Lone Working Policy

Solent NHS Trust policies can only be considered to be valid and up to date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	Health and Safety legislation requires all employers to provide a safe and secure environment for their staff. This document provides guidance and support to managers and staff to promote the safety of those who are lone or remote workers. This document should be read in conjunction with the Management of Security and Violence and Aggression Policy.
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Review Log

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Version 2	August 2018	Chris Box	Policy Steering Group, Assurance Committee	Review
Version 3	August 2021	Dave Keates	Policy Steering Group – chair's action approve extension by 1 month	To allow time for consultation
Version 4	October 2021	Dave Keates	Policy Steering Group	

Amendments Summary

Amend No.	Issued	Page (s)	Subject	Action Date
	Sep 17		Written	Sep 17

Executive Summary

This policy gives comprehensive guidance to ensure staff & management recognise the procedures to follow for employees whose work is intended to be carried out unaccompanied or without immediate access to another person for assistance

The policy outlines the management of lone workers and contains details of the roles and responsibilities for all staff and provides guidance for the requirement to identify and assess risks to the health and safety of employees, who are lone working and the steps that can be taken to avoid or control risks where necessary.

Where the specific work tasks or activities introduce a potential risk, the policy outlines the process that should be followed to clearly establish the action that may need to be taken to ensure our staff remain safe by eliminating or reducing the risk to the lowest level as far as is reasonably practicable.

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LONE WORKING POLICY

1. INTRODUCTION & PURPOSE

1.1 Due to the nature of the work within Solent NHS Trust, a number of employees are required to work alone. The Trust recognises the various risks that staff may face and has considered the actions that should be taken.

1.2 If staff work alone and/or face potentially hostile or abusive situations, it is important to have a system in place to ensure that an alarm can be raised if assistance is required.

1.3 Lone Workers can be classified as 'someone who works by themselves without close or direct supervision'.

1.4 Health and Safety legislations does not prohibit lone working, but an employee should not be put at more risk than other people working. An employer has a general duty under Section 2(1) of the Health & Safety at Work Act 1974, to ensure, so far as is reasonably practicable, the health, safety, and welfare of employee's whilst at work.

1.5 Health and Safety Legislation requires employers and managers to assess risks to staff whilst lone working and make arrangements for effective planning, organisation, control, monitoring and review. This policy deals with generic aspects of management of lone working risks and provides advice on the efficacy of various actions that may be utilised to reduce these risks.

1.6 Where appropriate, employers must assess the risks of violence to their staff and, if necessary, put in place actions to protect them.

This policy should be read in conjunction with the overarching Solent's Risk Management Framework.

2. SCOPE & DEFINITIONS

2.1 This policy is specifically aimed at those staff whose work is intended to be carried out unaccompanied or without immediate access to another person for assistance and applies to all bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including associate hospital managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.

DEFINITIONS are found in Section 10 Glossary and Definition

3. PROCESS/REQUIREMENTS

LONE WORKING ROLE RISK ASSESSMENTS AND PROCEDURAL EVALUATION

General

3.1 The setting up of safe working arrangements for lone workers is no different to organising the safety of other staff. The risk which lone workers face should be reduced to the lowest level that is reasonably practicable.

Risk Assessment

3.2   Managers are required to identify and assess risks to the health and safety of employees, who are lone working. There is no legal requirement to conduct a specific, separate risk assessment for a lone worker. However, you have a duty to include risks to lone workers in a general risk assessment and take steps to avoid or control risks where necessary.

3.3   The risk assessment will involve identifying all potential hazards and the risks associated with work tasks or activities. It will identify who may be affected and how, and the actions which are needed to eliminate or reduce the risk to the lowest level possible. The risk assessment process will follow the 5 x 5 risk management matrix agreed as part of Solent NHS Trust Risk Management Framework.

Refer to Appendix B- Lone working example role risk assessment form and Appendix C- Guidance on what to consider when completing a Risk Assessment

3.4   Managers are to send the completed lone working risk assessment form to the accredited security management specialist (ASMS) and /or the health and safety manager and include the recommended action that will be implemented and shared with all affected staff.

Lone working Staff Dynamic Risk Assessment (DRA)

3.6   The importance of the lone working risk assessment form is that it enables managers to anticipate and recognise any known hazards and identify actions to be taken. However, it is recognised that situations change rapidly, and the associated risks will also change, therefore dynamic risk assessment should be an on-going process

3.7   A Dynamic Risk Assessment (DRA) should be conducted by staff as necessary for the circumstances in place at the time. What sets DRA apart from the lone working risk assessment is that its a continuous assessment of risk in a rapidly changing circumstances of an operational incident, in order to implement the control measures necessary to ensure an acceptable level of safety and is applied in situations that present unpredictable/unforeseen risks or where the risk environment rapidly changes. A DRA enables   staff to make a risk judgement and provides staff with a consistent approach to assessing risk.

         This type of risk assessment is undertaken when the situation faced by staff has increased the risk previously assessed to enable them to start working alone. Key details should be recorded on SystmOne to enable staff to look for any flags prior to visiting.

           The process involves:

   • The assessment of risk in dynamic situations is undertaken before, during and after a home visit, potentially hazardous appointment or working period.
   • The benefits of proceeding with a task must be weighed carefully against the adverse risk posed to the lone worker

4.   ROLES & RESPONSIBILITIES

4.1   **The Chief Executive Officer** has overall responsibility for all matters of risk management; this includes Lone working activities within the Trust. The Chief Executive Officer will also have overall

responsibility for ensuring that sufficient resources are provided to enable the policy to be implemented and to remain effective.

4.2   **Associate Directors, Operational Directors, HQP'S and Clinical Directors** are responsible for gaining assurance from service lines that the effectiveness of risk reporting, assessments, and management processes to protect lone workers are implemented and that service line lone working risk assessments have been completed and monitored

4.3   **Compliance Team (Health Safety, Welfare, Security, Fire)** will:

- advise the organisation on appropriate, proportionate physical security, technology, support systems, processes and procedures to improve personal safety of lone workers and to support appropriate preventative measures that are in place
- play an active part in assisting managers with identifying hazards, completion of the lone working risk assessments and management of risks
- advise on the proper security provisions needed to mitigate the risks and protect lone workers.
- support the training and setting up of users on the Trust recognised approved lone working devices and apps technology system (Peoplesafe)
- be involved in the post incident root cause analysis, working with managers to identify any shortcomings and learn from them, ensuring that appropriate measures are taken to negate or mitigate future failings

4.4   **Managers (Facility Managers, Support Services Managers, Premises Managers, and responsible persons both clinical and non-clinical)** must establish and supervise safe systems of work (refer to examples at Appendix A and Appendix B), The line manager will:

- ensure that this policy and all other relevant policies and procedures are disseminated to staff
- identify all staff who are lone workers, based on recognised definitions, (see section 2)
- ensure that a lone working risk assessment is conducted (in consultation with the relevant staff) to ensure that all risks from lone working are identified and that suitable control measures have been introduced to minimise or mitigate the risks before staff enter a lone working situation
- forward copies of all local lone working risk assessment to the accredited security management specialist (ASMS) and /or the health and safety manager for quality assurance and audit purpose
- ensure that staff have received appropriate training **identified** within the lone working risk assessment *and lone working mobile device or app* training provided by the service supplier in the event of being issued with lone worker devices or app
- ensure that lone workers are provided with sufficient information, instructions, and training before entering a lone worker situation
- ensure physical measures are put in place and appropriate technology is made available to ensure the safety of lone workers
- Trust approved Lone worker device usage to be monitored by managers via the online portal to ensure that non usage of the devices by individual members of their team are picked up in sufficient time thus ensuring their safety isn't compromised. Non usage of devices to be addressed directly with the individual user (s).
- inform appropriate members of staff of the finding of a service risk assessment and any specific risk assessment to an individual home address or role

- where someone has been assaulted, ensure that the individual is properly de- briefed, undergoes a physical assessment, any injuries are documented, and they receive access to appropriate post incident support

4.5 **ALL staff who are working alone -** must ensure they adhere to the Trust policy. It is everyone's responsibility to do all they can to ensure their own safety and that of their colleagues whilst lone working and must ensure the following:

- Read and comply with the lone working risk assessment
- they should seek advice from their line manager, action guidance, procedures, and instruction to avoid putting themselves or their colleagues at risk
- **S**taff should never put themselves or their colleagues at risk, if they feel at risk, they should withdraw immediately and seek further advice or assistance
- will conduct proper planning, checking of the address or specific RA s prior to a visit and utilise continual dynamic risk assessment during a visit. **Please note** staff should never put themselves or their colleagues at risk, if they feel at risk, they should withdraw immediately and seek further advice or assistance
- Where provided with a Solent approved Peoplesafe lone working device or app staff must ensure that they are on their persons whist at -work, charged and they are trained in how to use the device, note that:
  - o It must be switched on at all times
  - o Devices must be tested a minimum of once a week
  - o Notify local administrators of any faults or change in personal details
- will undertake all relevant training identified within the lone working risk assessment and lone working devices or app specific training as applicable
- **must** report all incidents where safety was compromised including 'near misses' to enable appropriate follow up action to be taken

5. TRAINING

5.1 Training is crucial for all groups of staff who undertake lone working, it is the line manager's responsibility to ensure staff are booked on relevant courses that would enhance staff safety.

5.2 Where staff have been issued with the Trust approved lone working device or app (Peoplesafe) training is obtained via the compliance team administration support. Staff that hold one of these devices must ensure the following:

- The equipment is used in accordance with the training provided and manufacturers guidance
- It must be switched on at all times
- Devices must be tested a minimum of once a week

5.3 It is the employee's responsibility to attend any training specific to them, requested by their manager.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust's Policy on Equality and Human Rights.

6.2 The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation.

(Refer to Appendix A: Equality impact assessment)

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1   All Service Managers are to provide evidence of the lone working risk assessments that are in place within their services by forwarding copies of all local lone working risk assessment to the accredited security management specialist (ASMS) and /or the health and safety manager for quality assurance and audit purpose

7.2   The ASMS and health and safety manager will monitor replies of the lone working risk assessments and will report via the Health & Safety group and to the HQP's.

7.3   Trust approved Lone Worker device and App Quarterly usage Report will be produced by the Trust's Device and App Administrator and reported via the Health & Safety group and to the HQP's.

8. REVIEW

8.1   This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1   The Trust acknowledges the following sources of advice and reference:

- The Corporate Manslaughter and Corporate Homicide Act 2007
- Safety Representatives and Safety Committees Regulations
- The Health and Safety (Consultation with Employees) Regulations
- The Management of Health and Safety at Work Regulations
- Health and Safety at Work Act 1974
- Human Rights Act 1998
- Secretary of State Directions ((2003) (2004) both amended in 2006)
- Improving safety for lone workers- A guide for managers, NHS Staff Council
- Working alone - Health and safety guidance on the risks of lone working, HSE
- Protecting lone workers How to manage the risks of working alone INDG73 (rev4)
- Risk Management Framework
- Emergency Planning Policy
- Incident Reporting, Investigation and Learning Policy
- Health & Safety Policy
- Fire Safety Policy
- Emergency Lockdown Policy
- Management of Security and Violence and Aggression Policy
- Anti-Fraud, Corruption & Bribery Policy
- Bomb Threat and Suspect Package Policy
- Giving our people the freedom to speak up and to raise concerns policy
- NHS Violence Prevention AND Reduction Standard

10.   GLOSSARY and DEFINITIONS

• NHS Counter Fraud Authority **(NHSCFRA)**
• Accredited Security Management Specialist **(ASMS)**
• Department of Health **(DoH)**
• Head of Qualities and Professions **(HQP's)**

Lone Worker: those who work by themselves without close or direct supervision.

Physical Attack: whether visible injury occurs or not, and includes sexual or racial attack

Verbal Abuse or Intimidation: where a member of staff or client feels that a threat has been made.

Animal Attack: Where an animal is threatening, is used as means to threaten/intimidate staff conducting Trust duties

Criminal damage: the intentional and malicious damage to the home, other property or vehicles and includes graffiti.

Arson: the act of deliberately setting fire to property, including buildings and vehicles

Dynamic Risk Assessment: "the continuous assessment of risk in the rapidly changing circumstances of an operational incident, in order to implement the control measures necessary to ensure an acceptable level of safety"

Medical Emergency Button: "a device installed in the wall which when pressed or pulled sends a distress signal to a control room or control rooms designated by the Trust"

Panic Button: "a device installed which when depressed sends a distress signal to a control room or control rooms designated by the Trust

Appendix A

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation, and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims		
Service Line / Department	All NHS Trust	
Title of Change:		
What are you completing this EIA for? (Please select):	Please select	*(If other please specify here)*
What are the main aims / objectives of the changes	To outline the Organisational arrangements for the effective planning, organisation, monitoring, control, and review of lone working management	

Step 2: Assessing the Impact				

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: *(e.g., adjustment to the policy)*
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and			X	

maternity				
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	Yes	There has been regular consultation with Accredited Security Management Specialist and the health and safety group members
Have you taken into consideration any regulations, professional standards?	Yes	Health and safety executive regulative requirements

Step 3: Review, Risk and Action Plans			
How would you rate the overall level of impact / risk to the organisation if no action taken?	Low ■	Medium ☐	High ☐
What action needs to be taken to reduce or eliminate the negative impact?	N/A no negative impact identified		
Who will be responsible for monitoring and regular review of the document / policy?	The Review of this policy and EIA will be conducted by the H&S manager and chair of the health and safety group		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*(signature)*	Date:	01/011/2021

Appendix B

LONE WORKING ROLE RISK ASSESSMENTS AND PROCEDURAL EVALUATION

Background

This appendix to the Lone Working Procedures should be read in conjunction with the Management of Security and Violence and Aggression Policy and Procedures. Ensuring that those who work alone or remotely are adequately protected is a priority for the organisation. The NHS Protect Standards for Providers requires that each organisation assesses the risks to its lone workers, including the risk of violence. It takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed, and evaluated for their effectiveness.

This appendix sets out how:
- Each role should be assessed and summarises the various processes and procedures that can be put in place to reduce and minimise the likelihood of violence and aggression.
- Processes and procedures are reviewed and evaluated for effectiveness.
- Processes and procedures are shared across teams and the wider organisation to ensure organisational learning and best practice.

Broadly roles fall into 5 categories; however, the location and type of service provided may increase the likelihood and consequence of aggression; for example, while all staff working in mental health wards are likely to be subjected to violence and aggression; those working in a Psychiatric Intensive Care Unit (PICU) may find that their patients are younger and more physically able and as such the consequences of any assault may be more severe. Each role must have a role risk assessment conducted to ensure that every action is taken to mitigate the risk of violence and aggression and to keep staff safe.

Process

The risk assessment process follows the 5 x 5 risk management matrix agreed as part of Solent NHS Trust Risk Management Framework.

It is important to recognise that risk assessments may be dynamic and that additional control measures may need to be implemented where a higher risk is identified; for example, a patient or their relative has been identified that poses a specific risk to staff. In documenting risk assessments, it is important to ensure that intelligence is gathered from as may appropriate sources as possible as this may help to inform our response to the given risk. Staff should keep in mind working closely with other NHS providers, Local Authority teams and care agencies – when sharing information, staff must always follow Information Governance guidance and best practice to avoid DPA breach.

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In all situations, recommended control measures should be implemented and shared with all affected staff. Managers should make sure that lone working and buddying procedures are discussed at team meetings to ensure that all staff follow agreed actions. In particular, where "code words" are used managers must ensure that all staff are familiar with the words used, their purpose and the agreed response.

At least annually, managers should conduct a review to evaluate the effectiveness of the procedure, or procedures adopted. In multi-disciplinary teams, there may be a blend of processes and procedures. The review must be documented and shared with the team. This review will be assessed as part of the Health, Safety and Security Improvement Plan[i].

Role Risk Assessments

		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
	5 Catastrophic	5	10	15	20	25
Severity	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

- This assessment must be undertaken for any activity deemed to present a significant risk to employees, patients & visitors. Trivial risks or those associated with everyday life do not been to be included unless they are compounded by the work activity.

- The assessment should be reviewed by Line Managers and included within the Service Line Risk Register where scores are 8 or above.

- The hierarchy of controls must be used when considering the Risk Reduction Plan, i.e., avoid, if possible, assess those activities that cannot be avoided, reduce the level of risk to the lowest level reasonably practicable ergonomically, by the provision of equipment, information, instruction & training, signage, etc.

- Very Low = Risk is very well managed; Low = Risk is adequately managed, although improvements may be possible to reduce the risk further; Moderate = Risk is NOT adequately managed, a detailed risk reduction plan must be completed; High = The Risk is NOT managed and could present a significant risk to SHNS. The activity should be suspended until a detailed assessment has been undertaken and a Risk Reduction Plan developed and implemented.

Ratings Action

1-3: Low Risk
Local managers should manage low risks by maintaining routine procedures and taking proportionate action to implement any additional new control measures to reduce risk where possible. Local Managers must escalate higher levels of risk

4-6: Moderate Risk
Service Managers must ensure that an action plan is identified to reduce risk and entered on local risk register. Managers must escalate higher levels of risk

8-12: High Risk
Senior Management action plan must be specified for high risks. Appropriate management assurance must evidence and control the risk assessment and oversee the action plan to reduce the risk. The head of service is generally responsible for this level of risk, ensuring that the risk is placed on divisional and corporate risk registers. High levels of risk must be escalated to an Associate Director

15-25: Extreme Risk
Executive management is required to ensure immediate action, in line with the context of the risk. Associate Directors will be responsible for this level of risk and the action plans. However, the Executive Director must be over seeing the progress. The Head of Risk Management and Company Secretary, who will ensure the risk, is captured Corporate Risk Register as required.

Generic Role Risk Assessments
[Keep in mind that some situations and circumstances may increase the risk to staff members for a specific activity and this must be assessed separately.]

Ref No	Group Affected	Activity	Hazard/Risk	Existing Control Measures	Degree of Risk			Additional Actions Required to Reduce the Level of Risk	Residual Risk		
					L	S	R		L	S	R
1.0	**Corporate** **Executive & Directors/Service Line Managers/Professional Leads**	As per job role	**Hazard:** **Challenging patients; service users and external stakeholders** **Lone working** **Travelling from site to site; risk of breakdown**	All Corporate Policies in particular: Lone working procedures Management of Security, Violence and Aggression Policy Travel and Subsistence Policy							

Ref No	Group Affected	Activity	Hazard/Risk	Existing Control Measures	Degree of Risk			Additional Actions Required to Reduce the Level of Risk	Residual Risk		
					L	S	R		L	S	R
			Risk: **Potential for violence and aggression**								

Ref No	Group Affected	Activity	Hazard/Risk	Existing Control Measures	Degree of Risk			Additional Actions Required to Reduce the Level of Risk	Residual Risk		
					L	S	R		L	S	R
2.0	**Support – H&S, Security, Fire, Estates, Facilities, administrators** [his list is not exhaustive]	As per job role	**Hazard:** **Challenging patients; service users and external stakeholders** **Lone working** **Travelling from site to site; risk of breakdown** **Risk:** **Potential for violence and aggression**	All Corporate Policies in particular: Lone working procedures Management of Security, Violence and Aggression Policy Travel and Subsistence Policy				Where appropriate PPE [Lone Worker device and App] Robust buddying arrangements] Training: Conflict Resolution Training (CRT) Breakaway techniques			

Ref No	Group Affected	Activity	Hazard/Risk	Existing Control Measures	Degree of Risk L	S	R	Additional Actions Required to Reduce the Level of Risk	Residual Risk L	S	R
3.0	**Clinical/therapy – clinic based**	As per job role	**Hazard:** **Challenging patients; service users and external stakeholders** **Lone working** **Travelling from site to site; risk of breakdown** **Risk:** **Potential for violence and aggression**	All Corporate Policies in particular: Lone working procedures Management of Security, Violence and Aggression Policy Travel and Subsistence Policy Environmental controls/potential security presence Patient history CRT Breakaway techniques				Where appropriate PPE [Lone Worker device] Panic Alarms Robust buddying arrangements including use of code words			

Ref No	Group Affected	Activity	Hazard/Risk	Existing Control Measures	Degree of Risk L	S	R	Additional Actions Required to Reduce the Level of Risk	Residual Risk L	S	R
4.0	**Clinical/therapy – ward based**	As per job role	**Hazard:** **Challenging patients; service users and external stakeholders** **Lone working** **Travelling from site to site; risk of breakdown** **Risk:** **Potential for violence and aggression**	All Corporate Policies in particular: Lone working procedures Management of Security, Violence and Aggression Policy Travel and Subsistence Policy Environmental controls/potential security presence Proximity of other staff Patient history including personalised care plan Training CRT/PRISS Breakaway techniques				Educational campaigns Review of incidents to determine effectiveness of control measures inclusive of formal patients written agreements			

Ref No	Group Affected	Activity	Hazard/Risk	Existing Control Measures	Degree of Risk	Additional Actions Required to Reduce the Level of Risk	Residual Risk

					L	S	R		L	S	R
5.0	**Clinical/therapy – community based**	As per job role	**Hazard:** **Challenging patients/relatives; service users and external stakeholders** **Lone working** **Travelling from site to site; risk of breakdown** **Risk:** **Potential for violence and aggression**	All Corporate Policies in particular: Lone working procedures Management of Security, Violence and Aggression Policy Travel and Subsistence Policy Robust buddying arrangements Patient history including personalised care plan Information sharing Local knowledge of area and possible risks Training CRT Breakaway techniques				Where appropriate PPE [Lone Worker device] Increased staff presence where appropriate Liaison with other supporting agencies or providers Review of incidents to determine effectiveness of control measures inclusive of formal patients written agreements Potential of seeing patient in clinic setting			

NOTE: The list of existing control measures and additional actions required is not exhaustive and local arrangements may include further actions.

Signed …………………………………………………..

Signed …………………………………………………

Print Name ………………………………………………..

Print Name …………………………………………………

     (Person Undertaking Inspection)

     (Manager)

Date completed…………………………………………………..

Risk Assessment Evaluation (where used)

Team		**Service manager**	
Location		**Period under review**	
Summary of patient group and associated risks			

Numbers of incidents of violence and aggression directed at team in period under review:	**Physical assaults**	**Non-physical assaults**
Lone Working Process[es] [Please document all processes and procedures that are used by the team.]		
Review		
Who conducted the review? [Name of staff member[s]]		
When was the review conducted?		
How was the review conducted?		
Review findings [Document the number of staff who were able to be contacted and if they were where they should have been; who was unable to be contacted; escalation processes are appropriate and all contact details including make and model of car are accurate. Where LWDs are in use, review usage		

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as recorded on the web portal.]		
Recommendations for improvement		
Where risks have been identified and appropriate mitigation cannot be identified or implemented - risks have been documented on departmental risk register and escalated in accordance with Risk Management Strategy and Policy.	**Escalated by:**	**Date:**
	Action plan in place:	**Review date:**
Review findings and recommendations for improvement shared with the team and implemented	**Date shared:**	**Date implemented:**
Documented in team meeting minutes.	**Date of meeting:**	

Summary

By continually reviewing processes and assessing risks to staff, Solent NHS Trust aims to keep those who work alone or remotely safe. Furthermore, our goal is to work closely with our partnership agencies and organisations to ensure that all intelligence that could be considered during part of the assessment process is available to support a robust risk assessment process. This is of significant importance when managing patients [or their relatives] where the use of violence or aggression is a likelihood or certainty.

The organisation has and is willing to invest in technology to support staff; however as is always the case, where public funds are used the organisation must make sure that the best use is made of any money spent. Where PPE is provided to staff and/or teams, then there will be serious consequences if staff deliberately misuse or fail to use such equipment and consequently put themselves, and potentially others at risk.

Chief Nurse
[1] Health, Safety and Security Improvement Plan is the Solent NHS Trust cyclical assessment and audit programme to support safer working procedures in the workplace.

Appendix C

Guidance on what to consider when completing a risk assessment

Before a lone worker home visit
Where it is practicable, a log of known risks should be kept by the department. This should record the location and details of patients/service users/other people that may be visited by staff, where a risk may be present.

This log should be kept securely, and the information should be accurate and reviewed regularly. It should be available to lone workers to inspect ahead of any visit they make.

Information Sharing
Managers should highlight any areas and/or patients that pose a significant risk to staff. Information concerning risks of individuals and addresses should be communicated internally to all relevant staff who may work with the same patients/service users.

Scheduling Visits
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.

Emergency Equipment
As part of the planning process, the emergency equipment that may be required should be assessed. This might include a torch, map of the local area, telephone numbers for emergencies (including local police and ambulance service), a first aid kit, etc.

Lone Worker Movements
As part of the risk assessment and action taken to reduce risk managers may implement a local system whereby lone workers ensure that someone else (a manager or appropriate colleague) is aware of their location and if applicable their visit schedule. Other actions that could be taken include:
- Details of vehicles used by lone workers could also be left with a manager or colleague, for example, registration number, make, model and colour.
- Procedures could also be in place to ensure that the lone worker is in regular contact with their manager or relevant colleague, particularly if they are delayed or have to cancel an appointment.

The Buddy System
Where lone working is required, staff should ensure they make another colleague aware of their movements. To operate the buddy system, you must nominate a buddy. This is the person who is the contact for the period in which they will be working alone.

The nominated buddy will:

- be fully aware of the movements of the lone worker
- have all necessary contact details for the lone worker, including next of kin
- have details of the lone worker's known breaks or rest periods
- attempt to contact the lone worker if they do not contact the buddy as agreed
- follow the agreed local escalation procedures for alerting their senior manager and/or the police if the lone worker cannot be contacted or if they fail to contact their buddy within agreed and reasonable timescales. Contingency arrangements should be in place for someone else to take over the role of the buddy in case the nominated person is unavailable, for example if the lone working situation extends past the end of the nominated person's normal working day or shift, if the shift varies, or if the nominated person is away on annual leave or off sick.

Escalation Process

Managers should have a local escalation procedure, outlining who should be notified if a lone worker cannot be contacted or if they fail to contact the relevant individual within agreed or reasonable timescales. The escalation process should include risk assessment and identification of contact points at appropriate stages, including a line manager, senior manager and, ultimately, the police.

Dealing with animals

The potential risks posed by household pets when conducting home visits will involve safety, allergies, and infection control. Where animals are present and the staff member is concerned, a polite request should be made for the animal to be placed in a different room. If the resident/owner is not content with this request and has had the clinical and personal safety issues explained in a calm manner and if appropriate the visit should be abandoned and reported in accordance with the risk reporting policy. Where pets are considered to be a risk this can also be noted in the electronic patient record (EPR).

Lone working and taxis

The Trust does not advocate the use of taxis or private hire vehicles for use by lone workers. Where there is an operational requirement for such transport to be used, lone workers must only use reputable licensed companies and they should book in advance. Private hire cabs should not be used, other than licensed or registered hackney carriages.

Lone working and travelling by foot

Where staff need to take part of their journey by foot, they should always endeavour to use well-lit paths and pavements. They should avoid unoccupied/populated areas and should ensure that their colleagues are aware of the route being taken prior to the journey.

Staff members need to be aware of the areas that they are working in and plan their journey accordingly.
 Uniforms should be covered up and equipment and other items should be kept to a minimum.

In the event of a situation where a staff member has concern for their safety they should head for the nearest public area (Shop, Petrol Station, Police station etc.)

If possible, look out for street CCTV cameras and try and remain in view of these.

Lone working and public transport
Where it is necessary to utilise public transport, staff members should prepare for their journey by ensuring they know the routes and times of buses/trains etc. They should stick to using larger stations and bus stops in busy areas.

Lone working devices
It is essential to recognise that lone worker devices will not prevent incidents from occurring. However, if used correctly in conjunction with robust procedures, they will enhance the protection of lone workers. Lone workers should still exercise caution even if equipped with such devices and continue to use the risk assessment process.

Use of a mobile phone
The following information and guidelines should be noted:

- Lone workers may carry mobile phones and they should always check the signal strength before entering a lone working situation.
- A mobile phone may be the main form of communication. If entering a known risky area lone workers should tell their manager or a colleague about any visit in advance, including its location and nature, and when they expect to arrive and leave. Afterwards, they should let their manager or colleague know that they are safe.
- If provided, a mobile phone should always be kept as fully charged as possible.
- Emergency contacts may be kept on speed dial.
- The phone should be kept nearby and never left unattended.
- Lone workers should be sensitive to the fact that using a mobile phone could escalate an aggressive situation.
- In some circumstances, agreed 'code' words or phrases should be used to help lone workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving the police. The decision to use code words or phrases should give due consideration to the ability of a member of staff to recall and use them in a highly stressful situation.

A mobile phone could also be a target for thieves. Care should be taken to use it as discreetly as possible, while remaining aware of risks and always keeping it within reach.

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