



LONE WORKER POLICY

NEE/CCG/2013/004

Target Audience	Board members, sub-committee members and all staff working for, or on behalf of, the NEE CCG
Brief Description (max 50 words)	This policy sets out the principles by which the North East Essex Clinical Commissioning Group will develop, manage lone working across the organisation.
Action Required	Following approval of this policy, this will be circulated too all staff with the most up to date policy located on the NEE CCG website.

Document Information

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Author	Corporate Business Manager
Stakeholders engaged in development of policy	Cluster CCG Health & Safety Forum
Equality Impact Assessment	EQUALITY IMPACT ASSESSMENT This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This Policy is applicable to the Board, every member of staff within the CCG irrespective of their age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership, and those who work on behalf of the CCG
Contact details for further information	Corporate Business Manager – 01206 918703

Amendment History

Version	Date	Reviewer Name(s)	Comments
1.0	March 2013	Corporate	Policy developed
2.0	March 2014	Corporate	Policy reviewed
3.0	October 2015	Corporate and Local Security Management Specialist	Policy reviewed as part of its annual review.
4.0	January 2016	Corporate	Policy Reviewed
4.1	October 2016	Corporate	Policy reviewed to remove reference to COO
4.2	May/June 2017	Corporate and Local Security Management Specialist	Reviewed following new guidance from NHS Protect. 5.5 and 5.6 added to policy re new starters and staff awareness of the policy. 7.4 (role of LSMS) also added.

This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes).

Clear and Credible Plan		Collaborative Arrangements	
Clinical Focus and Added Value		Engagement with Patients/Communities	
Commissioning processes	x	Leadership Capacity and Capability	x
Equality Delivery System	x	NHS Constitution ref	

Associated Policy Documents

Reference	Title
NEE/CCG/2013/003	Health & Safety Policy
NEE/CCG/2013/019	Management of Violence and Aggression Policy

Glossary

Term	Definition
Accountable Executive	CCG Executive accountable for development, implementation and review of the policy
Policy Owner	Post holder responsible for the development, implementation and review of the policy
Document definitions	These are provided in Section 1

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1. Introduction

1.1 Working alone is a daily reality for many staff working for the Clinical Commissioning Groups (CCG). It is recognised that this group of staff may face increased risks because they do not have the immediate support of colleagues or others if an incident should occur.

1.2 In 2005 the NHS Counter Fraud and Security Management Service (CFSMS) developed guidelines for all NHS Trusts to implement, to protect lone workers from the risk of violence and aggression. NHS Protect issued Standards for Commissioners 2015/2016 for Security Management. This guidance has been updated in 2017 and taken into consideration the Royal College of Nursing guidance document 'Personal Safety When Working Alone' guidance (2016), available at <https://www.rcn.org/professional-development/publications/005716>. This policy is based on those guidelines and also takes into account the guidance as published by the Health and Safety Executive which covers other potential risks to lone workers.

2. Aims

2.1 The purpose of this policy and the guidelines it contains is to seek to reduce and prevent risks involved to members of staff undertaking lone working as part of their work for the CCG and to assist the CCG in complying with its responsibilities under the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999.

2.2 The policy provides what action will be taken by the CCG to identify, manage and reduce the risks to employees involved in Lone Working.

2.3 As such the CCG recognise the importance of the following in this process;

- Good Systematic Risk Assessment processes
- Clear and robust management procedures that put into place measures to address identified and potential risks, and to deal with incidents when they occur.
- Managers and staff accepting responsibility for, and supporting the need to operate systems, procedures and technology provided for their enhanced protection.
- Sharing of information from within and outside of the CCG on identified and potential risks.
- The introduction and implementation of relevant and effective physical and technological systems and devices.
- The provision of good quality training, whether this is to help staff to prevent and manage violent situations, or to use procedures, systems or devices provided for their security and safety, to their best effect.

3. Definition

3.1 In operating this policy the CCG defines “Lone Working” as:

“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”

3.2 The following is a list, although not an exhaustive list, of the examples of staff within the CCG who may be involved in lone working;

- A receptionist working alone
- Health Professionals undertaking visits to patient’s homes or working in isolated settings.
- Staff who see patients / service users for individual sessions in clinics or other premises.
- Staff involved in the provision of out of hours or on-call services.
- Staff that travel between sites and premises
- Small departments located off main corridors.
- People working remotely from home
- Those who work by themselves without close or direct supervision.

4. Scope

4.1 This policy applies to all CCG staff, and also includes temporary and agency staff, volunteers, students and those on work experience. The policy applies to all situations involving lone working arising in connection with the duties and activities of staff.

4.2 This policy must be read in conjunction with the “Management of Violence & Aggression Policy”, which identifies several risk reduction measures.

5. Legislation

5.1 Under the Management of Health and Safety at Work Regulations 1999, employers must identify the hazards of lone working; assess the risks involved and put measures into place to avoid or control the risks.

5.2 The CCG must comply with the Corporate Manslaughter and Corporate Homicide Act 2007 and the NHS standard contract 2016/17 and NHS Protects Standards for Commissioners.

There are some circumstances where staff are required by law not to work alone. These situations are:

- Young persons under the age of eighteen years who must be working under the direct supervision of a competent person*

- Persons who work in confined spaces, where a supervisor may need to be present, along with someone dedicated to the rescue role;
- Persons who work at or near electrical conductors

**A person who is appropriately trained, qualified, experienced and skilled to undertake specific health and safety duties without risk to their own safety or that of others*

5.3 Employees who may need special adjustments to manage any additional risk caused by lone working include:

- Pregnant workers
- Disabled workers
- Workers in some roles

5.4 The CCG needs to check that its employees have no medical conditions that put them at higher risk if working alone and employees must disclose any such conditions. The CCG may need to seek medical advice in this regard in some cases.

5.5 All new employees are made fully aware of local lone working policies and procedures during their local induction and are specific to their working environment.

5.6 To ensure that lone working security and safety policies, procedures and systems are accepted and implemented it is necessary to communicate effectively. All staff should be aware of their responsibility to be familiar and compliant with the Lone Working Policy. Discussions around this policy and any issues experienced should be communicated through:

- Policies and procedures
- Induction Programmes
- Team Briefings
- Training
- Awareness- raising sessions
- Intranet or newsletter

6. The hazards of working alone

6.1 Staff who work alone face the same hazards in their daily work as other workers. However, for lone workers, the risk of harm is often greater. Hazards facing lone workers include:

- **Violence & Personal Safety** – the nature of the work of the CCG could involve staff visiting patients / clients in their home or other environments which can lead to an increased risk to an individual member of staff.

- **Lifting & Handling** – moving and handling tasks may pose more risk to an individual member of staff.
- .
- **Lack of access to emergency help in the case of an accident** – access to a first aider may not be immediate and a lone worker who is injured may have difficulty raising the alarm.

The above list is not exhaustive and line managers must consider whether a particular role requires lone working at any time.

7. Responsibilities

7.1 Chief Officer

The Chief Officer has overall responsibility for all matters of Health and Safety, including lone working and for ensuring mechanisms are in place for the overall implementation, monitoring and revision of this policy.

The Chief Officer is the designated board member with responsibility for Health and Safety matters including lone working and violence and aggression at work.

The Chief Officer will oversee the implementation of this policy and ensure that the CCG co-operates with NHS England on all matters relating to working alone and personal safety.

7.2 The Director of Resources (CFO) has delegated responsibility to the Corporate Business Manager to implement and review this policy.

7.3 Security Management Director (SMD)

The Board of Directors and the Accountable Officer have agreed that responsibility for controlling and co-ordinating security is delegated to the Director of Resources (CFO), who is the nominated SMD.

It is the responsibility of the nominated SMD to ensure that adequate security management provision is available within their NHS health body

The SMD will ensure that an effective security strategy and systems are in place.

The Board or delegated Committee will approve the Organisational Crime Profile, the Annual Report, the Security Review Tool and the security management work plan. It is the responsibility of the SMD to report security progress and significant risks to the Board

7.4 The role of the Local Security Management Specialist (LSMS)

The LSMS is responsible for ensuring that NHS bodies have robust and up to date policies and procedures in place to ensure the safety of lone workers. LSMS' should ensure these are developed in consultation with relevant stakeholders (including health and safety advisors, line managers, human

resources representatives, risk managers and staff representatives – trade unions and professional bodies).

The LSMS should provide support and advice to the CCG on:

- Physical security, to ensure preventative measures are in place
- Technology, to ensure that it is appropriate, proportionate and meets all staff, organisational and legal requirements.
- Risk assessment and management process, appropriate security provisions, training and technologies to protect lone workers and mitigate risk to them.
- Undertake full investigations where proportionate and necessary, reporting to police and supporting their investigation.
- Conducting a post-incident review to identify lessons that senior management and health and safety representatives should learn from and ensure appropriate remedial measures are implemented.

7.5 Directors and Managers

It is the responsibility of Directors and Managers to:

- Disseminate this policy within their area of responsibility and ensure that staff are aware of their responsibilities under this policy.
- Ensure the implementation of the policy within their area of responsibility.
- Identify staff in their area / service who are lone workers.
- Ensure that risk assessments on lone workers, and prior to lone workers undertaking home visits are being carried out within their areas of responsibility.
- Ensure that actions which have been deemed necessary as a result of a risk assessment are implemented where “reasonably practicable”.
- Ensuring that mechanisms are in place to account for and trace the whereabouts of lone working employees and that these systems are regularly checked.
- Ensuring that all information about patients / clients referred from other departments / areas or agencies is passed on. Particularly if there is a known risk or previous history of violence and aggression.
- Monitor the use of technology used to reduce the risks to lone workers e.g. lone worker alarm devices or mobile phones.
- Ensure that pooled mobile phones or lone worker alarm devices are kept charged and ready to use.
- Ensure that managers’ and employees are given the time and resources to carry out lone working risk assessments.
- Ensure that staff members are given time off to attend essential training relating to lone working and personal safety if applicable.
- Ensure that appropriate support is given to staff following an incident.

7.6 Employees

It is the responsibility of employees to:

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- Assist, and with regards to domiciliary visits, implement the local risk assessment process.
- Co-operate by following rules and procedures designed to protect their safety as a lone worker
- Ensure that all information about patients / clients referred on from other departments and agencies is passed on. Particularly if there is a known risk or previous history of violence and aggression.
- Provide information on their whereabouts during working hours to a manager or colleague.
- Where indicated use technology provided for their safety e.g. mobile phones or lone worker alarm devices.
- Attend lone worker or personal safety related training programmes as directed by their manager including local and corporate induction for new staff if deemed applicable.
- Report all incidents related to lone working using the CCG's incident reporting form / procedure.
- Ensure they are not deliberately putting themselves at risk. If situations arise where they are unfamiliar with or feel unsafe they should withdraw to a place of safety in order to seek further advice or assistance. (See Employment Relations Act 1974 – Walking Away from Serious and Imminent Danger for further details).

8. Risk Assessment Process

- I. The first step is to identify staff that are defined as lone workers and carry out a lone worker risk assessment. A lone worker general risk assessment checklist can be found in appendix 6.
- II. Where the lone worker or risk assessment identifies a potential risk of violence or aggression, lone worker violence and aggression risk assessment should be carried out. This can be found in Appendix G of the CCG Violence & Aggression Policy (**NEE/CG/2013/012 on the CCG Extranet**).
- III. A flow chart detailing the risk assessment process can be found in appendix 4

9. Risk Reduction Measures

9.1 Minimum Risk Reduction Measures

As a minimum, risk reduction measures should include

- *A manager or other responsible person must hold information on the whereabouts of lone workers during their working day. Approximate times and locations should be logged on a log sheet.(see appendix 7 for example of lone worker log sheet)*
 - *Or as an alternative whereabouts of lone worker staff is logged in the outlook calendar of both the employee and manager*
- *A system of supervision of lone workers is implemented.*

- *As a minimum, lone workers who carry out home visits should be provided with a means of raising the alarm, which will be a CCG provided mobile phone. Lone workers working at a base should have easy access to a working landline. Where access to a landline is not available they should have access to a CCG provided mobile phone.*
- *Lone workers must receive adequate training including personal safety and conflict resolution training if deemed necessary.*
- *Staff should be made aware of the guidance “Personal Safety Guidance” in appendix 2.*
- *Staff not returning to their base at the end of the visit should call a manager, or other responsible person to state that they have finished their visit.*
- *Safe Systems of work should be put into place when either unlocking or locking up buildings at the end of the day. Where reasonably practicable, two members of staff should unlock and lock up together. Where this is not reasonably practicable the person unlocking or locking up should phone a manager, or other responsible person to say that they have arrived or have left the building safely.*

9.2 Violence and Aggression

Where there is a potential risk of violence and aggression for lone workers, the lone worker violence and aggression risk assessment should be completed and actions put into place to reduce the risk. This will mean referring to the Management of Violence and Aggression policy which details risk reduction measures and the possible use of sanctions where there are violent or aggressive patients, relatives, people etc.

9.3 Other Risks to Lone Workers

Where other risks to lone workers are identified such as manual handling, the relevant policy or guidance must be followed, e.g. buddy system (Appendix 3 example procedure)

9.4 Supervision

Although lone workers are not subject to constant supervision, it is the CCG responsibility to ensure staff safety so far as is reasonably practicable. This is particularly important for new and less experienced staff. Procedures will need to be put into place to monitor lone workers to ensure that lone workers remain safe, these procedures may include;

- Manager’s periodically visiting and observing staff working alone
- Regular contact between the lone worker by telephone
- Regular checking of procedures designed to raise the alarm if contact is lost with a lone worker.
- Provision of mobile phones to lone workers (see appendix 1)

9.5 Incident Management

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If a member of staff has not come back to the office within an hour of their expected return then the following steps must be taken:

- Attempt to call the member of staff on their mobile phone.
- Telephone any addresses on the visit list to try and ascertain the potential location of the staff member.
- Send a minimum of two colleagues working nearby to check location.
- If no contact can be made within a reasonable period, Phone the police and ask for assistance.
- The relevant Director / on call manager (if out of hours) should be informed.

Where a member of staff calls in on a mobile phone to raise the alarm, their manager should be notified and police assistance obtained. The exact location where the staff member is must be obtained and relayed to the police. The relevant director should also be informed.

10. Monitoring and Review of the Policy.

The Corporate Business Manager will carry out a review of the effectiveness of this policy every 2 years. The Local Security Management Specialist will also be involved within the review of this policy. The local implementation of this policy will be monitored during Health and Safety Audits.

Appendix 1

Use of Mobile Phones

Where provided a mobile phone must always be kept as fully charged as possible at all times.

The employee should ensure that they know how to use the mobile phone properly through familiarising themselves with the users instruction manual.

A mobile phone should never be relied upon as the only means of communication. Lone workers should always check the signal strength before entering a situation where they are alone. If the lone worker knows the area they are to go into has a low to no signal they should contact their manager ahead of the visit stating the location of the visit and how long they think they will spend at the location. Once the visit is finished they should contact their manager or colleagues letting them know they are safe.

Emergency contacts should be kept on speed dial as this will speed up the process of making a call to raise an alarm.

A mobile phone should never be left unattended but should be kept close at hand in case of an emergency.

The use of a mobile phone could potentially escalate an aggressive situation and the lone worker should use it in a sensitive and sensible manner.

Code words or phrases should be agreed and used that will help lone workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response such as phoning the police.

The mobile phone could also be the target of thieves and great care should be taken to be as discreet as possible, whilst remaining aware of risks and keeping it within easy reach at all times.

Mobile phone use should be kept to a minimum and used in emergency situations only and in implementing the lone worker policy. e.g. calls from managers or calling ahead of a visit where there is no signal. Non-urgent calls should be made when the lone worker returns to their base.

What else can a lone worker do if they feel an attack is imminent?

- Use your voice to make lots of noise. Shouting an instruction such as “Call the Police!” makes it very clear to anyone within earshot that you are in danger and in need of assistance.
- Try diversion techniques. Doing something unexpected can confuse an attacker and give you the chance to get away. Some of the suggestions that may work are; pretending to vomit or pretending to see someone and calling out for help. Thinking about what you would do in advance will help you think more clearly in an emergency situation.
- People often think that sounding an alarm will bring people to their aid. This may happen but don’t rely on it. The aim of the alarm is to assist you to get away from an attacker.

Source: The Suzy Lamplugh Trust.

Appendix 2

Personal Safety Guidance for Staff Working Alone

Use of Public Transport

- Wherever possible try and wait for public transport at a busy bus stop or train station that is well lit.
- On a bus, try and sit near the driver of the vehicle or in an aisle seat
- Familiarise yourself with the emergency alarm on the vehicle and sit near to it.
- Try and avoid empty upper decks on buses or empty train compartments.
- If threatened by other passengers inform the driver or guard.

Use of Vehicles

- Items such as bags, laptops, cases, or other equipment should never be left visible in the car.
- Always hold the vehicle keys in your hand when leaving a premise in order to avoid looking for them outside, which could compromise your personal safety.
- The inside and outside of the vehicle should be checked for possible intruders before entering
- Once inside the vehicle all doors should be locked especially when travelling at low speed, in built up areas and when stopped at lights.
- Always try and park as close as possible to your location.
- At night, park in a well-lit area and face the direction in which you are leaving. This would normally be the direction from which you came from.
- If driving alone, especially after dark, do not stop for people who may be in distress or requiring help. Stop as soon as is reasonably practicable and safe to do so and contact the emergency services as appropriate.
- If followed or if in doubt as to whether you are being followed, drive to the nearest police station or manned and lit building such as a petrol station to request assistance.
- Sound your car horn to attract attention or help if needed.
- Avoid displaying signs such as “Nurse on Call” or “Dr on Call” as this may encourage thieves to break into your vehicle in search of drugs.
- In the event of a break down, where it is safe to do so stay in your vehicle put on the hazard lights and call for assistance.

Travelling by Foot

- Plan your route beforehand to avoid going through underpasses or taking short cuts through areas which may be less safe, e.g. parks especially after dark.
- Walk briskly if possible and physically able to do so and do not stop in areas that are unknown to you, for example looking at a map or asking for directions. Instead go to a 'safe' place such as a petrol station or shop and ask for directions.
- If you think you are being followed, trust your instincts. Cross the street, and if you are still being followed head for a busy area.
- Avoid using mobile phones overtly in any area. If it is necessary to use your phone, where possible do this in a safe place such as in a shop entrance.
- Remain alert to people around you and stay in the centre of the footpath facing oncoming traffic.
- Hold bags under your arm with the clasp close to your body; don't wear rucksacks over your shoulders as they make it easier for attackers to pull you to the ground.
- Don't wear I-pods, always be aware of your surroundings and make sure you can hear if someone is behind you and shouting to you.
- If someone attempts to steal your belongings or CCG property you should relinquish the property immediately without challenge.
- Consider keeping your house keys and mobile phone separate from your handbag / briefcase.
- Wear sensible footwear with non-slip soles
- Where possible avoid overtly displaying valuables on your person such as jewellery, portable entertainment systems.
- Try not to stop at cash point machines to draw out sums of cash.
- Try and avoid passing groups / gangs of people who may be, or appear to be under the influence of alcohol or drugs
- Carry a torch.
- Make colleagues aware of your estimated time of arrival and departure.

Use of Taxis

- Wherever possible a taxi should be booked in advance from a reputable company. In Essex a reputable company would be one that displays the local authority licence. Drivers will carry a Public Carriage licence within their taxis, which will identify the driver and the vehicle they are driving. Always make sure that the driver knows your name and destination before you get into the taxi.
- If no taxi has been booked, you should firstly telephone a reputable company, if this can't be done then go to the office of a reputable company or go to a recognised taxi rank to hail a cab.
- Never use an unlicensed taxi.
- Sit in the back of the taxi behind the driver's seat and have a mobile phone readily accessible
- Avoid giving out too much personal information to the driver.

Cycling / Motorcycling

- When cycling avoid unlit areas and quiet roads
- Secure bike near premises in a well-lit area if possible
- Always hold the bike lock keys in your hand when leaving a premises in order to avoid looking for them outside which could compromise personal safety
- Fit and use front and rear lights to your bicycle when dark
- Avoid making repairs to your bicycle in isolated areas, where possible push the bike to the nearest safe place e.g. petrol station, guarded car park to make repairs
- If someone attempts to steal your bike you should relinquish the property without challenge.

During a Home Visit

- Lone worker and department to ensure that as much information as possible is obtained on the patient and the patient's home environment prior to the visit so that possible risks can be assessed.
- Lone worker to ensure that they carry their ID badge and be prepared to identify themselves if challenged.
- Carry out a "10 second risk assessment" when the lone worker first arrives at the patients premises and the front door is opened. If the lone worker feels that there may be a risk of harm, they should make an excuse ready not to enter the house and arrange for an alternative appointment.
- The lone worker should make sure that when they enter the house that they shut the door behind them, and make themselves familiar with the door lock in case they need to make a quick emergency exit.
- Wherever practical, avoid being in a situation where the patient / carer / relative is between the lone worker and the exit.

Dealing with Animals

- If there is a known problem with animals at a particular address or location, the occupants must be contacted and requested to remove or secure the animals before arrival. Clinical procedures may provoke a reaction from an animal / pet, so it will be prudent to request that it is removed or placed in a different room for the duration of the visit.
- If the lone worker is confronted by an aggressive animal on a first visit to a patient's address, they should never put themselves at risk. If necessary the visit should be abandoned, and the incident reported to the lone workers manager and finally an incident report form completed.
- If a request to remove or secure an animal / pet has provoked a negative reaction all possible efforts should be made to ensure the situation is managed and defused. Should hostility become evident, alternative arrangements should be made to carry out the visit (and

future visits) such as re-siting the patients care or asking a colleague more at ease with animals to carry out the visit.

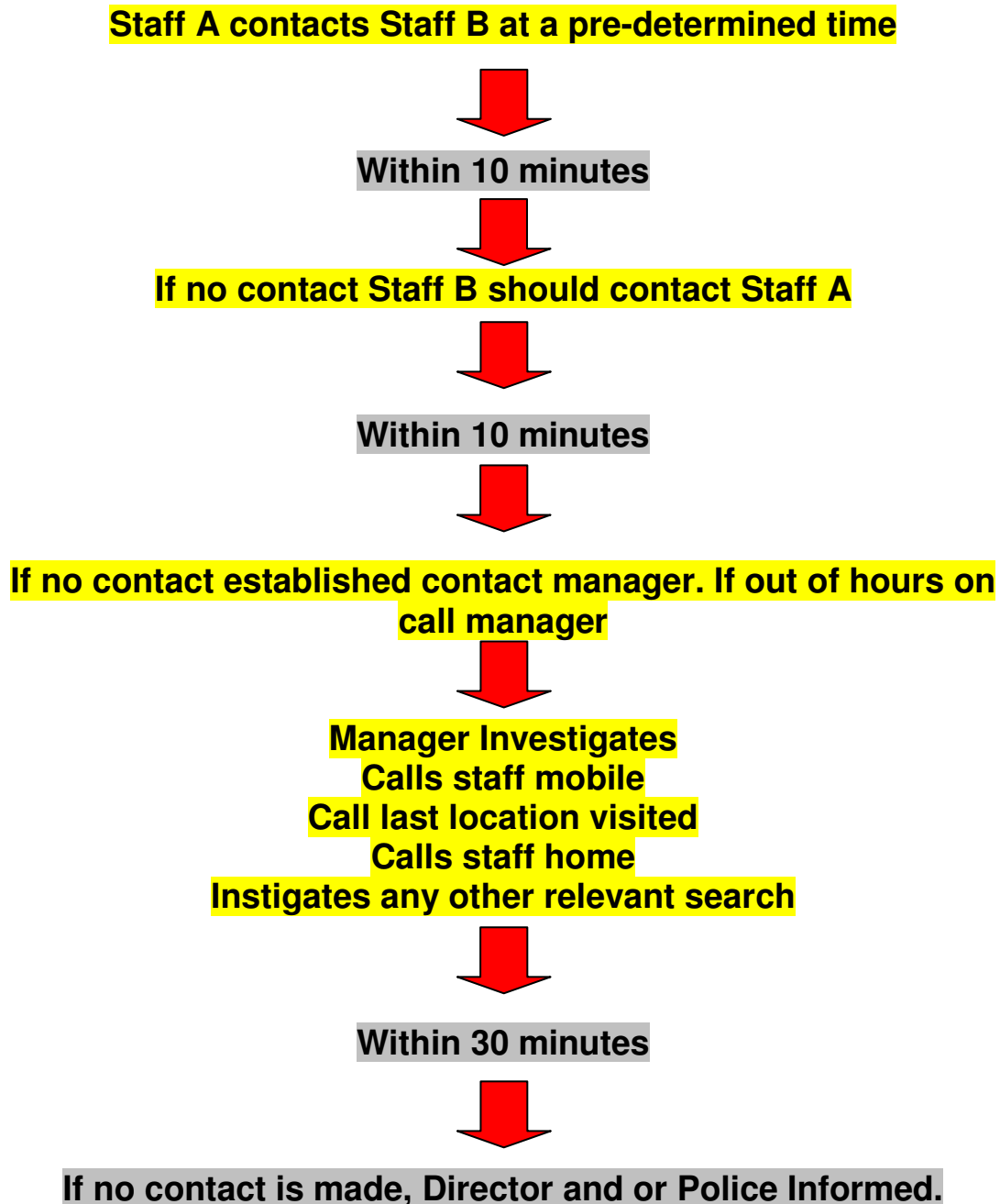
Staff working alone within a department / building outside office hours

From time to time staff, including on-call staff may need to carry out their work outside of normal office hours, such as early mornings, evenings and weekends. The following precautions must be taken to ensure that the health and safety of these staff continues to be protected.

- Where work is not scheduled or routine e.g. evening clinics / services. If possible inform the site security / your manager of your intention to work or arrival at a site in advance. This is to ensure your safety and also to ensure that alarms are not set off unintentionally. Also if there is any signing in procedure for the site.
- If you are working late at night or at weekends let your manager, work colleagues and relatives know of your whereabouts and of the estimated time you are expected back. Contact them at regular intervals to verify that you are okay. If you change plans then let your manager, work colleagues, relatives know as soon as possible.
- Ensure that all windows and doors are secure to prevent unauthorised access, so that the working environment is as safe as possible.
- Do not open the doors to any strangers, no matter what identification they have.
- Make sure that fire escape routes are available to you and not locked (as many fires happen outside of normal working hours e.g. 9.00am to 17.00pm)
- Avoid using lifts at these times, as you may become trapped inside and unable to gain assistance or attention.
- Should the fire alarm activate while you are in the office alone, you must leave the building immediately by the nearest fire exit.
- Ensure you have access to a phone in case you need to call security, the police, your manager, work colleague, relative or other emergency services.
- Always try and park as close to the building as possible in a well-lit area.

Appendix 3

Example of a “Buddy Procedure”

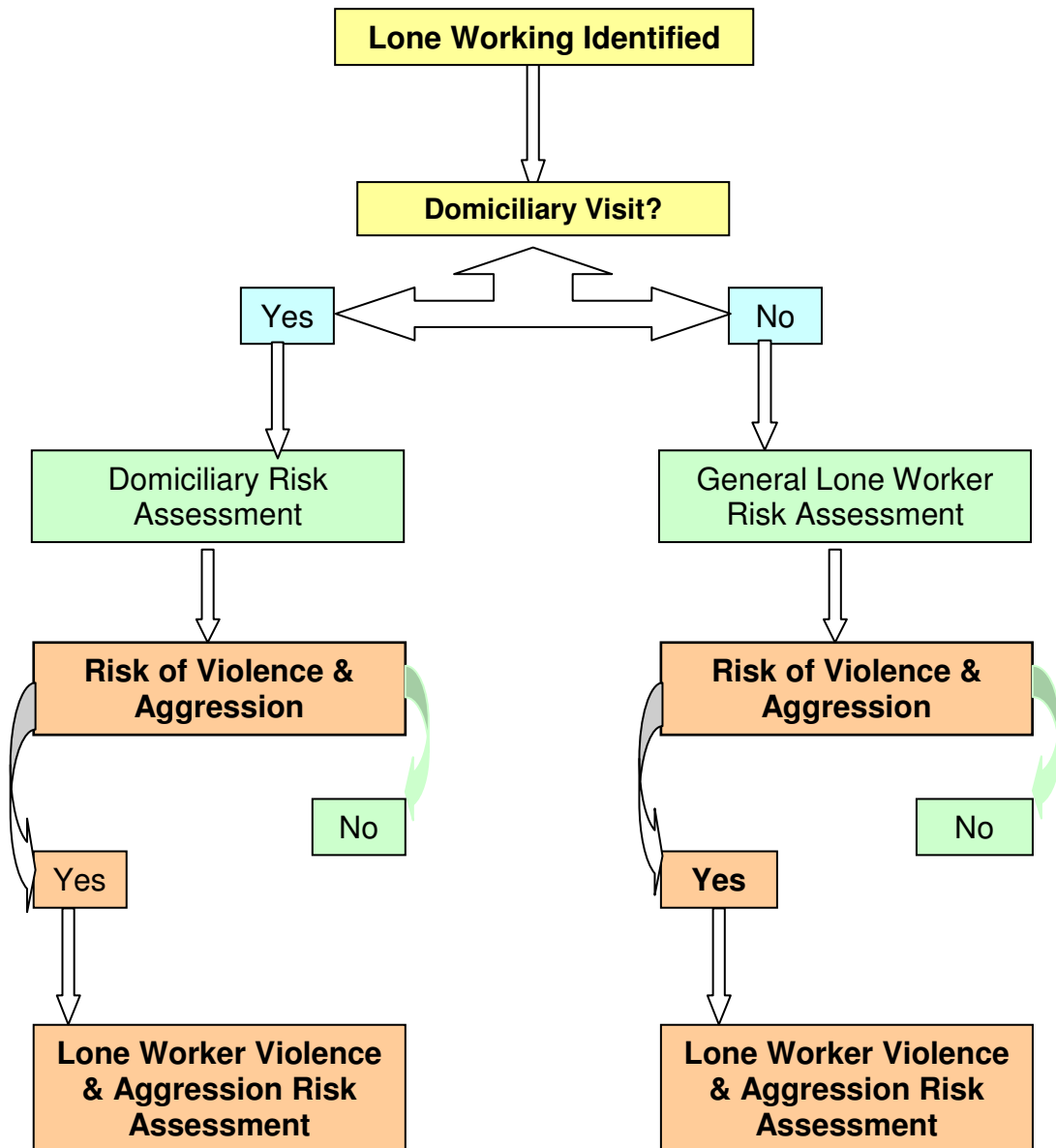


NB

- Time delays of contacts are only an example
- On call managers on leaving home on a call out, should contact a 24 hr site (and again when reached destination)

Appendix 4

Risk Assessment Process



Appendix 5

Generic Lone Worker Risk Assessment

Generic Risk Assessment

This assessment considers typical lone working hazards for staff travelling to and in patient's homes. The possible control measures should be selected from those given below on the basis of risk reduction each would realistically provide. The selected control measures should be reflected in the approved safe working procedure agreed with and followed by staff.

Dynamic Risk Assessment

Individual members of staff should carry out and this should reflect any information such as relevant problems encountered by staff or from other agencies. Whilst this may be carried out informally, any significant aspects must be recorded in the case notes and reported to the manager at the earliest opportunity.

Specific risk assessment

Should be carried out for unusual or short- term lone - working activities. The principles identified in the generic risk assessment can be applied for this type of risk assessment.

Typical Hazards – Persons exposed to hazards are staff themselves, unless otherwise stated.

Hazard	Possible Control Methods
<p><u>Transport</u> Breakdown Puncture Being broken into Hazardous items Road Traffic Accident</p>	<p>Staff to confirm that their own cars are checked and maintained in line with manufacturers schedule Carry legal and useable spare tyre, jack and tools for wheel change Membership of motoring assistance organisation, such as AA, RAC, etc. Ensure valuables are not left in car, or if essential not on display Do not show “nurse on call” sign, etc. Mobile phone to summon assistance Secure heavy or hazardous items in boot to prevent them becoming missiles in event of accident or hard braking.</p>
<p><u>Persons, etc.</u> Persons, who may include patient, partner, relatives and friends who could cause difficulty because of their temperament, alcohol or substance abuse or a grievance. Animals too may cause difficulty if not under control.</p>	<p>Briefing from managers, colleagues or other agencies on persons, animals who may cause a problem. Formal training in attitude, recognition, de-escalation and break-away techniques Agreement prior to visit that a particular person will not be present or animal securely restrained. Second person in attendance where risk assessment determines this.</p>
Hazard	Possible Control Measures

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<p><u>Materials</u> Hazardous substances may include clinical waste, body fluids, and poor standards of hygiene. These could transmit infectious diseases, Medical gases such as cylinders of Oxygen and EntInox could also cause a hazard if improperly handled used or left and possibly interfered with by patients, family, etc.</p>	<p>When attending to patients, comply with infection control procedures, including use of personal protective equipment. Use appropriate sharps containers and clinical waste bags and preferably rigid clinical waste containers. Waste generated should be promptly and securely contained.</p>
<p><u>Environment</u> Patient's home and surrounding area may, in addition to hazards indicated above, include known problems, such as remote location, difficult access, and drug abuse materials. Electrical equipment, gas appliances, furniture and equipment may also be below normal standards.</p>	<p>Briefing staff on relevant issues previously identified, or raised by other agencies. Second person in attendance where risk assessment determines this. Guidance to staff on hazard awareness and risk avoidance.</p>
<p><u>Lack of Communication</u> Communication is essential to make other persons aware of your movements, respond if you do not follow your schedule to initiate assistance in event of the unexpected happening.</p>	<p>Buddy system to give mutual support and assistance. Mobile phone Reporting movements to base with pre-determined action in event of missing scheduled calls or request for assistance.</p>

Appendix 6

Lone Worker Checklist

1. Home Visits

Description of work activity or danger:

Staff exposed to the risk:

Department:

Checklist completed by:

Date completed:

Review date:

Main Issues of Concern	Yes	No
Do Staff carry out visits in high risk locations (i.e. Areas with high crime rates)?		
Do Staff carry out visits in isolated rural areas?		
Do Staff visit unfamiliar patients or relatives?		
Do Staff visit a high risk or unstable or unpredictable patient group?		
Do Staff carry out visits during unsocial hours?		
Do Staff carry valuables or drugs?		
Control Measures for Consideration	Yes	No
Do you provide accompanied visits when there are concerns about safety?		
Do you include potential or known risk factors in referral documents and care plans?		
Do you share risk information with other professionals and agencies?		
Are there systems for monitoring staff whereabouts and movements for regularly reporting to base?		
Have you issued mobile phones?		
Have you issued personal attack alarms?		
Do Staff have information and training on basic personal safety?		
Are Staff trained in strategies for preventing and managing violence?		
Do Staff carry forms for reporting incidents or near misses and appreciate the need for this procedure?		
Are your existing control measures adequate? If "No" what modifications or additional actions are necessary?		

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- 1.
- 2.
- 3.
- 4.

Note: If you have identified a risk associated with this work activity please complete the Trust's risk assessment form.

**This checklist is to be retained by the department
Lone Worker Checklist**

2. Working Alone in Buildings

Staff exposed to the risk (i.e. group and number):

Ward / Department:

Site:

Checklist completed by:

Date Completed:

Review Date:

Main Issues of Concern	Yes	No
Do Staff work alone?		
Do Staff work outside normal office hours?		
Do Staff meet with patients or clients in isolated locations?		
Is there enough security provision?		
Is there poor access to the building?		
Do staff activities involve working in confined spaces?		
Do staff activities involve handling dangerous substances?		
Control Measures for Consideration	Yes	No
Do you provide joint working for high risk activities (i.e. in confined spaces and with dangerous substances)?		
Do you carry out regular supervisor or colleague checks during activities?		
Do you use entrance security systems (i.e. digital locks or swipe cards)?		
Is there security lighting around access points and parking areas?		
Have you installed panic buttons linked to manned locations?		
Do you use reporting checking-in systems?		
Do you use two-way radios or other communication systems?		
Do staff have information and training on basic personal safety?		

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Are staff trained in strategies for preventing and managing violence?		n/a
Do staff have access to forms for reporting incidents or near misses and appreciate the need for this procedure?	x	

Are your existing control measures adequate?	Yes	No
If "No" what modifications or additional actions are necessary?		
1.		
2.		
3.		
4.		

Note: Please complete the CCG Risk Assessment Form for staff whose working practice makes them vulnerable.

This Checklist is to be retained by the Department

Appendix 7

Sample Lone Worker Log Sheet

Service:			Date:
Lone Worker:			Mobile Number: Car Registration Number:
Meeting Title	Address of Visit	Time of Visit	Approx: Return Time

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