Lone Working Policy HSC006

Table of Contents

HSC006 – Lone Working Policy (rev Sept 2020)

Lone Working Policy

Why we need this Policy

Service condition 24 of the NHS Standard Contract requires all healthcare providers to have appropriate security management measures in place. These measures must meet the NHS Protect Standards for Providers which are published annually and may be audited. The aim of this policy is to describe how the organisation meets the requirements of standard 3.2. in relation to lone workers:

The organisation undertakes an assessment of the risks to its lone workers including the risk of reasonably foreseeable violence. Where appropriate, it takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their effectiveness.

What the Policy is trying to do

The purpose of this policy is to provide a framework for managers to ensure the safety of lone workers.

Which stakeholders have been involved in the creation of this Policy

- The Trust's Security Management Director
- The Trust's Risk and Resilience Group
- The Estates Risk Group
- The Prevention and Management of Violence and Aggression Group

Any required definitions/explanations

NHS Protect was originally known as the NHS Security Management Service and was formed in 2003 with the remit to protect the NHS so that it can better protect the public's health.

Local Security Management Specialist (LSMS) - An employee of the Trust who has been accredited to act in the position of Local Security Management Specialist, to coordinate security management arrangements within the Trust and to investigate any serious security incidents that may occur. This is a statutory post with mandatory responsibilities.

Security Management Director (SMD) – An executive director of the Trust with responsibility for security management. This is a statutory post with mandatory responsibilities.

Lone Worker – A person who works by themselves without close or direct supervision, in any environment where there are no other workers present who are available to respond quickly and effectively to unusual occurrences or emergencies.

Lone Working – A person is classed as working alone if the definition above applies for any

significant period of time whilst a worker is on duty. The definition of a significant period will be determined by the level of risk posed by the activity.

Key duties

Chief Executive

The Chief Executive has responsibilities under the Health and Safety at Work Act 1974 and The Management of Health and Safety at Work Regulations 1999, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work. The Chief Executive has overall responsibility for the provision of appropriate policies and procedures for all aspects of Health and Safety at work. The duty of implementing these policies is delegated to the Board of Directors.

The Security Management Director (SMD)

The SMD is the nominated executive with the responsibility for security management. The SMD will lead and communicate at board level on strategies to tackle violence against staff. This will assist the Trust in meeting its responsibility for the health and safety of staff. The SMD will work with the nominated Non-Executive Director (NED) to:

- Be responsible for the introduction, operation, monitoring and evaluation of this policy to ensure comprehensive, fair and consistent application throughout the Trust.
- Facilitate the continual development of a pro-security culture among staff and NHS professionals.
- Raise awareness of security issues and encourage staff and professionals to report all incidents, following the Trust Incident Reporting Procedure.

Local Security Management Specialist (LSMS)

A key priority area of work for the LSMS is preventing and managing violence and aggression, in conjunction with Trust policies and in accordance with Secretary of State Directives. The LSMS will:

- Act as the lead for all security matters
- Ensure that all incidents of violence and aggression are reported immediately on the Trust integrated risk management system (Datixweb), and if necessary, to the police
- Review and if necessary act upon all reported incidents of violence and aggression
- Provide guidance to managers on the development and implementation of lone working operational procedures
- Manage the provision and operation of lone worker protection devices and provide security advice to members of staff as required
- Submit annual Violence and Aggression statistics to NHS Protect
- Produce Quarterly security reports which include analysis of incidents of Violence and Aggression
- Attend the Prevention and Management of Violence and Aggression Group meeting

Managers

It is the responsibility of the local ward / department / team managers to implement this policy within their area. Managers must:

- Ensure that all staff are aware of the contents of this policy <u>before</u> any lone working takes place.
- Undertake risk assessments for lone working and ensure safe systems of work (local procedures) are in place and are implemented.
- Ensure staff comply with this policy and regularly check that all staff follow their local lone working procedures.
- Ensure all incidents are reported in line with the Trust's Policy for the Management of Incidents CRM002.

Staff

All staff are responsible for ensuring that they:

- Understand the lone working procedure in operation in their area and implement the procedure when working alone and when supporting colleagues who are working alone.
- Follow health and safety policies and procedures and the associated guidance notes.
- Do not take unnecessary risks when working alone
- Report all incidents in line with the Trust's Policy for the Management of Incidents CRM002.

On-Call Managers and Directors

- In the event that a staff member is unaccounted for out of hours, the on-call manager and director may be contacted as part of the escalation procedure (see Appendix 1).
- On-call managers and directors must use all information available to them when trying to trace a missing member of staff, including ESR and other electronic systems.

Policy detail

Almost all staff work on their own at some point. For the purposes of this policy lone workers on an NHFT site are differentiated from staff working alone in the community or with patients.

Lone working on an NHFT site

All departments must have a lone working risk assessment for staff who occasionally are the first or last person working in a building. This risk assessment must have clear controls in place for their health and safety and a copy should be kept in the building folder. The building folder will also contain information relating to environmental emergencies and maintenance procedures.

Whenever possible, staff should utilise official building opening hours. When this is not feasible and arrangements are made to work alone in buildings outside of normal working hours, it is the responsibility of the individual staff member to assess the risk involved *at that time* and take appropriate steps to minimise compromising their safety. Main doors must be kept locked after

hours and access should not be granted until the staff member has established the appropriate identification of any visitors.

It is the responsibility of the staff member to secure the building and ensure that appliances and equipment are switched off according to local procedure prior to vacating the premises.

Lone working in the community
All teams need to have their own local lone working procedures; a specimen template for local procedures is attached (see **Appendix 1**).
Compliance with local lone working procedures is mandatory and failure to do so will invoke the Trust Disciplinary Procedures.
All employees subject to lone working must receive training in the risks associated with the work and be informed of the appropriate control measures necessary. New employees must not be permitted to work alone until the relevant manager is satisfied that they are capable of carrying out their work activities safely without direct supervision, and that they can raise the alarm or follow emergency procedures as necessary.

To ensure the safety of staff the following range of safe systems of work are set out below which may be considered along with any alternative or additional control measures:

1. Diary
A lone worker's diary shall be made available at all team bases and monitored by a nominated person (receptionist/administrator if possible). The diary shall contain details of appointment times, addresses and contact telephone numbers. It will be the responsibility of all lone workers to ensure that details are entered onto it prior to undertaking lone working tasks, including an agreed timescale for checking in.

2. Phone-in System
Managers must ensure that lone workers phone in at an appropriate time, for example after visits or at the end of the working day.

3. Movement Sheet/Board
All team bases must have in place a movement sheet/board, which is similar to a diary, with this sheet filled in on a regular basis and amended as necessary. It is intended to act as an indicator of lone workers' whereabouts.

All lone working staff are responsible for the notification of any changes in their diary schedule to all concerned parties.

Where a lone worker fails to check in within an agreed timescale it will be the responsibility of the nominated person to establish contact and initiate a response, escalating to the line manager if necessary. See Appendix 1 for details.

Additional controls to be considered:

Personal Alarms

These may be issued to staff where appropriate (following a risk assessment) and must be carried at all times and readily accessible for use. Although these may not summon help/assistance, they may distract the assailant for a vital moment enabling the person to get away to a place of safety.

Lone Working Assessments on System 1

Some teams have access to this tool on System 1; contact Clinical Systems for further information.

Two Person Rule

Situations may arise where lone workers could move into serious or imminent danger. When there is a perceived risk (following a risk assessment) of serious danger, managers must ensure that the two-person rule is applied, i.e. lone working is not permitted. The two-person rule must also be considered when lone workers are making a first visit and may not have received all information about the client (e.g. emergency referrals, transfer in clients etc.)

Situations Requiring Additional Consideration:

Unscheduled Visits

Where clients request unscheduled meetings or visits to their homes, managers are to ensure that a system is in place for checking client credentials before they are seen, e.g. are they genuine or do they have a history of violence and/or aggression? If there is any doubt, the 2 person rule must apply. All unscheduled visits require a subsequent check in.

Transportation of Clients

Some staff may be required to transport clients. Should this situation arise, lone workers must carry out a suitable and sufficient risk assessment of their client with regards to violent behaviour or any other perceived risk. Where there is a perceived risk the two-person rule must be applied or consideration given to transporting the client by other means.

Security of Medical Equipment and other Possessions

Where carried, medical equipment, e.g. syringes or drugs, must be kept secured and out of sight such as in the boot of a car or a suitable locked container.

Parking

Staff must always observe best practice and park vehicles to facilitate ease of departure and park in a well-lit area at night. If staff are carrying items with a higher risk of theft such as drugs, prescription pads or laptops with confidential information and cannot park sufficiently close to their place of work, they must use the temporary parking zone and drop these items off and secure them accordingly before moving their vehicle to a parking space. Lone Worker's vehicle details (make, model, and registration number) must be kept at bases or headquarters.

Environmental Hazards

Lone Workers in the community are to ensure they dress appropriately, taking care to avoid items that restrict movement, and make informal risk assessments for hazards. If additional controls are

required they must contact their line managers. Torches should be carried by staff working in the community where paths may not be well-lit.

Employees with Disabilities

Where an employee has a physical and/or mental disability as defined in 'HSC001 – Health and Safety Policy' then the manager may be required to make reasonable adjustments to the lone working procedures as identified through risk assessment.

HM Prisons

NHFT staff are not permitted to carryout lone working in prisons.

Incident Reporting

Every member of staff has a responsibility to report adverse incidents or near misses, including verbal abuse, via the Risk Management's incident reporting system (Datix) in accordance with the Trust Incident Reporting Policy. There is a field to identify lone workers reporting incidents of violence and aggression including verbal abuse and damage to property. Following an incident there must be a de-briefing for staff arranged by Managers as soon as possible afterwards and appropriate support made available.

Training requirements associated with this Policy

Mandatory Training

All staff who have personal contact with patients have to complete Conflict Resolution Training (CRT).

It is required that managers complete the 'Risk Register Training' course so they have knowledge of the risk assessment process and are able to access the Risk Register module on Datixweb.

Specific Training not covered by Mandatory Training

NHFT has a requirement under Secretary of State Directions 2003 to have an accredited Local Security Management Specialist (LSMS) in post.

Learning and Development provide Communication training on request.

How this Policy will be monitored for compliance and effectiveness

This Policy will be reviewed for compliance/effectiveness by the Health, Safety and Risk Committee.

For further information

NHS PROTECT Standards for Providers

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy and these are incorporated into the overarching health and safety analysis.

Document control details

Author:	Caroline Machray, LSMS
Approved by and date:	Trust Policy Board – 21 September 2017
Responsible Committee:	Health, Safety and Risk Committee
Any other linked Policies:	Security Policy HSC004 Management of Violence and Aggression Policy HSC029
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Version:	2.0

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1.0	12.04.2016	12.04.2016	12.04.2019	New governance of trust policies template.
2.0	21.09.2017	22.09.2017	21.09.2020	Minor Amendments.

APPENDIX 1 – SPECIMEN TEMPLATE FOR LOCAL PROCEDURES

These are the basic processes to be included in the detailed local procedures

GENERAL MANAGEMENT OF RISKS TO LONE WORKERS

All staff undertaking lone working MUST be provided with a mobile phone and charger.

Staff are responsible for ensuring that phones are kept charged at all times.

1. INFORMATION – MANDATORY SECTION

All staff who are undertaking Lone Working outside of NHS premises need to have registered the following information within their department:

- Mobile phone number
- Home phone number
- 'Buddy' name and phone number
- Any code words to be used and corresponding action
- Personal Contact in the Event of an Emergency/Next of Kin
- Make/model & registration of car being used
- Name, address & phone number of person(s) being visited
- Time of visit(s) and estimated time of return - This information should be left in a specified place and be accessible to their first contact/line manager in an emergency.

2. PLANNING

Individual visits should be risk assessed to see if there are any factors to suggest that a visit by a lone worker would be contraindicated eg: history of violence, uncontrolled mental illness, potentially hazardous physical environment etc.

All staff should ensure that their final visit of the day will be concluded prior to the end of their working day.

No visits to new patients should be undertaken at the end of the working day if this can be avoided.

All staff must have access to up-to-date maps to enable them to find visits.

In the clinical environment, chairs and tables should be strategically placed to allow the interviewer the easiest exit route should this become necessary.

Staff must ascertain the whereabouts of the phone and any panic alarms and how to use them.

Detailed Personal Safety Guidance is available on the Trust Staff Room Security page.

3. SUPPORT

A 'Buddy' system will be in place which ensures that staff take responsibility for monitoring each other's safe return to the department Please note that if it is felt necessary to send two members of staff on a visit the second person should not be the first person's buddy, another buddy must be nominated. The buddy may be a colleague, an administrator or a line manager.

If it is difficult to nominate a buddy, or there is constant change, it may be easier to have a dedicated 'Buddy mobile'. This would allow whoever is minding the mobile to be the buddy, so that it can be passed around staff. It is important that whoever is minding the mobile has access to all the team information.

As a last resort, Berrywood reception may be used as a 'Buddy'. Lone workers need to contact reception before they make their visit and provide details listed in section 1 and a check in time. This will be recorded in the lone worker book.

In the event that a member of staff has not returned to the department, or phoned in, at the expected time the Team Leader should be notified immediately and the Escalation procedure will commence.

Escalation procedure – Mandatory Section

1. A phone call is made to the staff member's mobile phone.
2. The staff member will be spoken to directly to ensure that all is well, and a new expected return time to the department will be identified.
3. A phone call will be made to the patient's home that is being visited, and to other scheduled visits to establish their last known location and at what time they left.
4. If the staff member does not answer their phone on two further attempts over five minutes (to allow them to stop their car and answer the phone safely), a phone call will be made to their home number to see if they have returned home.
5. If the staff member cannot be contacted directly a phone call will be made to their Personal Contact in Event of Emergency to notify them. The Personal Contact will then be responsible for ensuring all personal checks are made; the manager (or the Trust on-call manager) must remain in contact with the Personal Contact until the matter is resolved and provide support where appropriate.
6. If the whereabouts of the staff member still cannot be established, the Personal Contact cannot help and no other useful investigations can be identified (such as a visit to their home address), the Team Leader will consider contacting the Police to inform them of the situation. The decision should be based on knowledge of the staff member's usual behaviour, time missing and actions that day.

It will be the responsibility of the Lone Worker to ensure their Buddy is made aware as soon as possible if they will not be returning to the Department at the expected time due to an unforeseen delay, and they will need to identify a new expected return time.

4. RAISING THE ALARM – MANDATORY SECTION

All staff must carry mobile phones and use the speed dial settings to request help if required.

The speed dials should be allocated as following:

1st Contact: designated 'buddy'

2nd Contact: optional

3rd Contact: Trust Emergency Only out of hours line 01604 685555

The Emergency Only line is the fire alarm priority line directly to Berrywood Reception.   It must only be used after office hours when assistance is required, not to book in or out. Staff may use this number when calling 999 is not appropriate or possible and if they wish someone to listen in. Berrywood receptionists will contact people on their behalf and can call the police on another line if required. Staff are responsible for keeping phones charged and for switching them on when they go out on visits.

5. OCCASIONAL LONE WORKERS

Staff who are not lone workers but wish to work alone occasionally (e.g. in offices out of hours) must get agreement from their manager and a risk assessment must be made beforehand with clear controls in place.

6. EVIDENCE

Local lone working procedures will be looked at by both internal and external assessors, such as the CQC. It is therefore a good idea to have them reviewed at a team meeting on a quarterly/bi-annual basis and recorded because the minutes can be produced as evidence. They must also be included in the local induction procedures as part of the checklist.

Evaluation will be by means of incident reviews, staff feedback and random emergency contact drills.

APPENDIX 2 - LONE WORKING – RISK ASSESSMENT CHECKLIST

Dept:	
Area of work:	

	Yes	No	N/K
Do the staff member(s) work in patients' homes?			
Have patient notes been examined for warning signs?			
Does the staff member carry a lone worker protection device?			
Does the staff member have access to a mobile phone?			
Can staff member(s) be easily located at any time?			
Are there checks to see if communication systems work correctly?			
Is a manager or nominated person notified of all staff visits and timings, even if called out on emergencies?			
Is there a system in place should a lone worker lose contact with the Trust or vice versa?			
Has the staff member(s) received PSTS or CRT training?			
Is there a visit list record?			
Are potentially violent patients seen on hospital premises rather than visiting in the community?			
Do staff operate a 'Buddy' system when working alone?			
Environment – area, grounds, paths or property visited			
Are there any known concerns regarding cleanliness, drug misuse, uncontrolled dogs etc?			
Are visits made at quiet times such as weekends or nights?			
Is the area visited after dark?			

Is there sufficient street or building lighting?			
Is the area quiet/unfrequented?			
Is there CCTV in the area?			
Are there any local late night businesses for refuge if required?			
Is there a need to use underpasses?			
Do the staff member(s) feels safe when visiting the area?			
Do the staff member(s) feel safe when visiting the patient's home?			
If staff member(s) have voiced concerns about the patient or the area, has the issue been recorded and addressed?			

Name and designation of person completing form:

Date: