

## Lone Worker Policy

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### Version History

V.	Date	Status and/ or amendments
V1.0		First draft

## **SUMMARY**

This policy sets out the way that Surrey Downs CCG will comply with the requirements of the Health and Safety at Work Act 1974 and the relevant statutory provisions. The CCG is committed to ensuring, so far as is reasonably practicable, the personal safety of its employees. It should be clearly understood by all concerned that in any situation, the reduction of risk and avoidance of untoward incidents is of paramount importance. Purpose And Scope

Lone working is an important aspect of the work experience for many staff who work for Surrey Downs CCG. The CCG recognises that staff working alone may face increased risks that result from the fact that they do not have the immediate support of their colleagues if an incident occurs.

This document sets out arrangements intended to reduce the risks associated with 'lone working' for staff, and guidance for dealing effectively with any situations that do arise.

The lone worker policy contributes to the CCG's compliance with the *Health and Safety at*

*Work Act* (1974) and the *Management of Health and Safety at Work Regulations* (1999). It applies to all situations involving lone working which result from the duties and activities of CCG staff; this includes temporary and agency staff, volunteers, students and those on work experience.

### **Equality statement**

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

### EQUALITY ANALYSIS

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	<p><b>Age</b> Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).</p>		
	<p><b>Disability</b> A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>		
	<p><b>Gender reassignment</b> The process of transitioning from one gender to another.</p>		
	<p><b>Marriage and civil partnership</b> In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a</p>		

	<p>marriage between a same-sex couple.</p> <p>Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).</p>		
	<p><b>Pregnancy and maternity</b></p> <p>Pregnancy is the condition of being pregnant or expecting a baby.</p> <p>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>		
	<p><b>Race</b></p> <p>Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins</p>		
	<p><b>Religion and belief</b></p> <p>Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in</p>		

	the definition		
	<b>Sexual orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes		
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the document/guidance likely to be negative?		
5.	If so, can the impact be avoided?		
6.	What alternative is there to achieving the document/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment

## **1. DUTIES AND RESPONSIBILITIES**

### **1.1 Line Managers**

Line managers are responsible for ensuring that all staff are aware of Surrey Downs CCG's health and safety policies and procedures, and local arrangements for safe working. They are required to:

- Establish local safe working arrangements for lone workers designed to eliminate or reduce the risks associated with working alone;
- Identifying staff who are lone workers, and, monitoring and supervision of lone workers.
- Ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction and training.
- Ensuring risk assessments of the environments and situations relevant to the activities of staff are reviewed regularly
- Ensuring that appropriate support is given to staff involved in any incident

### **1.2 Lone Workers**

- Taking reasonable care of themselves and other people who may be affected by their actions.
- Co-operating by following rules and procedures designed for safe working and advising managers of work arrangements.
- Reporting all incidents that may affect the health and safety of themselves or others
- Taking part in training designed to meet the requirements of the policy
- Reporting any dangers they identify or any concerns they might have in respect of working alone.

## **2. RISK MANAGEMENT STRATEGY**

The risk management plan used in relation to lone workers should involve:

### **2.1 Identification of Risks**

The identification of risks relies on using all available information in relation to lone working to ensure that the risk of future incidents can be minimised.

This includes learning from operational experience of previous incidents and involving feedback from all staff and stakeholders.

It is therefore essential that staff are encouraged to report identified risks to managers, as well as 'near misses', so that a risk assessment can be carried out, appropriate action taken and control measures put in place.

The risk identification process should consider:

- Lone working staff groups exposed to risk.
- Working conditions: normal, abnormal and hazardous conditions, such as dangerous steps, unhygienic or isolated conditions.
- Staff delivering unwelcome information or bad news: whether they have received suitable and sufficient training to deliver sensitive or bad news and defuse potentially violent situations.
- The possibility of an increased risk of violence from patients/service users due to alcohol abuse, or drug misuse in relation to their clinical condition or response to treatment, and the risk of violence from their carers or relatives.
- Lone workers wearing uniforms when visiting certain patients/service users.
- Those working in or travelling between certain environments or settings.
- Lone workers carrying equipment that makes them a target for theft or less able to protect themselves.
- Evaluation of capability to undertake lone working, for example being inexperienced or pregnant, or having a disability.

## **2.2 Risk Assessment**

The key to risk assessment is to identify hazards, understand how and why incidents occur in lone working situations and learn from that understanding to make improvements to reduce the risk to the employee. A risk assessment checklist is available, refer to Appendix 1.

To achieve this, the following factors should be considered:

- Type of incident risk (for example physical assault/theft of property or equipment).
- Frequency/likelihood of incident occurring and having an impact on individuals, resources and delivery of patient care.
- Likely severity of the incident: cost in human and financial terms.
- Confidence that the necessary control measures are in place or improvements are being made.
- The level of concern and rated risk.
- What action needs to be taken to ensure that improvements are made and risks reduced.

If staff work from a variety of locations, a written log may be difficult to implement and maintain. Where this is in place, consideration should be given to placing it in a secure location that is only accessible to managers and lone workers.

### **2.3 Managing Risk**

Surrey Downs CCG are required to implement measures to manage, control and mitigate risks to lone workers. The levels of follow-up action should be proportionate to the level of concern highlighted in the risk assessment.

These measures should be achievable, proportionate to the risk identified, and realistic. Any associated costs need to be included, not only in terms of resources and purchasing equipment, but also staffing, training and expertise.

Measures might include removing weaknesses or failures that have allowed incidents to take place (procedural, systematic or technological), and identifying further training needs of staff in relation to the prevention and management of violence, or other training such as correctly identifying and operating the relevant technology.

### **3. RISK MANAGEMENT PROCESS**

The managers are responsible for the implementation of this policy in their areas of responsibility.

#### **3.1 Before A Lone Worker Visit**

There is a requirement to share information between all colleagues or teams involved in delivering care prior to a first visit, Lone Workers should routinely check the records to establish whether any pre-existing risk has been identified. Where workloads or visits are shared between specific team local records should also exist to ensure that risks are “flagged”.

Where a member of staff is scheduled to make a “flagged” visit, arrangements should be made to carry out an accompanied visit or to ensure that a “buddy” or manager is made aware of the visit.

#### **3.2 Dynamic Risk Assessment – During Visit**

This is the continuous process of identifying hazards and the risk of them causing harm, and taking steps to eliminate or reduce them. All staff are encouraged to:

- Be alert to warning signs.
- Carrying out a “10-second risk assessment” and if staff feel there is a risk of harm to themselves, they should leave immediately.
- Place themselves in a position to make a good escape, i.e. where possible, being the closest to an exit.
- Be aware of all entrances and exits.
- Make a judgement as to the best possible course of action – for example, whether to continue working or withdraw.
- Ensuring that when they enter a confined area or room, they can operate the door lock in case they need to make an emergency exit.

#### **3.3 Recognising Warning Signs**

Lone workers should be able to recognise the risks presented by those who are under the influence of alcohol/drugs or are confused, or where animals may be present. 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 (for example, to continue with their work or to withdraw). At no point should the lone worker place themselves, their colleagues or their patients/service users at risk or in danger.

Where staff feel threatened in any way, they should remove themselves as quickly and safely from the situation. All such situations should be reported immediately to the line manager or senior manager on call and where relevant to the police.

### **3.4 Dealing with animals**

If there is a known problem with animals at a particular address or location, the occupants should be contacted and politely requested to remove or secure the animals before arrival of NHS staff (bearing in mind that this could provoke a negative reaction). All possible efforts should be made to ensure that the situation is managed and de-escalated, should hostility become evident. If this is not possible, alternative arrangements should be made to carry out the visit.

Even if there are no known problems with animals, the request should still be made for them to be secured, as clinical procedures may provoke an unforeseen reaction from an animal. Alternatively, the animal's presence may be disruptive, so it may be prudent to request that it be removed or placed in a different room and report the incident in accordance with local procedures. This information should then be disseminated to all relevant internal (and, where possible, external) parties, including social care and ambulance staff.

### **3.5 Debriefing**

After an incident of violence against a member of staff (whatever the severity from verbal abuse to physical assault) it is important that there should be an opportunity for the staff member to discuss the incident with their manager as soon as possible.

The purpose of the debrief is to:

- Discuss the incident in order to support the member of staff.
- Discuss the need for expert/further counselling for the member of staff.
- Ensure the Lone Working Policy has been followed.
- Examine the details of the incident and if the policy and protocols worked.
- Ensure any protective factors or actions needed are implemented following the incident to protect staff or property; and
- Ultimately learn lessons from the incident to prevent recurrence, and that the learning is spread throughout the Trust.
- Assist in developing strategies to deal with the aggressor whether in terms of treatment, exclusion from treatment or legal proceedings.

### **3.6 Post Incident Support**

Surrey Downs CCG acknowledges that its staff may be affected physically or emotionally following a physical/non-physical assault. Managers need to be aware therefore that individuals may need immediate medical treatment and subsequently active support counselling/post trauma support; especially after the incident and on resuming or returning to work.

The type of support that can be given includes:

- Assistance with completion of incident forms and other reports e.g. to the Health and Safety Executive.
- Post incident support or medical advice via the Occupational Health Service.
- Help in contacting or dealing with family and relatives plus practical assistance such as medical attention.
- Liaison with the Police and the Crown Prosecution Service to ensure every opportunity is given to pursue criminal proceedings.

### **3.7 Low-Risk Activities**

There may be certain scenarios and activities that can be classified through a risk assessment as low-risk, for example staff undertaking office work during normal daytime hours. However, risk assessments need to consider not only

safety while at work during normal office hours, but also issues of location and timing relating to personal safety, for example someone leaving an empty building alone at night.

In a situation where members of staff are in a lone working scenario in the office or other work based premises, they should where possible ensure most/all of the following items are adhered to:

- Only give access to others if you are sure that you know who they are.
- Check the means of escape from the building in an emergency, e.g. fire doors.
- Check your access to a telephone.
- Try to plan appointments etc. so that other people are in the building with you.
- Keep valuables - handbags, cases, equipment etc. out of sight.
- If you are assaulted or threatened contact the Police immediately on 999.
- If you are verbally abused or receive indecent telephone calls report the matter immediately. In all instances complete an incident form.

### **3.8 The Buddy System**

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” if another management system or procedure doesn’t exist to cover points listed below.

To operate the buddy system, Lone worker’s Line Manager must ensure that the lone worker nominates a buddy. This is a person who is their nominated 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.
- 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.

The following are essential to the effective operation of the buddy system:

- The buddy must be made aware that they have been nominated and the procedures and requirement for this role.
- 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.

## Appendix 1

### Risk Assessment Checklist to Assist Home Visits

This checklist is designed to assist in making a full risk assessment where a home visit needs to be undertaken which might involve a degree of risk to yourself or others. It is designed to provide a reminder to some of the issues that may exist. It is a guide and should not be regarded as an exhaustive or definitive list. Please expand on any issue relevant to your work. Significant findings should be recorded on the system.

Address of Home Visit: .....

Name of client to be / being visited: .....

Name of Assessor (Block): .....

Job title/Grade: .....

Risk Assessment Checklist to assist home visits		Yes	No	N/A
1	Do you have a medical condition that prevents you from working alone?			
2	Have you gathered the information relating to the home visit from the appropriate healthcare personnel to enable you to make a suitable and sufficient assessment of the risks?			
3	When you are working at a location that is not your normal work base, does your work base know where you are and when you will return?			
4	Would your base know what to do if you failed to return?			

5	Would you be confident that this procedure would be effective?			
6	Is your base continually manned so as to be able to react in the event of you either raising an alarm or your failure to either return or make contact by due time?			
7	Would staff at your base recognise changes to your normal work pattern and be concerned to raise an alarm?			
8	Are these emergency arrangements periodically tested to ensure that they actually operate?			
9	Do you only meet clients on home visits that you or close colleagues have met on at least one occasion?			
10	Is there a need to report back to base on arrival at the home visit?			
11	Is there a need to report back to base on departure from the home visit?			
12	Do you have direct access to a telephone to summon assistance in difficult situations?			
13	Do you have arrangements that use "Codewords" to indicate difficulty without arousing suspicion (for instance Sally O'Sullivan for SOS calls)?			
	<b>TRAVEL TO THE VISIT and PARKING</b>			
14	Does your base know the details of your car?			
15	If you temporarily change car do they know the details?			
	<b>ON ARRIVAL</b>			
16	As you enter, do you note the lock /door handle arrangement to aid a rapid exit if the need arises?			
17	Are you ever left alone in the house with a client?			
	<b>REPORTING BACK TO BASE</b>			
19	Do you always report back to base any variation			

	to your itinerary?			
20	Do you always report back to base at the end of the shift (to stand down the watching- over arrangements)?			
	<b>INCIDENT REPORTING</b>			
21	Have you been involved in an incident in the last 12 months, if so how many occasions.....			
22	Did you report these incidents to your manager?			
23	Do you complete an incident report in writing to your manager for all incidents that occur?			
24	Are concerns that you bring to your line managers attention acted upon?			
25	Are concerns arising from such incidents communicated to other healthcare personnel to assist them in forming adequate pre-visit assessment ?			
26	Risks/shortfalls identified			
27	Control to be/implemented to manage risks/shortfalls			

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Name of Service: .....

Service Manager Name (Block): .....

Signature: ..... Date: .....