



**Please Note: This policy is currently under review and is still fit for purpose.**

# Lone Workers Policy

This procedural document supersedes: CORP/HSFS 03 v.6 – Lone Workers Policy



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|                                 |   |
|---------------------------------|---|
| Executive Sponsor (s)           | Kirsty Edmondson Jones - Director of Estates and Facilities |
| Author/reviewer: (this version) | Neil Donegan - Health and Safety Adviser                    |
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**Amendment Form**

| <b>Version</b> | <b>Date Issued</b> | <b>Brief Summary of Changes</b>   | <b>Author</b>                 |
|----------------|--------------------|---|-------------------------------|
| Version 7      | 9 October 2019     | The Policy has been amended to show organisational changes and responsibilities                                   | Neil Donegan                  |
| Version 6      | March 2016         | The Policy has been amended to include the Reliance Lone Worker System as agreed at the H&S Committee March 2016. | Neil Donegan                  |
| Version 5      | 19 August 2015     | This Policy has been reviewed and updated.  | Kerry Williams & Neil Donegan |

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## 1. INTRODUCTION

The Trust recognises that some staff are required to work alone for significant periods of time without close or direct supervision in the community, in isolated work areas, travelling between wards and departments and out of hours.

The Trust also recognises it has an obligation under the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999 for the health, safety and welfare of its employees. These responsibilities apply equally to those staff that, for whatever reason, work alone.

This policy applies to all directly and indirectly employed staff within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and other persons working within the organisation in line with the Trust’s Equality Analysis Policy – CORP/EMP 27 and will include Contractors and volunteers.

The policy is specifically aimed at those employees whose work is intended to be carried out unaccompanied or without immediate access to another person for assistance; this mainly includes Trust employees who tend to work alone, which includes employees working from home who visit patients.

In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

## 2. PURPOSE

The purpose of the policy is to identify where persons are recognised as lone workers and to eliminate the potential risks associated with lone working, where this is not possible the risks will be minimised to the lowest possible level so far as is reasonably practicable and putting in place appropriate measures to improve their safety.

### AIMS OF POLICY

The aim of the policy is to:-

- increase staff awareness of safety issues relating to lone working;
- Ensure that the risk of lone working is assessed in a systematic and ongoing way, and that safe systems and methods of work are put in place to reduce the risk so far as is reasonably practicable;
- Ensure that appropriate training is available to all staff in all areas that equips them to recognise risk and provides practical advice on safety when working alone;
- Ensure that appropriate support is available to staff who have to work alone;
- Encourage full reporting and recording of all adverse incidents relating to lone working; and reduce the number of incidents and injuries to staff related to lone working.

## 3. DUTIES AND RESPONSIBILITIES

### 3.1 Chief Executive

The Chief Executive or his nominated Executive Director on his/her behalf is responsible for:

3.1.1 Ensuring that there are arrangements for identifying, evaluating and managing risk associated with lone working;

3.1.2 Providing resources for putting the policy into practice; and

3.1.3 Ensuring that there are arrangements for monitoring incidents linked to lone working and that the effectiveness of this policy is regularly reviewed.

**3.2 Divisional/Departmental Managers, Supervisory Management**

Care Group/Departmental Managers and Supervisory Management are responsible for:

3.2.1 Ensuring that all staff are aware of the policy;

3.2.2 Ensuring that risk assessments are carried out and reviewed regularly;

3.2.3 Putting procedures and safe systems of work into practice which are designed to eliminate or reduce the risks associated with working alone;

3.2.4 Ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction and training, including training at induction, updates and refresher training as necessary;

3.2.5 Ensuring that appropriate support is given to staff involved in any incident; and

3.2.6 Managing the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents.

**3.3 Local Security Management Specialist (LSMS)**

3.3.1 The LSM will assist the Trust Health and Safety Adviser to update policies and procedures for the safety of lone workers.

3.3.2 Advising the Trust on systems, processes and procedures to improve personal safety of lone workers and to make sure that proper preventative measures are in place.

3.3.3 Advising the Trust on appropriate and proportionate physical security, technology and support systems that improves personal safety of lone workers.

3.3.4 Taking an active part in assisting managers identify hazards, assessment and management of risks. Advising on the proper security provisions for lone workers.

3.3.5 In the event of an incident, liaise with the police to allow for any follow up actions.

3.3.6 Should be involved in any post incident root cause analysis, working with managers to identify shortcomings and learn from them, ensuring that appropriate measures are taken to negate or mitigate future failings.

**3.4 Employees**

3.4.1 Employees are responsible for taking reasonable care of themselves and others affected by their actions;

- 3.4.2 Co-operating by following the rules and procedures designed for safe working, including the use of the Reliance Lone Worker System (Appendix 3);
- 3.4.3 Reporting all incidents that may affect the health and safety of themselves or others and asking for guidance as appropriate;
- 3.4.4 Taking part in training designed to meet the requirements of the policy; and
- 3.4.5 Reporting any dangers or potential dangers they identify or any concerns they might have in respect of working alone.

### 3.5 Hazards

It is not always possible to identify the hazards relating to lone working, especially where the workplace or area is outside of the employer's immediate control. In such situations lone workers should continually assess the work location, taking account of hazards that cannot necessarily be detected in advance such as the influence of alcohol, drugs or the threat posed by animals or other hostile elements. It is vital that in such circumstances lone workers are empowered to make the decision as to whether or not it is safe to continue working, or whether to withdraw from the situation. In addition each member of staff must:

- Obtain as much background information as possible about the service user and the environmental factors before visiting.
- Prioritise any concerns arising from the information before the visit takes place.
- Always report any incident, no matter how trivial it may appear.

## 4. PROCEDURE

### 4.1 Risk Assessment

Risk assessment is essential to good risk management.

Assessments shall be carried out for and by all staff whose working practice makes them vulnerable. This includes site based staff that work in isolated areas as well as mobile staff whose work takes them out into the community. Recommendations will be made to eliminate or to reduce the risk to the lowest level reasonably practicable.

In all cases there is a fundamental question about the need for lone working.

Managers must decide whether systems can be adopted to avoid workers carrying out tasks on their own. If this is not possible the working practice of the member of staff plus other contributory factors must be risk assessed.

Where staff either Work Alone in Buildings or Carry out Domiciliary Visits managers should first complete the relevant Lone Workers Checklist. (See Appendix 1 & 2).

These checklists can be used as a tool to assist managers to identify if the existing control measures are adequate and if not, what modifications or additional actions can be considered necessary to help reduce the risks associated with Lone Working. The checklists should be retained by the Ward/Department.

Once the checklist has been completed the manager should carry out a Risk Assessment and document this on the Risk Assessment form RA1.

Risk assessments for site based lone workers must include:

- Safe access and exit
- Risk of violence
- Safety of equipment for individual use
- Channels of communication in an emergency
- Site security
- Security arrangements i.e. alarm systems and response to personal alarms
- Level and adequacy of on/off site supervision

Risk assessments for mobile lone workers must include:

- Client/service user risk assessment where applicable
- Arrangements for domiciliary visits, including consideration of alternatives
- Travelling between appointments
- Reporting and recording arrangements
- Communication and trace ability
- Personal safety/security

Following completion of the Risk Assessment, consideration should be given to any appropriate action that is required.

Managers must ensure that risk assessment systems are in place to meet the specific needs of all lone workers within their area of control.

## **4.2 Incident Reporting**

An incident can be defined as an unplanned or uncontrolled event or sequence of events that has the potential to cause injury, ill health or damage.

In order to maintain an appropriate record of incidents involving lone workers it is essential that all incidents be reported on the Datix Risk Management Database.

Staff should ensure that all incidents where they feel threatened or 'unsafe' (even if this was not a tangible event/experience) are reported. This includes incidents of verbal abuse.

## 5. TRAINING/SUPPORT

All staff required to work in Lone Working situations will receive a one day initial Conflict Resolution Training course followed by two hours Conflict Resolution training every two years thereafter. In addition, managers and staff should jointly identify training requirements appropriate to Lone Working via Training Needs Analysis (TNA) and Statutory and Essential Training (SET) .

- Staff must complete the DBTH conflict resolution e-learning training every two years.
- Staff must complete the online E-learning package for lone working devices provided by Reliance Protect prior to their use. The device will not be made live until this is completed.

Training will be recorded on the Oracle Learning Management System.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

| What is being Monitored  | Who will carry out the Monitoring  | How often   | How Reviewed/<br>Where Reported to   |
|--|--|---|--|
| The effectiveness of the policy and procedures in relation to ensuring the Health, Safety and Welfare of Lone Workers. | Wards and Departments will monitor the number of incidents, as they apply to lone working situations within their area and review actions taken. | The Ward/ Department manager will monitor lone working situations weekly and monthly. | Lone working will be reviewed at Care Group/Department meetings.<br>Ward/Department managers will address any shortfalls and report them to the Care Group/Department Directors. |

## 7. DEFINITIONS

**Lone workers** are those who work by themselves, in areas without close or direct supervision, or are working out of sight or earshot of another colleague, such as:

- [i] **Staff in fixed establishments where:**



- Only one member of staff works on the premises
- Staff working separately from others
- Staff working outside normal hours
- Working in Confined spaces
- Working on live electrical equipment

**[ii] Mobile lone workers working away from their base and when their work may be carried out in:**

- Clients' homes
- Nursing homes
- Schools
- Other Trusts or Business premises

It is recognised that any member of staff may spend a limited amount of their working time 'alone'.

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4)

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Aggressive and Violent Behaviour Towards Staff Policy - CORP/HSFS 5

Risk assessments will be managed in accordance with the Trust's Risk Identification, Assessment and Management Policy - CORP/RISK 30

Security Policy – Incorporating Bomb Threat/Suspect Packages - CORP/HSFS 15

Fair Treatment for All Policy – CORP/EMP 4

Equality Analysis Policy – CORP/EMP 27

## 10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-generaldata-protection-regulation-gdpr/>

## 11. REFERENCES

- A. The Health and Safety at Work Act 1974
- B. The Management of Health and Safety at Work Regulations 1999
- C. The Management of Health and Safety at Work – Approved Code of Practice (HSE 2000)
- D. [www.hse.gov.uk/healthservices](http://www.hse.gov.uk/healthservices) Working alone: Health and safety guidance on the risks of lone working. (2009)
- E. [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk) Not alone: A Guide for the better protection of lone workers in the NHS. (2009)
- F. Statutory and Essential Training (SET) Policy – CORP/EMP 29.

## LONE WORKER CHECKLIST

### Working Alone in Buildings

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

Ward/Department:

Checklist completed by:

Site:

Date Completed:

Review Date:

| <b>Main Issues of Concern</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Do staff work alone?   |            |           |
| Do staff work outside normal office hours?   |            |           |
| Do staff meet with clients or patients in isolated locations?  |            |           |
| Is there enough security provision?  |            |           |
| Is there safe and secure access to the building?   |            |           |
| Do staff activities involve working in confined spaces?  |            |           |
| Do staff activities involve handling dangerous substances?   |            |           |
| <b>Control Measures for Consideration</b>  |            |           |
| 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 local 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?   |            |           |
| Are staff trained in strategies for preventing and managing violence?  |            |           |
| Do staff have access to 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? |  |  |
| 1.   |  |  |
| 2.   |  |  |
| 3.   |  |  |
| 4.   |  |  |

**NOTE: Please complete the Trust's Risk Assessment Form for staff whose Working practice makes them vulnerable**

**This Checklist is to be retained by the Ward/Department**

## **LONE WORKER CHECKLIST**

### **Domiciliary Visits**

Description of work activity or danger:

Staff exposed to the risk:

Ward/Department:

Checklist completed by:

Site:

Date Completed:

Review Date:

| <b>Main Issues of Concern</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 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 clients or relatives?                                      |            |           |
| Do staff visit a high-risk or unstable or unpredictable client group?                |            |           |
| Do staff carry out visits during unsocial hours?                                     |            |           |
| Do staff carry valuables or drugs?   |            |           |
| <b>Control Measures for Consideration</b>  |            |           |
| 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 have access to 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?   |  |  |
| 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 Ward/Department**



## Lone Working

Standard Operating Procedure



**Doncaster and Bassetlaw  
Teaching Hospitals**  
NHS Foundation Trust

Reliance Lone Worker System

Date of Issue: 30/09/2019

Ver 2.0

## RELIANCE LONE WORKER SYSTEM

|                        |        |
|------------------------|--------|
| <b>Review Interval</b> | Annual |
|------------------------|--------|

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## **MANDATORY USE OF THE DEVICES**

Lone worker devices will be made available for staff working in potentially hazardous or vulnerable situations following a risk assessment undertaken by their line manager.

Where it has been determined by risk assessment that the use of a lone worker system is necessary, **usage of the devices is mandatory.**

The usage of the system will be monitored by the Management Team in line with Trust policy, failure to comply could result in disciplinary action.

### **Reliance Lone Worker Device Guidance:**

[Reliance Protect Pulse Device Training](#)

[Reliance Protect ID Lone Worker Device Training](#)

## APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

| Service/Function/Policy/<br>Project/Strategy  | Division/Executive Directorate and<br>Department | Assessor (s)   | New or Existing<br>Service or Policy? | Date of Assessment |
|---|--|----------------|---------------------------------------|--------------------|
| Lone Workers Policy   | Estates and Facilities                           | Neil P Donegan | Existing policy                       | September 2019     |
| <b>1) Who is responsible for this policy?</b> Name of CSU/Directorate - Estates and Facilities  |  |                |                                       |                    |
| <b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> - To ensure all Trust staff are aware of lone working responsibilities   |  |                |                                       |                    |
| <b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards – Compliance with Policies and legislation  |  |                |                                       |                    |
| <b>4) What factors contribute or detract from achieving intended outcomes?</b> – Behaviour and understanding  |  |                |                                       |                    |
| <b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No |  |                |                                       |                    |
| <input type="checkbox"/> <b>If yes, please describe current or planned activities to address the impact</b> [e.g. Monitoring, consultation] – N/A   |  |                |                                       |                    |
| <b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] – N/A   |  |                |                                       |                    |
| <b>7) Are any of the following groups adversely affected by the policy?</b>   |  |                |                                       |                    |
| <b>Protected Characteristics</b>  | <b>Affected?</b>                                 | <b>Impact</b>  |                                       |                    |
| a) Age  | No   |                |                                       |                    |
| b) Disability   | No   |                |                                       |                    |
| c) Gender   | No   |                |                                       |                    |
| d) Gender Reassignment  | No   |                |                                       |                    |
| e) Marriage/Civil Partnership   | No   |                |                                       |                    |
| f) Maternity/Pregnancy  | No   |                |                                       |                    |
| g) Race   | No   |                |                                       |                    |
| h) Religion/Belief  | No   |                |                                       |                    |
| i) Sexual Orientation   | No   |                |                                       |                    |

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box

|             |           |           |           |
|-------------|-----------|-----------|-----------|
| Outcome 1 ✓ | Outcome 2 | Outcome 3 | Outcome 4 |
|-------------|-----------|-----------|-----------|

*\*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4*

Date for next review: March 2022

Checked by: Sean Tyler

Date: September 2019