

Lone Working Procedures

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Lone Working Procedures

1 Introduction

The Tavistock and Portman NHS Foundation Trust has a statutory and common law duty to provide a safe and secure environment for all its staff, patients and visitors. Under the Health and Safety at Work Act 1974, the Trust will ensure, so far as reasonably practicable, that staff who are required to work alone or unsupervised for significant periods of time are protected from risks to their health, safety and welfare.

The Trust provides outpatient CAMHS and psychotherapy and advisory services both from designated outpatient clinics, doctors surgeries and other purpose built centres, in addition some of our staff deliver help and support in community settings (schools, youth clubs and on occasions in the patient's home). This will involve travelling between base and other sites and the delivery of care in locations that are not purpose built to protect staff. In addition, staff working on Trust sites are on occasions required to work out of hours where the support of others will be limited.

This Procedure sets out the arrangements that the trust has in place to help minimise risk to staff working alone.

2 Purpose

The purpose of this procedure is to set out the way in which the Trust will meet the following objectives:

- To protect staff, in so far as it is reasonably practicable, by adopting appropriate risk management measures identified through risk assessments and learning from incident reports.
- To provide lone workers with specific support including personal alarms and mobile phones
- To promote safe working practices in relation to protection of staff working alone.

3 Scope

This procedure applies to all staff employed by the Trust, including students and Honorary contractors, bank and agency staff, that are required to work as 'lone workers' as part of their job role. The arrangements also apply to the way in which managers and staff should seek to protect staff that are required to work out of hours on main trust sites

The procedure intentionally does not set out to identify any particular staff group as 'lone workers', as any member of staff may on occasions find themselves in a position when they are required to be in a 'lone worker' situation.

The overarching principle must be that lone working can take place anywhere, at anytime and within any group of staff.

4 Definitions

A lone worker is defined as:

“A worker whose activities involve some or most of their working time operating in situations without the benefit of interaction with other workers or without supervision”.

Examples of lone working (HSE 2000) would include:

- Those isolated from other staff within a building, for example, reception staff, professionals in interview rooms with patients who may experience difficulties in obtaining assistance dealing with incidents such as abusive or intimidating behaviour and violence.
- Those working outside normal work hours, or staff working in the community in non purpose built clinical locations and /or who carry out home visits, who may experience additional difficulties in obtaining assistance dealing with incidents such as abusive or intimidating behaviour, or vehicle breakdowns.

5 Duties and responsibilities

5.1 Chief Executive

Management of Health and Safety at Work Regulations 1999;

The **Chief Executive** has the ultimate responsibility for ensuring compliance with the Health and Safety at Work Act 1974.

5.2 The Director of Human Resources

The Director of Human Resources is responsible for ensuring that the Trust follows legal requirements and its local policies and procedures in respect of health and safety, and staff safety and security.

5.3 Managers

Managers are responsible for being pro-active in the protection of staff members' personal safety and for identifying all members of staff under their control who work alone and to have in place the following measures:

- Safe systems of work are adopted; Ensuring that personal safety risk assessments are undertaken in the workplaces for which they are responsible and that the assessments, and the action taken from them, are appropriately recorded
- Allocating the resources and time required to implement the action plans resulting from the risk assessments
- Reviewing the assessments annually, or whenever circumstances change, and acting upon the outcomes of those reviews as appropriate
- Ensure all staff follow their localised lone working procedures for the safety of all staff working remotely or in the community and on home visits
- Using Incident reporting to identify training needs and review risk reduction plans
- Ensuring Health & Safety and Security training is available and provided
- Records on all lone workers are regularly maintained; Diary and work schedules, all personal contact details, changes to working practise and any leave or absence
- Ensuring statutory health & safety requirements and compliance
- Effective communication and support for lone workers

5.4 Line Managers

Line managers are required to ensure they have effective local procedures appropriate to their areas of responsibility and all staff adhere to 'good practice'. These should include systems and equipment such as:

- Accurate and up-to-date diary records of staff movements for staff who work away from the team base
- Personal management of risk prior to visiting in the community or working alone in any area
- Possible use of a 'buddy' system, or joint visits, in situations of uncertainty. (Joint visits should always be conducted before 4pm).
- Systems for informing others of the whereabouts of home visits including time-scales
- The use of mobile telephones
- Making arrangements for staff who are undertaking 'risky' visits to report in at the conclusion of the visit and confirm they are returning to work/home
- Ensuring clear instructions for staff calling in at a prearranged time, to an 'on call' manager, to confirm visit is over and they are safe and returning to work or going home.

In circumstances where a Lone Worker has been subjected to a violent or abusive incident, the relevant line manager should offer the lone worker a range of the following as appropriate:

- Debriefing
- Staff Consultation Service
- Mental Health First Aid Support
- Post-trauma support
- Peer support
- Access to Occupational Health services for psychological support
- Access to a professional or trade union representative.

In addition there may need to be assistance in dealing with press/media enquiries so that the member of staff's privacy may be maintained.

5.5 All Staff

All staff are required to take all reasonable precautions to protect their own safety and ensure that they adhere to Trust Procedures designed to protect staff. In respect of personal safety when lone working all staff must:

- Alert their manager to any change of contact details (home/mobile)
- Follow recommendations of any risk assessments undertaken to protect their safety.
- Report any incidents and near misses that they experience in a lone worker setting.

The Trust recognises that assessing risk is an effective way of ensuring that known risks are mitigated, transferred or terminated. In respect of lone working in the Trust it is not possible to undertake a risk assessment of each unique lone working situation but it is possible to undertake some general risk assessments that cover 'usual' lone working scenarios common to different groups/work locations across the Trust.

New sites that Tavistock staff use for work (clinician and non-clinical) will have an initial visit by the Health and Safety Manager and the Estates and Facilities Manager. Each site that is either managed by the Trust or another body e.g. Local Authority or private landlord, will have an annual site visit specifically looking at the safety and security of the staff, especially those involved in lone working. A senior member of the team will be asked to advise on the service provided and highlight any risks. The assessments will be escalated to the Service Director with any concerns and may be added to the risk register.

The Trust has developed a generic 'lone worker' risk assessment template to assist managers and staff to think through the anticipated risks in relation to lone working in their area, considering environmental issues, and client issues. The template is at **Appendix A**

Managers should complete this template for their work area at least annually, or at any time when work patterns for their area change. The Health and Safety manager is available to assist with the completion of this assessment. Any risks identified at 6 or above should be added to the risk register and those 9+ must have an action plan in place in order to mitigate the risk. Further detail on conducting a risk assessment can be found in the **Risk Assessment Procedure**

This general risk assessment should be considered along side the individual risk assessments undertaken for each patient/client as part of assessment and treatment. The processes for individual risk assessment is described in the **Clinical Risk Assessment Procedure**

Guidance on what should be considered in a risk assessment can be found at: **Appendix B**

6.1 Reporting Incidents experienced as a Lone Worker

All incidents (particularly violent or abusive incidents) occurring whilst 'lone working' must be reported both to your line manager and via the Trusts incident reporting process, (forms available from the Trust's intranet and on the website). Where actual bodily harm has been incurred, a medical examination and statement of injury should be obtained as soon as possible after the event. Further help can be sought from the Health and Safety Manager. Further advice can be found in the **Incident Reporting Procedure**

If the violence is from a patient or client then the incident should also be recorded in their notes, their risk reassessed if appropriate and the incident reported to professionals around the patient.

7 Training Requirements

7.1 Implementation

This procedure will be made available to staff via the intranet and Trust internet. All managers of staff who are classed as lone workers will ensure that their staff are provided with access to a copy of this procedure and follow the requirements in practice.

7.2 Induction and Training

The procedure will be promoted at Induction and INSET as will the offer for any staff to request training.

The Trust has conducted a Training Needs Analysis and details of training relating to violence and aggression are in the Staff Training and Development Policy and Procedure.

The Health and Safety Manager will provide annual training in Lone Working and Personal Safety training to high risk services and any staff that wish to have training

Further advice can be found at:

http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Lone_Working_Guidance

<http://www.hse.gov.uk/contact/faqs/workalone.htm>

<http://www.suzylamplugh.org/lone-worker/directory/>

8 Process for monitoring compliance with this Procedure

The Corporate Governance and Risk workstream (CGR) will monitor compliance with the requirement to undertake risk assessments. This will be by way of an annual report from the Health and Safety Manager summarising the completeness of risk assessments, in addition, any action plan for risks above 9+ arising from a risk assessment will be monitored on a quarterly basis by the CGR workstream.

The CGR workstream will receive and monitor reports on incidents arising from lone workers incidents and any involving abuse, threats or violence. An annual report on 'Violence Against Staff' will be completed.

9 References

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Working Alone in Safety – controlling the risks of solitary work (HSE Books 1998)
- Violence at Work – A guide for employers (HSE Books 1998)
- NHS Zero Tolerance Zone Publications – *'We don't have to take this'*
- Managing Violence in the Community.
- Suzy Lamplugh Trust 'Personal Safety at Work '
- Lone Working Top 10 Tips (NHS CFSMS)

10 Associated documents¹

- Raising Concerns at Work
- Staff Safety and Security Procedure
- Violence and Aggression Against Staff Procedure
- Incident Reporting Procedure
- Staff Safety and Security Procedure
- Health and Safety Policy
- Risk Assessment Procedure
- Clinical Risk Assessment Procedure

¹ For the current version of Trust procedures, please refer to the intranet or website.

Appendix A: Equality Analysis

Completed by	Lisa Tucker
Position	Health and Safety Manager
Date	14 November 2017

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?		X
Is it a major policy, significantly affecting how Trust services are delivered?	X	
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?		X	
What are the key findings of any engagement you have undertaken?		X	Consultation with HR Director
If there is a greater effect on one group, is that consistent with the policy aims?		X	No greater effect on any one group
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?		X	
Will the policy deliver practical benefits for certain groups?		X	
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		X	
Do other policies need to change to enable this policy to be effective?		X	
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 –seek advice from Human Resources (for staff related policies) or the Trust’s Equalities Lead (for all other policies).

Appendix B: Lone Worker Risk Assessment

LONE WORKER RISK ASSESSMENT

Hazard	Controls	Assurance	Gaps	C	L	Risk Score
<p>Staff working alone in a building or outside of working hours</p>	<p><i>Staff know building exits</i></p> <p><i>Staff have access to phone</i></p> <p><i>Lockdown arrangements to limit entry out of hours</i></p> <p><i>Staff ensure other 'late staff' are aware of their presence (e.g. reception or other staff)</i></p>					
<p>All staff have had training in lone working and adhere to local procedures</p>	<p><i>Workers have received specific Lone working and Personal Safety training</i></p> <p><i>Staff are aware and comply with Local Lone Working practises</i></p>					

Hazard	Controls	Assurance	Gaps	C	L	Risk Score
<p>Lone working procedures</p>	<p><i>All staff communicate their diary to the team and their manager, preferably shared electronic Outlook diary and updated daily.</i></p> <p><i>'In and Out' Board updated</i></p> <p><i>Staff has a Trust mobile phone or Personal Alarm</i></p> <p><i>Staff has 'buddy' or other traceability system</i></p> <p><i>Staff have received personal safety training</i></p> <p><i>Calling in to an on call manager within a prearranged time when working out of hours.</i></p>					

Hazard	Controls	Assurance	Gaps	C	L	Risk Score
Relevant contact details	<p><i>Is there an agreed contact system in place</i></p> <p><i>Buddy system to call in to</i></p> <p><i>Up to date contact details for all relevant staff</i></p>					
Home visit risks	<p><i>Staff aware of clinical risk assessment of patient/client before visit</i></p> <p><i>Pre visit phone call to ensure readiness for visit</i></p> <p><i>Staff attend in pairs on the first visit</i></p> <p><i>Rearrangements if any concerns</i></p>					

LONE WORKER RISK ASSESSMENT ACTION PLAN

Note: An action plan must be completed for all risks scoring 9+ above, and may be completed for risks scoring 6-8 if actions to reduce risk have been identified via assessment process. All risks scoring 6+ must be added to the Trusts operational risk register and the Corporate Governance and Risk Work Stream will monitor compliance with the action plan

Proposed Actions:	By Whom:	Target date	Completion date

The risk assessment record must be **REVIEWED** every 12 months as a minimum to ensure that the hazards are still current and the control measures remain effective. They should also be reviewed upon any significant changes to the working environment or working practice and following any serious accident or incident. The Risk Assessment Record should be held locally and by the Health and safety Manager for information purposes. All significant risk issues must be communicated to the appropriate Director/Senior Manager for monitoring purposes and inclusion on the risk register. All staff that may be 'at risk' must be informed of the significant hazards and any control measures they may need to implement as part of their work activity e.g. the wearing of PPE etc.

Date of Review:

By Whom:

Were changes made to the assessment at the review? Yes/No

Guidance for Staff Working Alone

General Considerations

It is essential that staff at all levels, are made aware of their responsibility to be familiar and compliant with lone working procedures which are in place for their protection.

Home visiting is probably the most common lone worker activity that Trust staff undertake. However, lone working is not just restricted to Community Psychiatric nurses (CPNs), out-reach workers etc but also to estates and facilities staff, reception and administration staff and many other Trust professionals and support staff.

Access to Support

Within the department arrangements there must be a clear, pre-arranged signal that support is needed. This must be fully communicated to, and understood by, Outreach workers will be provided with personal alarms and/or Trust mobile phones which must be kept charged and on when working alone.

Home Visiting

All staff should ensure that someone is aware of their movements and have called in after a home visit.

Staff should check clients' files for previous risk assessments prior to visiting a client and if none are available check with the GP, Social Services Departments, the Police or other agencies.

Knowing the history of the client, their dwelling, its location and area will assist you to assess the reaction you are likely to receive from your visit

This should always be the case when someone has been identified as having a history of violent, challenging or difficult behaviour.

Three key questions should always be asked:

- Should I be visiting this person on my own?
- Who will assist me on this visit if the situation deteriorates?
- What procedures are in place to reassure me that I have team and management support?

If the necessary support is unavailable the member of staff must be aware of the additional risks and consider cancelling the appointment in favour of using a Trust base, GP's surgery or another facility that is familiar to you for the next appointment.

General precautions: home visiting/visits to non clinical settings

Prior to making a home visit or a client meeting in a non clinical setting

You should consider the following precautionary steps:

- Read the client's notes, any previous risk assessments and consult with colleagues or other agencies, and undertake a risk assessment prior to first visit and regularly update
- Whenever possible phone the client (or the client's parents in the case of children and adolescents) to ascertain whether there will be any one else present in the home for the meeting, including pets
- Consider the time of day – visits during daylight and office hours are best (Lone visits should not take place after 4 pm)
- Ensure your mobile phone is fully charged – always carry it
- Ensure that your team know your plans/timings before you set out and confirm when the visit is concluded that you have returned.
- Check your route and location, and if travelling by car be sure that your car is road worthy and has sufficient fuel for the journey.
- Wear shoes and clothes that do not hinder movement or your ability to make for a quick getaway

Traceability – All Staff Working in Lone Situations on Trust Site

Lone workers should always ensure that someone else such as their line manager or supervisor or another colleague is aware of their movements and recorded on an accurate weekly diary sheet lodged with the team administrator/or equivalent.

Colleague ‘Buddy’ System:

For visits where there is uncertainty and the Lone worker wishes to make a link with a colleague, a colleague/ buddy system should be implemented and a colleague’s availability agreed.

Additional Precautions

Calling base prior to entering, and again on leaving, the premises being visited. Failing to do so should alert the manager or other staff to a potential problem requiring an immediate response. You may in addition arrange for a manager to check on you by making a pre-arranged call during the visit or after the visit is complete.

The local procedure should include a robust system that the manager or staff at base can follow should a member of staff fail to report in.

This may involve the development of a flow chart, indicating what actions to carry out should attempts to contact that member of staff fail.

If police involvement is needed, then they should be provided with full details of the lone worker, information on their potential whereabouts, that is, the geographical area and the risks that they may be facing.

On potentially difficult visits, or where it is suspected that circumstances may have changed, staff should ring the client prior to the meeting. This will provide some indication as to the feasibility of the visit taking place.

Consider the possibility of aborting the visit if risk indicators suggest that additional support is necessary but cannot be obtained.

Travelling and Driving

- Staff should establish the exact location of the address that they are visiting or travelling to and plan their journey, including when possible where to park.
- If you are followed try to get to a location where other people will be available, such as a petrol station.
- Ensure that the contents of the vehicle such as handbags, briefcases, patient records/notes, memory sticks, prescription pads, medications, jackets, tools, mobile phones and other valuables are out of sight.
- Select locations to park your car that are busy and well lit.
- If travelling by public transport, plan your return journey ensuring that you have current timetables and that services will still be running after your visit is complete.

Visiting People in their Homes

- When arriving at the client's home assess the situation as you approach and do not enter if there are doubts about your safety, it is better to cancel and re-arrange later than take unnecessary risks.
- Trust your instincts and if you feel that something is not quite right or you are in any doubt about your safety leave the situation and report this to your manager.
- After ringing or knocking stand well clear of the door. Show your identity badge and follow the occupants in. This allows you to close the door knowing that no locks have been applied.
- Make an excuse not to go in if the person answering the door gives any cause for concern e.g. if they are under the influence of alcohol or other substances – or if the client is not in and you have been asked to wait, or if a potentially dangerous relative is present. At all times of uncertainty position yourself by the nearest exit for a fast getaway.
- Remain aware of the environment and the behaviour of the occupants, looking for signs or signals that may indicate a potential problem.

- Avoid sitting in low chairs and try to sit on as high a chair as you can, as it might be difficult to get up quickly from a low sofa.
- Put your own safety first. Maintain escape routes for a swift exit.

Dogs or Potentially Dangerous Pets

- Where there is a dog, or a potentially dangerous pet, in the house, ask the client, or carer, if he/she minds putting the animal in the garden or kitchen while you are there.

If a dog is snarling or aggressive in any way and the client, or relative, refuses to remove it then consider leaving, clearly informing the client that without the dog being removed or restrained you are unable to conduct the activity you came to perform - e.g. *'I am not able to do what I came to do, unless the dog is removed or restrained'* - This could be particularly pertinent if you have to touch or provide any physical intervention for the client.

Interview Rooms (note not therapy rooms)

In addition to the points raised above, the following should also be taken into consideration for interview rooms (note not therapy rooms):

- The interview room should not be totally isolated and ensure colleagues know of your whereabouts or are readily available if the risk assessment necessitates a staff member being nearby
- If the risk assessment indicates that a potential risk exists but that the interview should proceed, then a co-worker should be present at the interview
- The alarm (if present in a designated room) will require testing prior to the interview, ensuring that it can be heard and that staff are aware of how to respond. If there is no panic alarm installed in the room ensure that you have a personal attack alarm
- The room to be used should be set up before the interview takes place. There should be no additional equipment or furniture that could be used as a potential missile or weapon.

- Chairs and tables should be strategically placed to allow the interviewer the easiest exit route, should this become necessary.

Working Alone or Isolated from Other Staff in a Building

- Access by the public or 'cold callers' to the building and staff areas within the building should be controlled, to minimise, or eliminate, the risk of violent or abusive clients.
- Managers must conduct a risk assessment and continuously monitor the situation, and employ control measures to ensure the safety and wellbeing of their staff.
- Ensure key holders are aware that you are working and to notify you of the time they will be conducting a security sweep before locking up