assessment	9
5.1 Risk Assessment	
5.2 Information Sharing	
5.3 Standard Operating Procedures	
5.4 Code Words and Phrases	
5.5 Buddy Systems	
5.6 Lone Worker Devices	
5.7 Mobile Telephones	
5.8 Recognising Warning Signs	
5.9 Dynamic Risk Assessment	
5.10 Conflict Situations	
5.11 Dealing with Animals	
6. Training and Resource Implications	15
7. Consultation, Approval & Ratification Process	16
8. Equality Analysis Summary	16
9. Monitoring Compliance and Review	16
10. References and Supporting Documents	17

Appendices

- Appendix 1 – Lone Working Factors – Check Sheet
- Appendix 2 – Lone Working Risk Assessment
- Appendix 3 – Lone Workers Pre-Visit Checklist
- Appendix 4 - Equality Analysis
- Appendix 5 – Monitoring Compliance

PROTECTION OF LONE WORKERS POLICY

1. Introduction

This policy defines how Staffordshire & Stoke Partnership NHS Trust (hereafter referred to as the “Partnership Trust”) will manage Lone Workers.

The Partnership Trust acknowledges its duty to make adequate provision for the Health and Safety of lone workers and will fully implement the general requirements of the Health and Safety at Work Act (1974), the Management of Health and Safety at Work Regulations (1999) and NHS Protect Security Standards to reduce the risks, both reputational and litigational, to the Partnership Trust and all its employees including those working within Social Care.

On 24th March 2004, the Secretary of State’s Directions to NHS bodies on Security Management came into force. These directions defined the roles and responsibilities of health bodies and the Counter Fraud & Security Management Service (now NHS Protect).

The duty to implement this policy is delegated to individuals in a manner that accurately reflects their existing levels of competence and it is a line-management responsibility to undertake risk assessments for the protection of all Lone Workers employed in the teams they manage.

Individuals working for the Partnership Trust including those working within Social Care have a responsibility under Health and Safety legislation to take reasonable care of themselves and to co-operate with their employer, this includes complying with risk assessments and reporting any incidents, near misses or concerns to managers to enable a risk assessment and risk reduction measures to be implemented.

This policy should be read in conjunction with the Partnership Trust Security Strategy, policies for Security Management, Violence & Aggression, Personal Protective Equipment, Lockdown Procedures, Business Continuity, Risk Management Strategy and Policy and Incident Reporting.

2. Purpose

The purpose of this policy is to ensure that lone working is risk assessed throughout the Partnership Trust, that risks to lone workers are reduced as far as is reasonably practicable and safe systems and methods of work are implemented.

The policy will clearly define organisational roles and responsibilities and identify the support mechanisms available to Managers and staff in dealing with Lone Working risks and incidents.

3. Explanation of Terms

While there is no single definition of a Lone Worker for the purposes of this policy the following definitions apply:

- **'Someone who works by themselves without close or direct supervision'** - *Health and Safety Executive (HSE)*.
- **'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'** - *NHS Protect*.

4. Duties and Responsibilities

Systems and processes cannot maintain security alone, education, training and the responsible actions of staff and visitors alike are essential to achieving and maintaining safe and secure environments. Responsibility for security including Lone Working, therefore rests with all staff working within the Partnership Trust and requires the appropriate systems and processes to be implemented and complied with. Specific responsibilities within the Partnership Trust are identified below.

4.1 Chief Executive

The Chief Executive has overall responsibility for the implementation of this policy and will delegate responsibility to ensure that adequate and appropriate resources are made available to ensure that the Partnership Trust meets its statutory obligations.

4.2 Director of Finance and Resources / Security Management Director (SMD)

Responsibility for the Policy for the Protection of Lone Workers is discharged through the Director of Finance and Resources who is responsible for ensuring the policy complies with NHS Protect Security Standards and that the policy is regularly reviewed and monitored. The Director will also be responsible for ensuring that effective systems and practices are in place to maximise security management throughout the Partnership Trust and for promoting preventative security measures throughout.

4.3 Chief Operating Officers

Chief Operating Officers are responsible for ensuring that all staff working within their services are aware of this policy and implement its requirements.

4.4 Line Managers / Team Leaders

Line Managers and Team Leaders have a responsibility for promoting security management within their areas of work; in particular they will be responsible for:

- Ensuring that all staff are aware of this policy and safety issues relating to lone working.
- Undertaking Lone Working risk assessments for their areas of responsibility and ensuring they are reviewed annually unless circumstances dictate that they should be reviewed sooner e.g. change in process, following an incident.
- Implementing Standard Operating Procedures for Lone Working pertinent to specific team circumstances with the aim of eliminating or reducing the risks to individuals.
- Maintaining systems for the secure storage and timely retrieval of emergency information for all lone workers within their team. As a minimum this must include the employees emergency contact details, including vehicle information e.g. make, model, colour, registration.
- Routinely scanning for security related risks to staff and encouraging and supporting staff to do the same.
- Reviewing all lone working related incidents and implementing measures to reduce the risks to staff, seeking specialist advice from the Security Manager / LSMS when necessary.
- Sharing information about identified risks with other teams across the Partnership Trust and sharing learning following an incident.
- Escalating risks that cannot be managed at a local level to the appropriate Risk Register.
- Ensuring that teams and individuals identified as being at risk are given appropriate information, instruction and training.
- Ensuring that appropriate support is given to staff involved in any incident and that staff know how to contact the Staff Counselling Service should they wish to self-refer.
- Monitoring and managing compliance / non-compliance with the content of this policy and its associated risk assessments, and taking any necessary action including disciplinary measures.
- Ensuring that all criminal acts are reported promptly to the police and Security Manager / LSMS.

4.5 Security Manager / Local Security Management Specialist (LSMS)

The Security Manager has a strategic oversight of procedures for Lone Working and is responsible for the periodic review of this policy and additionally for:

- Assisting managers and staff to determine that appropriate measures are in place to reduce risks to those who are required to work alone.

- Reviewing reported security related lone worker incidents and investigating the circumstances where additional support is required.
- Identifying themes and trends through incident reports and where required alerting line managers of the need for further action.
- Liaising with local police in the event of a physical or non-physical assault related to an investigation.
- Undertaking an investigation, where the police are unable to do so and providing feedback to the victim and manager on the progress of any such investigation.
- Ensuring annual audits of Lone Working risk assessments are undertaken.

4.6 All Staff

All staff of the Partnership Trust have responsibility for:

- Taking all reasonable steps to ensure their own personal safety and that of their colleagues, clients, patients and any others who may be affected by their acts or omissions.
- Familiarising themselves with the content of this policy.
- Complying with all Trust policies, standard operating procedures, safe systems of work, risk assessments or other procedures implemented in the interests of health and safety either locally or Trust wide. Failure to comply will be treated as a serious matter and will be dealt with under the Partnership Trust Disciplinary Procedure.
- Planning and risk assessing in preparation for visits and undertaking continuous dynamic risk assessment of their environment and circumstances.
- Keeping colleagues informed of their whereabouts thus ensuring their own safety in line with departmental procedures e.g. buddy systems.
- Reporting all security / lone working related incidents using the Partnership Trust incident reporting system.
- Ensuring that criminal acts are reported to the police.
- Reporting and seeking guidance on any concerns that may affect their own safety or that of colleagues to their line-manager or deputy.
- Undertaking mandatory training and any role-specific training related to this policy e.g. Conflict Resolution Training.
- Using items issued in the interests of Health and Safety including any Personal Protective Equipment such as Lone Worker devices, in accordance with risk assessment and the terms and conditions with which they were provided. **Where issued Lone Worker Devices must be used.**
- Providing Trust contact details to family / next of kin (where possible) enabling them to contact the Partnership Trust in the event of an incident or system failure.

5. Policy Application and Risk Assessment

5.1 Risk Assessment

With reference to the definitions in **Section 3 - Explanation of Terms**, risk assessments shall be carried out for all lone workers or those working in ad-hoc lone working situations.

Where employees meet the criteria of being Lone Workers, whether they work alone within buildings or undertake domiciliary visits in the community, managers should first consult the **Lone Worker Factor Check Sheet at Appendix 1** for basic guidance on the type of factors to consider. The Lone Worker Factor Check Sheet should be used as a tool to assist managers to identify potential risk prior to risk assessment, the factors listed are not exhaustive and should be used as a guide only for identifying risks before using the **Risk Assessment Template at Appendix 2**.

Risk assessments must be completed ahead of visiting new patients in the community with potential risk factors and control measures identified; this can be achieved by checking with the referral agent, hospital, Social Services, GP, etc. Both the Lone Worker Factor Check Sheet and Risk Assessment should be retained within the ward or department and reviewed as circumstances evolve or following an adverse incident.

In addition a **Lone Workers Pre-Visit Check List** is attached at **Appendix 3**, this check list is a useful tool for any employee of the Partnership Trust to refer to when Lone Working and specifically travelling for work purposes.

Where risk assessment has identified control measures that cannot be immediately implemented, an action plan must be formulated and managed by the department manager until all actions have been implemented, review dates must be linked to the action plan.

Where it is considered that a risk cannot be adequately reduced through departmental actions or where the remedial risk is not adequately controlled the risk must be included in the Directorate Risk Register in accordance with the Risk Assessment Policy until adequate risk reduction measures have been implemented and the risk rating has reduced.

Where risk assessment has identified either the patient or the address as being high risk the priority would be to eliminate the risk or reduce it as far as reasonably practicable by inviting the patient to NHS premises or other neutral and safe environment. If this is not possible adequate measures must be implemented to control the risks, as a minimum requirement this will include employees visiting in pairs, the use of Lone Working devices and the possibility of a police presence should be considered. The Management of Violence and Aggression Policy provides further guidance on measures that can be taken when dealing with

circumstances that present a high risk of physical or verbal aggression towards NHS staff.

Line managers must take steps to check that control measures are implemented by staff, they must also review risk assessments following an adverse incident or when changes have taken place to the working processes, environment or other employee / patient circumstances.

5.2 Information Sharing

As part of the risk management processes information concerning risks to individuals should be communicated internally to all relevant staff who may work with the same patients or service users. Where risks will also exist for the employees of other external agencies who provide services to the same high risk patients, the risks should be shared confidentially through multi agency meetings.

5.3 Standard Operating Procedures

Where Lone Working is identified within teams, Line Managers are required to implement Standard Operating Procedures for ensuring the safety of employees.

There are a number of practical steps that can be followed to help Lone Workers minimise the risk of an incident occurring, however it must be stressed that despite risk assessment and compliance with Standard Operating Procedures plans do sometimes go wrong and where measures fall short, employees must be supported in maintaining their own safety. **If an employee feels unsafe at any point while Lone Working they should remove themselves from the situation immediately.**

The Standard Operating Procedures developed for Lone Working must be achievable and suit the working practices of the team and like Risk Assessment must be shared with all the relevant staff. It is important that Standard Operating Procedures for Lone Working or Security related matters remain confidential and must not be left in a place where visitors or members of the public can view it.

Standard Operating Procedures (SOP) must take account of and clearly identify the following:

- Work patterns including all shifts, meetings and study sessions.
- Which member of staff on duty knows the whereabouts of the Lone Worker.
- How and when a Lone Worker will report to their office or line manager.
- The actions to be taken when contact is not made in as expected.
- Location of staff visit plans including addresses, contact details, buddy systems, risk assessments etc.

- Arrangements to ensure the system is maintained during staff absences as a result of annual leave, sickness or when colleagues leave the team.
- Where accurate and current records of employees vehicles i.e. make, model, colour and registration number is kept
- Details of the escalation process to be implemented when a Lone Worker fails to attend a visit or meeting as anticipated or an alert is raised through a code word, buddy system or lone worker device.

Where an alert is raised and an employee is deemed to be in danger a manager or colleague should utilise all the information available to help track the Lone Worker and ascertain whether or not they attended previous appointments that day. Depending on the circumstances and whether contact through normal means such as mobile phones, can or cannot be made, the manager or colleague should involve the police if they believe that the employee is at risk or has come to harm. In addition the on-call manager should be informed, advice can also be sought from the Security Manager / LSMS.

The contact number for the on-call Manager is **01782 232324**.

It is important that matters are dealt with quickly. If police involvement is necessary then they should be given full access to the information held in order to trace the Lone Worker and provide a fuller assessment of any risks they may be facing.

It is important that the Standard Operating Procedure is adhered to, many Lone Working procedures fail simply because staff forget to make the necessary call when they finish their shift. The result can be chaotic involving unnecessary escalation and expense, which undermines the integrity of the process placing employees at risk when an actual incident occurs.

5.4 Code Words and Phrases

Code words can be used to alert a colleague that a staff member is anxious about their safety or under duress. Usually code words take the form of a statement or question that would not appear to be out of context to the situation. The code word or phrase must have been pre-agreed by all team members, including other relevant employees such as reception staff where they are expected to respond to such alerts. In response to the use of a code word or phrase, closed questions should be asked to enable the staff member who is with the patient to seek assistance without exacerbating the situation or prompting aggression.

For example, a lone worker may be subject to escalating aggression within a home environment. In these circumstances and if it can be done without arousing further aggression the employee should explain that they have to telephone their work base under the pretext of checking the patient's notes. When speaking to their colleagues they can then use for example the following code words:

“I am at Mr John Smith’s house at (use patient’s name and address); I need you to check his RED FOLDER and tell me what medication he should be having.”

Using this form of words the employee has given their location and who they are attending, use of the code word **“red folder”** should prompt the following responses:

- “Do you need help?”
- “Do you need the police?”
- “Is it an emergency?”

Other code words / phrases are:

- ***‘I need to speak to Sheila O’Sullivan’ (SOS)***
- ***‘Can you put me through to extension 13?’***

For code words to be effective it is important that they are simple and that all staff recognise that they are a sign that a member of staff feels at risk and in need of help. They can also be used in joint visits where one staff member senses possible danger to which their colleague seems unaware.

5.5 Buddy Systems

It is essential that Lone Workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing a ‘Buddy System’

To operate a ‘Buddy System’ a Lone Worker must nominate a ‘buddy’. This is a person who is nominated as contact for the period in which they will be working alone. The nominated ‘buddy’ will:

- Have an agreed communications plan including approximate contact times.
- Be fully aware of the movements of the Lone Worker.
- Have details of the Lone Worker’s known breaks or rest periods.
- Have all the necessary contact details for the Lone Worker, including personal contact details, such as next of kin.
- Attempt to contact the Lone Worker, if they do not receive an expected communication.
- Follow the agreed escalation procedure for alerting their manager or the Police, if the Lone Worker cannot be contacted, or they fail to contact their ‘buddy’ within agreed and reasonable timescales.
- The ‘buddy’ must be made aware that they have been nominated and what the procedures and requirement for their role are.
- Contingency arrangements should be in place for someone else to take over the role of the ‘buddy’ in case the nominated person is called away to a meeting, for example.

- There must be procedures in place to allow someone else to take over the role of the 'buddy' if the Lone Working situation extends past the end of the nominated person's normal working day or shift.

5.6 Lone Worker Devices

Lone worker alert devices are available within the Partnership Trust and are allocated to staff identified through risk assessment as being at high risk. While such devices can provide assurance to employees that an alert activation will be acted upon in an emergency they will not prevent an incident occurring in the first instance and should not be considered a preventative measure.

Management of the device usage will be the responsibility of the line manager who will ensure that staff undertake training and use the device in accordance with risk assessment.

All activated (red alert) alarms will be appropriately monitored and recorded by the approved external monitoring station and where appropriate a police rapid response attendance will be requested. The lone worker is under no obligation to inform the alleged assailant that a device has been activated or that the incident is being recorded. Incident information obtained through this service is admissible as evidence in criminal proceedings. The Security Manager / LSMS has access to the recording which may be transcribed and used to progress criminal, civil or local sanctions against an alleged offender,

It is essential that all device holders maintain up to date contact details and escalation contacts with the device providers.

Lone Worker Devices are considered by the Partnership Trust to be items of **personal protective equipment** and as such **must be used** in accordance with Health and Safety Legislation and the regulations covering Personal Protective Equipment. Due care must be taken by the lone worker to maintain the equipment in good working order and ensure it is fully charged and available for use in accordance with risk assessment and the manufacturer's instructions and training.

Failure to use a Lone Working Device identified as a requirement through risk assessment will be considered a disciplinary matter.

5.7 Mobile Telephones

Many Lone Workers in the Partnership Trust will carry Trust issued mobile phones, where this is the case and the phone is included as part of the Standard Operating Procedure and Risk Assessment for Lone Working, employees must always check the signal strength before entering a lone working situation. As with the Lone Worker devices, employees must endeavour to keep mobile phones as fully charged as possible.

Lone workers should be sensitive to the fact that using a mobile phone could escalate an aggressive situation; however it is important that all Lone Workers are aware that **112** can be used as an alternative to 999 to request emergency assistance. 112 is the **European Emergency Number** and can use any network regardless of service provider which is helpful in areas where there is poor or no signal coverage. Calls to this number can be located, generally within 2 seconds of the call being received.

The lone workers have a responsibility to ensure they can use Partnership Trust issued mobile phones properly, by familiarising themselves with the handset and instruction manual.

- Emergency contacts should be kept on speed dial.
- The phone should be kept nearby and never left unattended.

5.8 Recognising Warning Signs

Individuals under the influence of alcohol or drugs or who are confused present increased risks to Lone Workers and it is important that Lone Workers remain vigilant to this. Being alert to these warning signs will allow the Lone Worker to consider all the facts to make a personal risk assessment and therefore a judgement as to the best course of action to take for example, to continue with their work or to withdraw. At no point should a Lone Worker place themselves, their colleagues or their patients / service users at risk or in danger.

5.9 Dynamic Risk Assessment ('10 Second' or 'Doorstep' Risk Assessment)

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

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

The dynamic risk assessment involves staff:

- Being alert to warning signs as covered in conflict resolution training.
- Carrying out an on the spot '10-second risk assessment'.
- Making a judgement as to the best possible course of action – for example, whether to continue working or withdraw.
- Being aware of all the entrances and exits
- Placing themselves in a position to make a good escape, i.e. where possible being the closest to the exit.
- Being aware of the positioning of items, including any equipment they are using e.g. scissors, scalpels etc. that could potentially be used as weapons.

- Utilising appropriate physical security measures such as panic buttons, shriek alarms, lone worker devices.
- Ensuring that when they enter a confined area or room they can operate any door locks in case they need to make an emergency exit.
- Avoiding walking in front of a patient / service user and not positioning themselves in a corner or situation where it may be difficult to escape.
- Remaining calm and focused during an incident in order to make rational judgements
- Being aware of body language, both their own and others so as not to exacerbate potential aggression or conflict.

5.10 Conflict Situations

If a lone worker is subjected to a physical assault that is not due to the medical condition of a patient or any treatment they are receiving, they must inform the police of the offence as soon as possible. In addition physical or verbal abuse of any kind must be reported on the Partnership Trust Incident Reporting system under the 'Violence and Aggression' category which will ensure that the Local Security Management Specialist (LSMS) / Security Manager is made aware of the offence.

5.11 Dealing with animals

It should be standard practice to make clear to patients and service users ahead of any NHS treatment that animals are required to be removed from rooms that NHS employees are required to enter and carry out clinical treatment. If there is a known problem with animals in premises the occupants should be contacted and politely requested to adhere to the initial request to remove or secure the animals.

If a lone worker is confronted by an aggressive animal on a visit, or the animal has not been secured as requested, they should not put themselves at risk.

6. Training and Resource Implications

The training needs of staff in relation to this policy will be assessed and recorded in the Partnership Trust Training Needs Analysis.

An awareness of this policy and its implications will be presented to all staff as part of the Induction Process.

Further support and advice on the implementation of this policy is available from the Security Manager / LSMS for the Partnership Trust.

7. Consultation, Approval and Ratification Process

a. Consultation

The draft Policy for the Protection of Lone Workers will be shared with the members of the Health and Safety Sub-Committee and Policy Sub-Group of the Health and Safety Committee.

b. Approval and Ratification

The Health and Safety Sub-Committee is responsible for the approval of the Policy for the Protection of Lone Workers.

8. Equality Analysis Summary

Staffordshire & Stoke on Trent Partnership NHS Trust considers how the decisions it makes affect people who share different protected characteristics (race, disability, sex, gender re-assignment, religion / belief, sexual orientation, age, marriage and civil partnership, pregnancy and maternity). The Partnership Trust also recognises that there are groups and communities that are recognised at a local level within society as excluded or disadvantaged in addition to those listed as protected groups above and this document is also inclusive to these groups. A completed equality analysis summary is presented at **Appendix Four** of this document.

9. Monitoring Compliance

The practical application of this policy will be monitored by the Health and Safety Sub-Committee through the routine review of incident trends and statistics, and review of preventative and corrective actions taken as a response to reported incidents.

An audit will be taken at least annually, monitoring the requirement for all departments across all Directorates to undertake the risk assessment of lone working, violence and aggression and physical security of premises.

Findings and data will be collected and reported to the Health and Safety Sub-Committee and where gaps are identified they will be recorded on the Partnership Trust Risk Register until mitigating actions have been implemented and the level of risk reduced.

An annual Security Management Report will be produced by the Security Manager / LSMS for Quality Governance Committee outlining performance and risks in relation to Lone Working.

10. References and Supporting Documents

The associated policies, legislation and guidance which underpin the principles set out in this policy are:

Policies & Procedures:

- Security Strategy
- Security Management Policy
- Management of Violence & Aggression
- Personal Protective Equipment Policy
- Health and Safety Organisational Policy
- Risk Assessment Policy
- Incident Reporting Policy
- Lockdown Procedure
- Business Continuity

Legislation and Guidance:

- NHS Protect Standards for Security Management
- 'Not Alone' A guide for the better protection of lone workers in the NHS
- Risk Management Standards 2012/13, NHS Litigation Authority, *January 2012, 1.2 Policy on Procedural Documents*, <http://www.nhsla.com>
- Health & Safety at Work Act 1974
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

The NHS Protect website provides further information and resources at:
www.nhsbsa.nhs.uk/

- Not Alone – A Guide for Better Protection of Lone Workers in the NHS (2009)
- Conflict Resolution Training Implementing the National Syllabus (2004)
- Non-Physical Assault Explanatory Notes. A Framework for Reporting and dealing with Non-Physical Assaults against NHS Staff and Professionals (2004)
- Tackling Violence and Aggression against Staff: Explanatory Notes for Reporting Procedures Introduced by Secretary of State Directions (2009)

The Health and Safety Executive (HSE) provides further information and resources at www.hse.gov.uk/healthservices

Appendices

Appendix 1 Lone Working Factors - Check Sheet

**This Check Sheet must be used in conjunction with the
Lone Worker Risk Assessment**

Name (Manager / Team Leader):

Team / Individual Assessed:

Date Completed:

1. Special Consideration Factors for ALL Lone Workers

Have you considered the general factors below?	Yes	No	Comment:
Can one person adequately control the risk of the job?			
Does the workplace present a special risk to the lone worker?			
Is there safe access and egress for a lone worker?			
Can one person safely handle all plant, equipment, substances and goods involved in the work?			
Is there a risk or potential risk of a conflict situation?			
Is the person medically fit and suitable to work alone?			
Is training required to ensure competency in safety matters?			
Has the member of staff attended Conflict Resolution training			
Is the person fully compliant with the team lone worker arrangements?			
Communication channels in an emergency – colleagues, line manager, Silver Commander			

2. Additional Factors for Site-Based Lone Workers

Have you considered the additional factors below?	Yes	No	Comment:
Site security arrangements i.e. alarm systems, who locks the building and when?			
Which areas of the building have restricted access?			
What clinics / meetings are taking place, what and who to expect in the building on a particular day?			
Who should be informed that a lone worker is present in the building, what local arrangements are in place?			
Security arrangements for hot-desking?			
Local arrangements for signing, notice boards etc.			
Panic buttons, alarms etc?			
Awareness of local procedures for emergency evacuation?			
First aid arrangements?			

Appendix 1 Lone Working Factors - Check Sheet

3. Factors for Mobile Lone Workers

Have you considered the additional factors below?	Yes	No	Comment:
Risk Markers / Incidents reported in connection with a patient / service user?			
Arrangements for domiciliary visits, including consideration of alternatives e.g. clinic attendance, safe environment?			
Travelling between appointments?			
Parking environment?			
Risks associated with the time of the day (local activities)?			
Equipment required for visit?			
Communications and traceability?			
Personal safety/security?			
Buddy systems?			
First aid arrangements?			

4. High Risk Factors

Have you considered the High Risk factors below?	Yes	No
History of Violence?		
History of Aggression?		
Drug or Alcohol Abuse?		
Current Mental State?		
Known Prejudices?		
If yes to any of the above, please provide details below:		

5. Contributory Factors

Have you considered the contributing factors below?	Yes	No
Difficulty Interacting (personal crisis, trauma, perceived injustices etc.)?		
Problems with Previous Appointments?		
Home Environment (physical / relationships)?		
Geographical Area / Neighbourhood?		
Timing of Visits?		
Please provide any additional details below?		

Appendix 2 Lone Working Risk Assessment

Organisation /
Property / Patient
Risk Assessed : _____

Team Name & Location : _____

Team Leader
undertaking Risk
Assessment : _____

Team / Employee
Risk Assessed : _____

Telephone No. : _____

Neighbourhood Mgr. : _____

Area Mgr : _____

Hazards	Who might be harmed and how?	Existing control measures	Impact	Likelihood	Risk Rating	Revised Risk Rating

For the risk rating please refer to the strategy overleaf, further guidance on the use of the strategy can be sought from the Risk Management Team.

Action Plan

Action	Responsibility	Target Date	Completion Date	Review Date

Appendix 2 Lone Working Risk Assessment

Review date:

It is important that the risk assessment is undertaken in conjunction with those affected and proposed actions shared with staff or their representatives. Risk assessments must be reviewed ahead of the annual review date if you think it might no longer be valid, e.g. following an incident, or if there are any significant changes to the hazards in the workplace, such as new equipment or revised work activities.

Domains	Consequence Score (severity levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Impact on the safety or patients, staff or public (physical/ psychological harm)	Minimal injury requiring no/minimal intervention or treatment No time off work required	Minor injury or illness requiring minor intervention Requiring time off work for <3 days Increase in hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability Requiring time off work for > 14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ Complaints/ Audit	Peripheral element of treatment or service sub-optimal Informal complaint/ injury	Overall treatment or service sub-optimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to do to independent review) Repeated failure to meet internal standards Major patient safety implications if findings not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Incident leading to totally unacceptable level or quality of treatment/ service Gross failure of patient safety if findings not acted on Inquest/ ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (<1day)	Low staffing level of reduced service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/ key training	Uncertain delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attendance for mandatory/ key training	Non-delivery of key objective/ service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training/ key training on an ongoing basis
Quality of the Patient Experience/ Outcome	Unsatisfactory patient experience not directly related to the delivery of clinical care	Unsatisfactory patient experience directly related to clinical care – readily resolvable	Mismanagement of patient care, short term effects <7 days	Mismanagement of patient care, long term effects >7 days	Totally unsatisfactory patient outcome or experience with permanent effects
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

Appendix 2 Lone Working Risk Assessment

Domains	Consequence Score (severity levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerns (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5-10 per cent over project budget Schedule slippage	Non-compliance with national 10-25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1-0.25 per cent of budget Claim less than £10,000	Loss of 0.25-0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/ loss of 0.5-1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchaser failing to pay on time	Non-delivery of key objective/ loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract/ payment by results Claim(s) >£1 million
Service/ business interruption Environment impact	Loss/ interruption of >1 hour Minimal or no impact on the environment	Loss/ interruption of >8 hours Minor impact on environment	Loss/ interruption of >1 day Moderate impact on environment	Loss/ interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Step 2: Likelihood Scoring			Step 3: Establishing Overall Score and Rating					
How likely is this to happen, taking into account the control is already in place to prevent or mitigate the harm?			Using the appropriate score for Consequence, and the appropriate score for Likelihood, use the table below to obtain the overall Incident/Risk severity rating					
Frequency	Likelihood	Score	Likelihood					
Not expected to occur for years	<1% - will only occur in exceptional circumstances	1 Rare	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Occur at least annually	1-5% - unlikely to occur	2 Unlikely	5 Catastrophic	4 Major	3 Moderate	2 Minor	1 Negligible	
Occur at least monthly	6-20% - reasonable chance of occurring	3 Possible	5 (Moderate)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)	
Occur at least weekly	21-50% - likely to occur	4 Likely	4 (Moderate)	8 (High)	12 (High)	16 (Extreme)	20 (Extreme)	
Occur at least daily	>50% - more likely to occur than not	5 Almost Certain	3 (Low)	6 (Moderate)	9 (High)	12 (High)	15 (Extreme)	
			2 (Low)	4 (Moderate)	6 (Moderate)	8 (High)	10 (High)	
			1 (Low)	2 (Low)	3 (Low)	4 (Moderate)	5 (Moderate)	

Appendix 3 Lone Workers Pre-visit Check List

Before undertaking a journey / domiciliary visit check the following:

- Check for Risk markers / flags against the patients name and medical records
- Refer to existing risk assessments.
- Check route and location, (be sure how and where to go).
- Consider risks associated with the time of day e.g. lighting, local activities.
- Check location for parking arrangements – avoid using the driveway of the person being visited.
- Ensure vehicle and fuel levels are adequate.
- Store personal items in the boot, as well as any work equipment e.g. medication, laptop.
- Check that personal safety equipment is working and charged i.e. mobile phone, Lone Worker safety device.
- Remove items that contain personal details from the car.
- Let others know where you are going and how long you will be there, use the Buddy system.
- Where applicable brief colleagues and line-managers on difficulties and potential risks involved in planned visits.
- Arrange to attend with a colleague, manager, or if necessary the Police where there are doubts about working alone.
- Ring ahead with requirements e.g. dogs / other pets to be secured.
- Where there are doubts verify information about previous treatment; where possible ask the client or someone in the household to be visible at house window or door as you arrive and to leave light on/curtains drawn back at night.
- Consider seeing the patient / client in a clinic or other safe environment.

Do not become a victim.

En Route:

- Lock the car whilst driving.
- Do not leave patient information, medication or valuable equipment on view.
- Are you being followed? **If in doubt, drive to a place of safety, not your home address, contact the Police.**

On Arrival:

- Park in well-lit area and with care.
- Park in the direction providing the best exit.
- Do not display “on call” notices.
- If using a Lone Worker Device, perform the Status Check and Amber Alert.
- Lock the car.
- Do walk facing oncoming traffic.
- Do carry a torch – if dark
- Do not take short cuts
- Do avoid groups of rowdy people

Appendix 3 Lone Workers Pre-visit Check List

At the door and during the visit:

- Undertake 10 second risk assessment
- Wear your ID Badge
- If requests to restrain pets have not been met – do not enter
- Follow client into premises.
- Shut the door to familiarise yourself, with the lock mechanism.
- Keep possessions to a minimum and close by.
- Do not position yourself in a corner or in a situation where it may be difficult to escape.
- Be aware of body language
- Remain, calm, focussed and professional
- Remain alert
- Be aware
- Be safe.

On Return to the Car:

- Have the keys ready
- Do check the exterior / interior before getting in
- Lock the door immediately you get in.
- Ensure windows are closed

REMEMBER - IF IN DOUBT DO NOT ENTER THE PREMISES

- Seek advice
- Seek assistance
- Plan your action

<p>STEP 1: What is the background and starting point for this policy? This policy has been developed to comply with NHS Protect Security Management Standards for Providers with the aim of protecting staff as far as reasonably practicable from risks associated with working alone.</p>
<p>STEP 2: What do we want to achieve? Clear and effective management and accountability structures, governance processes, documented policies and procedures, trained staff and adequate resources to support the management of Lone Working risk at all levels throughout the organisation.</p>
<p>STEP 3: What do we know? Procedural documents should not be developed in isolation and their introduction should be balanced against the priorities of the Trust. The organisation needs formal written documents which communicate standard ways of working. These help to clarify strategic and operational requirements and they can improve the quality of work and increase the successful achievement of objectives.</p>
<p>STEP 4: What consultation has been taken: Consultation has been undertaken through the Health and Safety Sub-Committee, Policy Group and Staff Side Representatives.</p>
<p>STEP 5: Assess the impact on the equality groups by considering the evidence and engagement activities you have listed in steps 3 & 4. This policy is applicable to all staff who work alone and their managers who have responsibility for implementing the policy and undertaking Lone Working Risk Assessments.</p>
<p>STEP 6: Have you identified any actions: No The comments received a part of the consultation procedure have been taken into consideration and subsequent amendments have been made as outlined in the Version Control section of this document and associated minutes of the Policy Group.</p>
<p>STEP 7: How will we know that the policy has been successful? Audit of policy compliance and monitoring of the number and severity of incidents.</p>
<p>STEP 8: Executive Summary This policy sets out the legal requirements placed on the Partnership Trust and its staff and the responsibilities and procedures which will ensure compliance against the legal requirements.</p>

Appendix 5 Monitoring Compliance

MONITORING COMPLIANCE					
Name of Procedural Document		Protection of Lone Workers Policy			
Monitoring Officer		Security Manager / Local Security Management Specialist			
Reporting Arrangements		<p>An Audit of the NHS Protect Security Management Standards will be undertaken on an annual basis and a statement of compliance reported to NHS Protect in accordance with deadlines.</p> <p>The annual Statement of Compliance and Action Plan addressing any shortfalls will be presented to Quality Governance Committee.</p> <p>The Action Plan will be monitored through Health and Safety Sub-Committee.</p>			
Element to be Monitored – NHS Protect Criteria					
Ref	Standard Criteria	Tool	Change in Practice and Lessons to be Shared	Timeframe	Nominated Lead
3.2	<p>Prevent and Deter</p> <p>The organisation assesses the risks to its Lone Workers, including the risk of violence.</p> <p>It takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their effectiveness.</p>	Audit	Awareness, training, communication to Line Managers / Team Leaders.	Within two months of audit	Security Manager / LSMS