

**Lone Working Policy**

Date	Version
January 2015	2

**Purpose**

The Trust is committed to ensure that Lone Workers feel safe and secure when undertaking and performing their duties, free from fear, and in full knowledge that there are strong management procedures in place to ensure effective action can be taken should they find themselves in a threatening environment and need help

Lone working risk assessments will be carried out to identify the risks to ensure suitable control measures are clearly agreed and implemented. Where possible the necessity for Lone Working will be reduced or omitted

**Who should read this document?**

All Matrons and Heads of Department, All Managers and Team Leaders, All Trust Staff

## Key messages

To ensure that Staff identified as Lone workers (see definition) have sufficient information, instruction and training to make them competent to deal with identified hazards that may be found in the work place.

Managers will ensure that Pro-active risk assessment of activities within their area is completed by competent staff and that the risk assessment takes account of staff groups and or individuals identified as Lone Workers.

### **All Matrons and Heads of Departments must:**

- Formalise and raise awareness of this policy
- Ensure that employees are aware of their responsibility in respect of this policy
- Identify the requirement to undertake lone worker risk assessments
- 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/s so far as is reasonably practicable
- Ensure that staff are able to attend appropriate training to equip them to recognise risks within their workplace and provide practical advice to maintain their personal safety at all times
- Increase staff awareness of safety issues relating to lone working
- Ensure that appropriate support is available to staff who have to work alone
- Encourage full reporting and recording on DATIX of all incidents, near misses and injuries to staff relating to lone working

### **All Managers and Team Leaders must:**

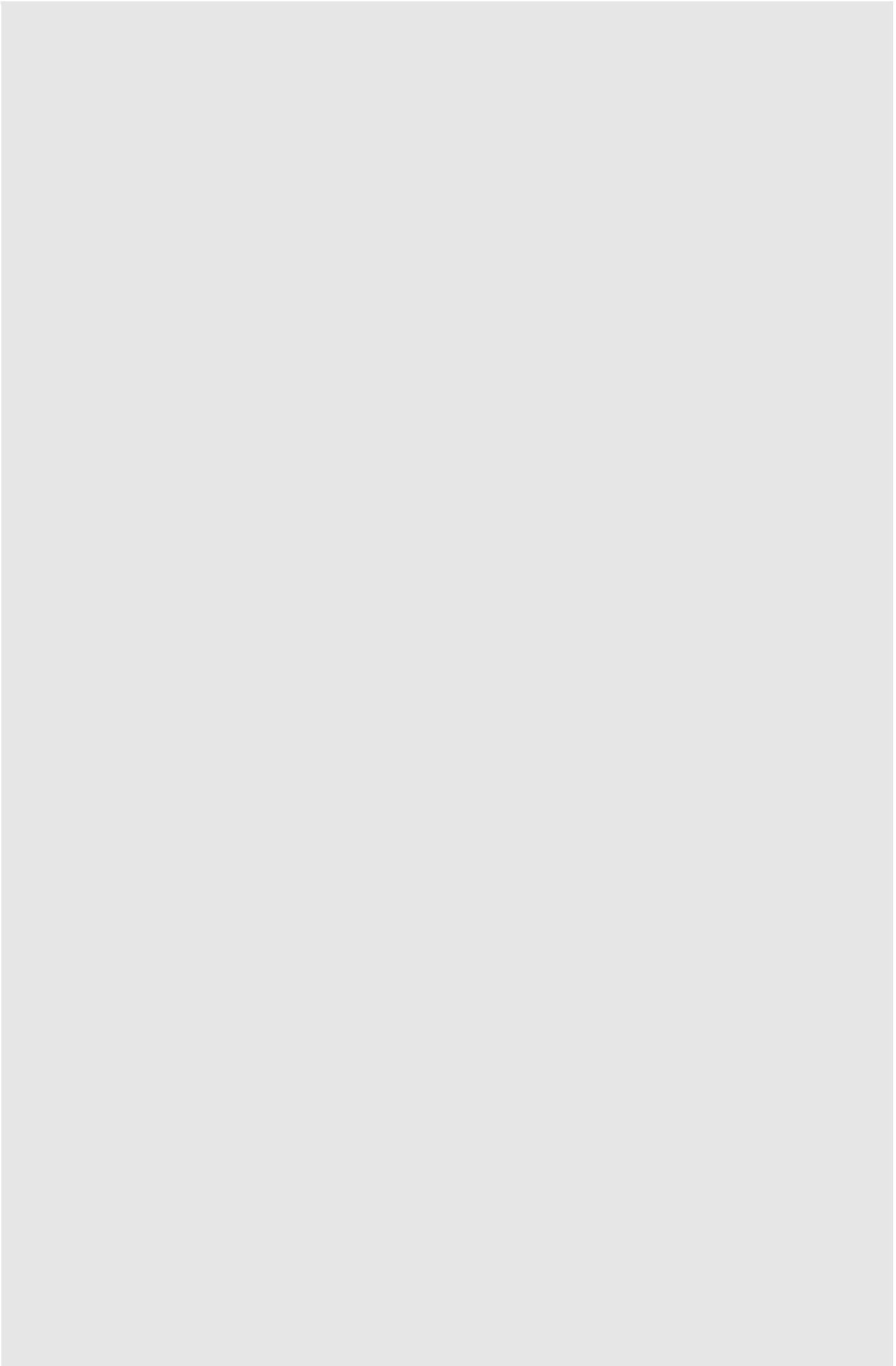
- Ensure that staff are aware of this policy and their responsibilities therein
- Increase staff awareness of safety issues relating to lone working
- Ensure that appropriate support is available to staff who have to work alone
- Encourage full reporting and recording on DATIX of all incidents, near misses and injuries to staff relating to lone working

### **The Local Security Management Specialist must:**

- Ensure that appropriate training is available to all staff to equip them to recognise risks within their workplace and provide practical advice to maintain their personal safety at all times

### **All Staff must:**

- Familiarise themselves with this policy and their responsibilities therein
- Comply with all aspects of this and any associated policies
- Ensure that all incidents, near misses and injuries to staff relating to lone working are reported on DATIX



Accountabilities		
Production	Facilities Assurance Manager	
Review and approval	Local Security Management Specialist	
Ratification	Director of Planning and Site Services	
Dissemination	Facilities Assurance Manager	
Compliance	Director of Planning and Site Services	
Links to other policies and procedures		
Security Policy		
Version History		
V1	September 2012	Initial Policy
V2	January 2015	Health and Safety Committee, Director of Planning and Site Services
Last Approval		Due for Review
January 2015		January 2020

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.**

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## 1 Introduction

The Trust recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision in the community or in isolated work areas out of hours within the hospital. The purpose of this policy is to ensure that appropriate action is taken to protect such staff so far as is reasonably practicable from the risks of lone working.

## 2 Purpose, including legal or regulatory background

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

## 3 Definitions

### **Lone Worker in fixed establishments:**

Any worker who works single handed without close or direct supervision or contact with colleagues. This may include:

- Contractors or service/agency workers
- People who work at home
- People who work separately from others
- People working outside normal hours, e.g. cleaners, security, production, maintenance or repair staff

### **Lone Workers working away from their fixed base:**

- Service Workers, e.g. midwives, doctors, district nurses, maintenance staff, drivers and other similar professionals visiting domestic and commercial premises

**Hazard:** Something that has the potential to cause:

- Harm including ill health and injury
- Damage to property, plant, products or the environment,
- Production losses or increased liabilities

**Risk:** the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard

**Significant Risk:** All health and safety risks must be recorded. Significant risks must be recorded on the Risk Register utilising the Risk Management Framework, DATIX, and related processes (The Health and Safety Executive defines a Significant Risk as follows: Significant risks are those that are not trivial in nature and are capable of creating a real risk to health and safety which any reasonable person would appreciate and would take steps to guard against).

**Risk Assessment:** A statutory process to identify the hazards associated with an area, item or practice and the steps required to reduce the risk of harm as low as reasonably practicable.

**Harm:** Physical and/or psychological harm of any level to staff, contractors or members of the public not in the course of clinical care/treatment

**Controls (measures):** Existing and ongoing arrangements to control a hazard /reduce the level of risk, prevent incidents

**Chief Executive**

The Chief Executive has overall responsibility for the provision of a safe and healthy workplace environment for all employees as required by the Health and Safety at Work Act 1974 and delegates this responsibility to senior managers of the Trust as detailed in this policy.

**Director of Planning and Site Services**

The Director of Planning and Site Services has overall responsibility for ensuring that appropriate policies and procedures for all aspects of health and safety at work (Health & Safety at work Act 1974) and the (Management of Health and Safety at work Regulations 1999) for the health, safety and welfare at work of Trust employees are developed.

Ensuring through the line management structure that these policies and procedures are applied fully and consistently, and that all employees are aware of the standards and behaviours required under them.

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

Ensuring that there are arrangements in place for monitoring incidents linked to lone working and that the board regularly reviews and updates with regard to the effectiveness of this Policy.

**Associate Director of Facilities**

The Associate Director of Facilities shall act as Authorised Officer for all aspects of this policy. The Authorised Officer has a nominated deputy who will be responsible for the management and monitoring of this policy and the responsibilities therein.

**Local Security Management Specialist**

The Local Security Management Specialist will be responsible for:

Ensuring that appropriate training and relevant equipment is available to all staff to furnish them with the ability to recognise risks within their workplace and provide practical advice to maintain their personal safety at all times.

Monitoring workplace incidents, reporting occurrences and trends and providing recommendations for improvement.

Reviewing the DATIX system at least annually, to ensure that the environmental risk assessment has been undertaken and that any additional improvements have been delivered.

Reviewing the delivery of training

**Matrons and Heads of Departments**

Matrons and Heads of Departments will be responsible for formalising and raise awareness of this policy and for ensuring that employees are aware of their responsibility therein.

Identifying the requirement to undertake lone worker risk assessments

Ensuring 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/s so far as is reasonably practicable

Ensuring that staff are able to attend appropriate training to equip them to recognise risks within their workplace and provide practical advice to maintain their personal safety at all times

Increasing staff awareness of safety issues relating to lone working

Ensuring that appropriate support is available to staff who have to work alone

Encouraging full reporting and recording on DATIX of all incidents, near misses and injuries to staff relating to lone working

### **Managers and Team Leaders**

Managers and Team Leaders are responsible for ensuring that staff are aware of this policy and their responsibilities therein

Increasing staff awareness of safety issues relating to lone working

Ensuring that procedures and safe systems of work are put into practice which are designed to eliminate or reduce the risks associated with lone working.

Ensuring that risk assessments are carried out and reviewed regularly

Ensuring that staff groups and individuals considered to be at risk are given appropriate information, instruction and training (including staff awareness training), receive regular updates and refresher training.

Ensuring support for members of staff with health conditions which may affect their ability to work alone and ensuring a supporting working environment

Ensuring that appropriate support is available to staff who have to work alone

Ensuring appropriate support is given to staff involved in any incident

Monitoring and managing the effectiveness of preventative and control measures through an effective system of reporting, investigating and recording incidents, near misses and accidents on DATIX.

### **Staff**

All trust staff are responsible for familiarising themselves with this policy and their responsibilities therein

Complying with all aspects of this and any associated policies

Taking reasonable care of themselves and others affected by their work activities and processes

Co-operating with their employers by following policies, procedures, safe systems of work and guidelines designed for safe working

Reporting any dangers, or potential dangers and concerns identified in respect of lone working

Ensuring that all incidents, near misses and injuries to staff relating to lone working are reported on DATIX

Taking part in training and providing information designed to meet the requirements of this policy

## **5 Key elements (determined from guidance, templates, exemplars etc.)**

The Trust recognises that risk management is an essential component in discharging its responsibility effectively and responsibly. Where lone working is a feature of service delivery, line managers are expected to undertake a lone working risk assessment. In completing this assessment, consideration should be given to the role, the working environment and the individual employee. In particular, the assessment should consider the following in relation to medical fitness.

- Do the circumstances of working alone place additional requirements on workers in terms of their physical or mental stamina?
- Does the individual have a medical condition which makes them unsuitable for working alone? (In these cases the risk assessment will need to be supported by advice from Occupational Health and Wellbeing. This may be achieved by the Pre-Placement Health Questionnaire for new employees and the Internal Moves Health Questionnaire for existing staff moving roles. Otherwise, individuals should be referred to Occupational Health for an opinion using the OH&WB referral form. In all cases the need for a lone worker assessment should be made clear to OH&WB)
- The Risk Recording and Assessing Process is referred to in the Trust's Risk Management Framework and must be used to score health and safety risks in the same way as other risks to the Trust. The Tool and the Procedure for Assessing and Managing Health and Safety Risk are provided for guidance and are written to support the Risk Management Framework.

## **6 Overall Responsibility for the Document**

The Director of Planning and Site Services is responsible for ratifying this document. The Facilities Assurance Manager has responsibility for the dissemination, implementation and review of this policy.

## **7 Consultation and Ratification**

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health and Safety Committee and ratified by the Director of Planning and Site Services.

Non-significant amendments to this document may be made, under delegated authority from the Director of Planning and Site Services, by the nominated author. These must be ratified by the Director of Planning and Site Services and should be reported, retrospectively, to the approving committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades directly affected by the proposed changes

## **8 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust's training function if required, to arrange for the required training to be delivered.

## **9 Monitoring Compliance and Effectiveness**

This policy and the safety management procedures which stem from it will be monitored in order to confirm their effectiveness in ensuring the health, safety and welfare at work of employees and others who may be affected by the work activities at the Trust.

The Health and Safety Team will analyse workplace health and safety data using Datix. The Team will identify trends and work with managers to share good practice and initiate improvements. This information will also be used to assess compliance, effectiveness and performance in order that the Trust may benchmark the organisation's performance against other organisations in its sectors.

The Health and Safety Team will review the Annual Health and Safety Risk Assessment Checklist to ensure compliance with this policy.

The Health and Safety Team will annually review risk assessments and related actions plans on the Datix Risk Register to address any significant findings to ensure compliance with this policy.

The Health and Safety Team will carry out planned audits throughout the year and report findings to local management. Findings that highlight concern or good practice will be brought to the attention of the Health and Safety Committee. These audits should not preclude day to day health and safety management as part of Departmental Managers responsibilities.

Monitoring outcomes and monthly reports provided by specialist advisors will be reported to the Health and Safety Committee who will hold meetings each month. Actions to address any issues arising will be developed by the specialist advisors with implementation monitored by the Health and Safety Committee, and areas of concerns escalated to the relevant committee or group.

Local Management should undertake a formal inspection of all health and safety issues, and an environment Risk/Audit Assessment for each area, ward or department at least every twelve months. Findings will formulate a prioritised action plan for Health and Safety.

Inspections must also be carried out following any significant changes to work procedures, equipment, location, new hazards, emergent risks or any new legislation affecting health and safety.

These audits will provide managers with a system of monitoring the standards within their departments on a routine basis and will assist in the implementation of collective measures.

## **10 References and Associated Documentation**

Not Alone: A Good practice Guide for the Better Protection of Lone Workers in the NHS  
[http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Lone\\_Working\\_Guidance\\_final.pdf](http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Lone_Working_Guidance_final.pdf)

INDG73 (rev2) Working Alone: Health and Safety Guidance on the Risks of Lone Working  
<http://www.hse.gov.uk/pubns/indg73.pdf>

Link to Occupational Health Staffnet page:

<http://staffnet.plymouth.nhs.uk/DocumentLibrary/TrustDocuments.aspx?folderId=1340&view=gridview&pageSize=2147483647>

<b>Core Information</b>				
<b>Document Title</b>	Lone Working Policy			
<b>Date Finalised</b>	January 2015			
<b>Dissemination Lead</b>	Facilities Assurance Manager			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	No			
<b>Action to retrieve old copies.</b>	n/a			
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
All staff		Email	Document Control	

<b>Review</b>		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	n/a
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
<b>Manager</b>	Andrew Davies
<b>Directorate</b>	Planning and Site Services
<b>Date</b>	December 2014
<b>Title</b>	Lone Working Policy
<b>What are the aims, objectives &amp; projected outcomes?</b>	To ensure a secure environment for staff, patients and visitors and to comply with legislation, guidance, best practice and other relevant Trust policies.
Scope of the assessment	
Lone Working Policy, linked to the Security Policy (Restricted and not for public release)	
Collecting data	
<b>Race</b>	There is no evidence to suggest that there will be an impact on race with regard to this policy.
<b>Religion</b>	There is no evidence to suggest that there will be an impact religion with regard to this policy.
<b>Disability</b>	There is no evidence to suggest that there will be an impact on disability with regard to this policy.
<b>Sex</b>	There is no evidence to suggest that there will be an impact on sex with regard to this policy.
<b>Gender Identity</b>	There is no evidence to suggest that there will be an impact on gender identity with regard to this policy.
<b>Sexual Orientation</b>	There is no evidence to suggest that there will be an impact on sexual orientation with regard to this policy.
<b>Age</b>	There is no evidence to suggest that there will be an impact on age with regard to this policy.
<b>Socio-Economic</b>	There is no evidence to suggest that there will be an impact on socio-economic circumstances with regard to this policy.
<b>Human Rights</b>	There is no evidence to suggest that there will be an impact on human rights with regard to this policy.
<b>What are the overall trends/patterns in the above data?</b>	None
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	None
Involving and consulting stakeholders	
<b>Internal involvement and consultation</b>	Trust Health and Safety Committee including JSNC representative, the Trust LSMS and the Director of Planning and Site Services. NHS Policies and guidance

<b>External involvement and consultation</b>	Vinci Park			
<b>Impact Assessment</b>				
<b>Overall assessment and analysis of the evidence</b>	<p>This document provide a comprehensive policy which encourages, endorses and guides staff, patients and visitors to act or take measure in a way that promotes an environment that is secure for the individual as well as Trust and private property.</p> <p>None of the measures or training described are designed to cause distress, inequality or prevent patients accessing healthcare, either planned or in an emergency.</p> <p>The Trust reserves the right to bring sanctions against those who cause distress, or demonstrate violence or aggression against others. In these cases the Trust reserves the right to issue formal warnings, or in severe cases, banning orders or civil injunctions preventing individuals from visiting the hospital or from accessing non-emergency treatment. In the case of visiting, a ban may be permanent for a period of two years. In these cases a formal application is in place where a request will come from a ward or department and will be considered by the Chief Executive in the case of a banning order, or NHS Protect in the case of a civil injunction. Appeal systems are in place.</p> <p>These measures are deemed fair and reflect the guidance from NHS Protect and are used in other Trusts throughout England.</p>			
<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>