

# Lone Working Policy



**Please complete the table below:***To be added by corporate team once policy approved and before placing on website*

<b>Policy ref no:</b>	51
<b>Responsible Executive Director:</b>	Rosi Shepherd Director of Nursing and Quality
<b>Author and Job Title:</b>	Lesley Le-Pine – Quality Lead Manager and LAC
<b>Date Approved:</b>	August 2020
<b>Approved by:</b>	Governing Body
<b>Date of next review:</b>	December 2022

**Policy Review Checklist**

	Yes/ No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	<b>Y</b>	Appendix 3
Has the review taken account of latest Guidance/Legislation?	<b>Y</b>	Section 3
Has legal advice been sought?	<b>N/A</b>	
Has HR been consulted?	<b>N</b>	
Have training issues been addressed?	<b>Y</b>	Please see section 11
Are there other HR related issues that need to be considered?	<b>N</b>	
Has the policy been reviewed by Staff Partnership Forum?	<b>Y</b>	
Are there financial issues and have they been addressed?	<b>N/A</b>	
What engagement has there been with patients/ members of the public in preparing this policy?	<b>N/A</b>	
Are there linked policies and procedures?	<b>Y</b>	Security Policy No.45 Lone working risk assessments
Has the lead Executive Director approved the policy?	<b>Y</b>	
Which Committees have assured the policy?		Quality Committee
Has an implementation plan been provided?	<b>Y</b>	See section 12
How will the policy be shared		Intranet and website
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	<b>N</b>	The policy will be launched to staff at Stand Up and then shared through the Voice and be available on the Hub
Has a DPIA been considered in regards to this policy?	<b>Y</b>	
Have Data Protection implications have been considered?	<b>Y</b>	

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# Lone Working Policy

## 1 Introduction

1.1 BNSSG CCG recognises that staff working alone, in potentially isolated conditions have no immediate back up or support and are therefore are at a greater possible risk of incident and/or injury through aggression or violence directed towards them from service users, relatives, carers or the general public. The aim of the policy is to:

- Increase awareness of safety issues relating to lone working;
- Ensure that the risks of lone working are assessed regularly and that systems are put in place to minimise the risk as far as is practical;
- Ensure that appropriate training is available to staff to equip them to recognise risk and provide practical advice on safety when working alone;
- Encourage full reporting and recording of all incidents relating to lone working and reduce the number of incidents/injuries relating to lone working.

The policy needs to be read in conjunction with the CCG's Health and Safety Policy and supports the organisation with its values including that we do the right thing and support each other.

## 2 Purpose and scope

2.1 This document explains how BNSSG CCG will protect staff as far as is reasonably practicable from the risks of lone working. Working alone is not in itself against the law and it will often be safe to do so. However, the law requires employers to consider carefully, and then deal with any health and safety risks for people working alone.

2.2 BNSSG CCG is committed to providing a safe working environment as far as reasonably possible to meet the needs of staff and volunteers. We identify lone workers to be those who work without close or direct supervision or the company of others for substantial periods of time. This includes staff who are required as part of their role to visit patients/service users in their own homes and also those travelling for work. Staff in office environments are likely to be working in proximity to other colleagues, not all of which will be from the CCG.

## 3 Duties – legal framework for this policy

3.1 The law requires employers to consider carefully, and then deal with, any health and safety risks for people working alone. Employers are required to understand what they need to do to comply with their legal duties towards lone workers under:

- the Health and Safety at Work Act 1974
- the Management of Health and Safety at Work Regulations 1999

- 3.2 Employers are responsible for the health, safety and welfare at work of all their workers. They also have responsibility for the health and safety of any contractors or self-employed people doing work for them.
- 3.3 These responsibilities cannot be transferred to any other person, including those people who work alone.
- 3.4 Workers have responsibilities to take reasonable care of themselves and other people affected by their work activities and to co-operate with their employers in meeting their legal obligations.

## 4 Responsibilities and Accountabilities

- 4.1 All staff should be made aware of this policy. Anyone who is or who potentially may be a lone worker will receive information, instruction and relevant support in respect of all identified hazards and the risks involved.
- 4.2 It is the responsibility of line managers to coordinate a risk assessment for lone workers;
  - Anyone who is lone working off site should have a communication link to the office base, normally a mobile phone;
  - Anyone who is lone working shall be given the opportunity to be provided with a personal alarm;
  - Lone workers will follow all instructions contained in the procedures below;
  - It is the responsibility of the line manager to regularly re-assess risks, recording and reporting the dates of monitoring and any changes up to and including Directors
  - It is recognised that some workers are required to work alone for significant periods of time without direct supervision and in these situations, BNSSG CCG will ensure that adequate support is provided.

The CCG has produced some generic risk assessments which are available on the Hub to support line managers with this task.

There are additional responsibilities listed in sections 9 and 10 specific to lone working situations.

## 5 Definitions/explanations of terms used

- 5.1 Individuals are alone at work when they are on their own, they cannot be seen or heard by another worker, cannot expect a visit from another worker for some time and/or where assistance is not readily available when needed. Therefore, lone workers are those who work by themselves without close or direct supervision. This includes where:

- Carrying out work in someone's home other than their own e.g. is visiting a client or other member of the public
- Only one person works on the premises
- One person works alone outside normal hours e.g. when running an evening stakeholder event or a consultation meeting. Working in premises that are not leased or managed by BNSSG CCG
- Travelling for work

## 6 Risk Assessment

- 6.1 When a member of staff visits a client in their own home he or she may be at risk through health and safety hazards in and around service users' homes and of physical or verbal assaults and hostility from service users, partners, relatives and the general public. The same is true in a variety of other settings e.g. when attending engagement meetings with service users
- 6.2 Risk assessments must be carried out by all individuals whose working practice makes them vulnerable and recommendations should be made to eliminate or reduce the risk as far as possible. Where individuals carry out home visits or work alone in buildings managers should complete the lone workers checklist in appendix 1 and the relevant generic lone working risk assessments with the member of staff. These are available on the policy section of The Hub and may need adaptation based on the specifics of the situation or activity that is being assessed. Due consideration needs to be given to an individuals abilities when assessing risk and mitigations.

## 7 Procedure

- 7.1 Individuals staff will receive information, instruction and support/supervision in respect of the hazards and risks associated with lone working. All staff are to take relevant and sensible precautionary measures whilst lone working. If a member of staff feels that they are putting themselves at risk through lone working, they should discuss the situation with their line manager. Further efforts by the line manager shall be made to eliminate or reduce hazards starting with a process of reassessment of the task.

## 8 Risks of lone working

- 8.1 Risk assessments for site based lone workers must include:
- Safe entry and exit
  - Location, e.g. remoteness, transport, parking
  - Risk of violence e.g. history of violence from patients, service users, clients or public

- Safety of equipment for individual use
- Channels of communication in an emergency
- Site security
- Security arrangements ie alarm systems and response to personal alarms
- Level and adequacy of on/off site supervision

### 8.2 Risk assessments for Home Visits must include:

- Premises risk assessment where appropriate
- Arrangements for home visits
- Travelling between appointments
- Reporting and recording arrangements
- Communication and traceability
- Personal safety and security

### 8.3 Risk assessments for travelling for work purposes must include:

- Method of transport
- Communication and traceability
- Personal safety and security

As part of the CCG's arrangements for submitting mileage claims for costs associated with driving for work, staff are required to submit copies of documents for review by line management. These include Driving licence, car tax, MOT, insurance including business mileage. This supports the CCG to discharge its duty of care responsibilities. Risk assessments for commuting is not required

### 8.4 Following completion of the relevant risk assessment, consideration must be given to any appropriate action that is required. A risk assessment checklist for home visits is set out in Appendix 1

## 9 Office based staff

9.1 Whenever staff or volunteers work within the office they should try to ensure that there are other members of the CCG or other organisations in the building. This may include cleaners for example.

9.2 If a worker is meeting a client on their own in an office they should ensure the service user does not sit between them and the door and that they have clear access to leave via the door. It is also advisable to tell someone in the team that they are meeting with a client on their own.

- If there are risk concerns about a client, they should be seen in an office with someone else present in a nearby office
- If this is not possible, make sure that the door is left unlocked



- If a member of staff is seeing clients in the office when no one else is around, check someone else is in the building
- Staff must record appropriate details of any visits in their electronic diary which must be made available to relevant staff/managers to support understanding of your whereabouts, including estimated time of completion of a one to one meeting
- If there is a change to a member of staff's day, they must inform the relevant manager of their expected arrival
- If a member of staff has not arrived by the stated time, a phone call will be made to contact that member of staff
- In a situation where a lone worker feels under immediate threat of their physical safety they should call the police immediately.

### 10 Staff working alone away from the office base

10.1 Administrative staff in the office should log and keep details of all home visits as well as having access to the names, addresses and telephone numbers of service users being visited in their home. Administration staff should contact the duty manager in the event of any emergency situations.

10.2 Before leaving your office base or home base, lone working staff should:

- Make use of the risk assessment checklist and generic risk assessment templates
- Leave details of meetings they have arranged, approximate times when you expect to be there, (including the name/address of the person you are meeting)
- Take a mobile phone, check it is fully charged and (for pay-as-you-go), has sufficient credit; leave it switched on; do not use it whilst driving.
- Lone workers should carry mobile phones so that they can summon help quickly; All phones should include a BNSSG CCG emergency number within the team which will be attended at all times that staff are working. This will be communicated to individuals for use as part of an individual risk assessment.
- In a situation where a lone worker feels under immediate threat of their physical safety they should call the police immediately.
- Take and use any other personal protective equipment provided or identified in service specific risk assessments (personal alarm or legal anti attack spray NB. pepper sprays are illegal)
- Think about where you will be going and what you will be doing; consider whether there are particular risks relating to that location or activity (e.g. an unusually isolated farm, adverse weather conditions for driving); if there are, discuss them with your line manager or before setting off.
- Contact the office (or other identified person in your team) to tell them about any delays or changes to your schedule
- Make contact by telephone at specified times, if you agreed to do this



- Return to or contact the office, or other person as agreed, when you have safely completed your work or finished visits for the day.
- If a staff member has concurrent visits - give expected length of time on site, expected home time or details of next destination

10.3 The process will then recommence until such time as the lone worker completes all visits and has arrived back at the office or is safely home. The procedure ensures that the line manager is aware of the staff member's movements during the home visit/s or visit to another premises

10.4 In the event that the staff member does not telephone their designated administrator or team colleague after a home visit or an outreach meeting, the administrator or colleague must contact the line manager. The line manager will endeavour to contact the employee however if there is no response and there is concern for the staff members' safety the police will be informed.

## 11 Training requirements

11.1 All new staff and volunteers to BNSSG CCG should receive an induction, including reference to the lone worker policy and other relevant policies. Line managers are responsible for ensuring that induction and support is provided.

11.2 Staff working for BNSSG CCG should know that their safety comes first. They should be aware of how to deal with situations in which they feel at risk or unsafe. They should also be able to recognise how their own actions could influence or even trigger an aggressive response. Managers must therefore ensure that all lone workers' training needs are assessed and that they receive appropriate training.

## 12 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
Staff	Promotion of lone working policy and Security Policy	Launch at Stand up and through the Voice	LLP			Time on Stand Up agenda, material supplied to Comms
Staff	Access to Policy	Policy available on the Hub	Comms			Document and staff time
Public	Being open	Policy available on the Website	Comms			Document and staff time

### **13 Monitoring Compliance and Effectiveness**

- 13.1 The Director of Nursing and Quality will agree annual and specific measures of the effectiveness of this policy.
- 13.2 As a minimum, the Quality and Surveillance team will report annually on the number and nature of instances of safety incidents involving home visits. This report will include details of outcomes and consequences to the individuals involved.
- 13.3. The Quality Committee will, through the annual programme of work, determine the effectiveness of the BNSSG CCG's controls and other efforts to prevent safety incidents involving staff who undertake home visits.
- 13.4. The results of risk assessments will be reported in the Incidents annual report to the Quality Committee. Delivery of actions agreed to address any weaknesses or lapses identified in the implementation of the policy will be monitored by the Quality Committee.

### **14 References/useful links**

<http://www.hse.gov.uk/toolbox/workers/lone.htm>

<http://www.hse.gov.uk/pubns/indg73.htm>

<http://www.hse.gov.uk/pubns/indg73.pdf>

## Risk Assessment Checklist for Home Visits

This checklist is designed to assist you in making a full risk assessment where you need to undertake a home visit which you think **might** involve a degree of risk to yourself or others. It is designed to provide a reminder to some of the issues that may exist.

Please consider access issues for any disabled staff and any known racist views for BAME staff to ensure staff are not put at any unnecessary risk.

**It is a guide and should not be regarded as an exhaustive or definitive list.** Please expand on any issue relevant to your work. Significant findings should be recorded on the risk assessments provided below.

ADDRESS OF HOME VISIT: .....

REF CODE or NAME OF CLIENT TO BE / BEING VISITED:.....

NAME OF ASSESSOR : .....

JOB TITLE: .....

SIGNATURE:..... DATE: .....

<b>Lone Workers Checklist to support home visits</b>		<b>Yes</b>	<b>No</b>	<b>N/a</b>
1	Have you gathered information relating to this client in advance of home visit from all relevant agencies/healthcare professionals as appropriate, to enable you to make a suitable and sufficient assessment of any risks?			
2	Have you or a colleague met this client before?			
3.	When you are working at a location that is not your normal work base does your work base know where you are and when you will return?			
4	Are arrangements in place in your team if you failed to return including out of hours?			
5	Are you be confident that this procedure would be effective?			
6	Is your base continually manned to be able to react in the event of you either raising an alarm or your failure to either return or make contact by due time?			
7	Would staff at your base recognise changes to your normal work pattern and be concerned to raise an alarm?			
8	Are these emergency arrangements periodically tested to ensure that they actually operate effectively?			
9	Is there a need to report back to base on arrival at the home?			
10	Is there a need to report back to base on departure from the home you are visiting?			
11	DDo you have direct access to a telephone to summon assistance in o you have direct access to a telephone to summon assistance in difficult situations?			
11	Do you have direct access to a telephone to summon assistance in			



	difficult situations			
12	Do you have arrangements for phone calls or texts to colleagues that use "Codewords" to indicate difficulty without arousing suspicion?			
<b>TRAVEL AND PARKING</b>				
13	Does your base know the details of your car?			
14	If you temporarily change car do they know the details?			
15	Can you park safely in a well-lit area, close to the home visit?			
16	Is it a remote location?			
17	Is it an area of high crime?			
<b>ON ARRIVAL</b>				
18	Do you note as you enter the premises the lock /door handle arrangement to aid a rapid exit if the need arises?			
19	If you are alone in the house with a client, do you know where all the exits are in the home?			
20	Can you position yourself so the client is not between you and the door?			
<b>REPORTING BACK TO BASE</b>				
21	Do you report back to base any variation to your itinerary?			
22	Do you always report back to base at the end of the shift? (to stand down the watching-over arrangements)			
<b>REPORTING CONCERNS</b>				
23	Have you been involved in an incident in the last 12 months?			
24	Did you report these incidents/safety concerns to your manager?			
25	Are concerns that you bring to your line managers attention acted on?			
26	Have any concerns been communicated to other staff/healthcare professional as appropriate?			
<b>RISKS/SHORTFALLS IDENTIFIED</b>				
<b>ACTION OR CONTROLS TO BE IMPLEMENTED TO MINIMISE RISK PRIOR TO VISIT</b>				
To be completed by (Date).....				

## Specific Risk assessment – Home visit risk assessment action plan

### Lone working risk assessment template

<b>Role undertaking lone working:</b>	CCG staff meeting patients or members of the public in the clients own home
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CCG staff may have to meet individuals in their own homes and be a lone member of staff in such meetings/visits. Meetings will normally be held during normal working hours between 0830 and 1730 when base offices have other members of staff on duty who are able to provide back up or raise the alarm in an emergency. There will be occasions where the nature of the meeting requires staff to deliver information which will be unwelcome to the client. Where the risk assessment indicates a high level of risk staff must consider visiting in pairs.

Staff are required to undertake Conflict Resolution Training on ConsultOD.

The checklist in the Lone Working policy must be completed alongside this specific risk assessment for home visiting. This has been produced to support managers and staff in compliance with the CCG Health and Safety policy, the Security policy and the Lone Workers policy

Please give address and type of location/site:

Address for home visit	Type of location
	patients own home

**Risk Assessment**

Ref	Description of hazard/issue	Description of adverse event	Description of expected consequence	L	C	Risk
A1	Individual staff at risk of physical harm from visitors through lone attendance at meetings on site	Assault on member of staff	Physical harm to staff member	1	3	3

**Risk Controls**

Ref	Existing risk controls	Further risk controls			RL	RC	Risk	Added to Risk Register	Monitoring
		Action	Lead Manager	Deadline					
1.1	Meetings planned in advance allow staff to prepare and anticipate the likely responses of client and how likely situations are best handled, ensuring colleagues are available to check up/ support	Consider whether meeting should take place with an additional staff present based on the intelligence available about the client where there is a known or perceived risk.			1	3	3	N	Regular review of client meetings or assessments where there are concerns and good practice shared by teams and the use of incident reporting mechanisms.
1.2	Spontaneous meetings with clients reduce time available for preparation. However, in agreeing to meet clients at short notice staff must alert others to their whereabouts/ purpose of meeting.	Ensure anything arranged at short notice is notified to colleagues according to lone working checklist			2	3	6	N	
1.3	Consider arranging alternative venue other than	Discuss with line manager whether home visit is essential			1	3	3	N	

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	patients own home for meeting/assessment if risk is assessed as high	or could be appropriately carried out on other premises							
Ref	Existing risk controls	Further risk controls			RL	RC	Risk	Added to Risk Register	Monitoring

Assessment date:		
Assessed by:	Signature	Name, role
	Signature	Name, role
Review date:	On or before (one year on)	



## Appendix 2 - Equality Impact Assessment

Name of policy being assessed: **Lone Working policy**

Does this Proposal relate to a new or existing programme, policy or service? **New policy**

Lead Officer completing EIA	Lesley Le-Pine
Job Title	Quality Lead Manager
Department/Service	Nursing Directorate
E-mail address	lesley.le-pine@nhs.net
Lead Equality Officer	
Key decision which this EIA will inform and the decision-maker(s)	Approval of Lone Working policy

### Step 1: Equality Impact Assessment Screening

Query	Response
What is the aim of the document?	To ensure full consideration of the safety of staff when lone working
Who is the target audience of the document (which staff groups)?	All staff who may undertake home visits as part of their normal duties
Who is it likely to impact on and how?	Staff <input checked="" type="checkbox"/>
	Patients <input checked="" type="checkbox"/>
	Carers <input checked="" type="checkbox"/>

### Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

This Equality Impact Assessment screening is undertaken to ensure that the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) meets statutory obligations under the Health & Safety Act

Assessment of impact of policy on Protected Characteristics with analysis positive + /neutral N / or negative -		
Protected characteristic	Analysis;	Reasons for answer and any mitigation required
<b>Age*</b> [eg: young adults, working age adults; Older People 60+]	<b>N</b>	This policy will impact on all groups by protecting staff from possible personal safety risks.
<b>Disability</b>	<b>+</b>	

Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty/ Disability; Long-Term Condition		<p>This policy will inform all individuals of the action to take following identified safety risks to reduce the risk of injury or harm</p> <p>Lone working can disproportionately impact on people with particular protected characteristics, and this policy and risk assessment aims to ensure staff in carrying out their duties are protected when there is evidence of discrimination, harassment and attacks that occur on the basis of ethnicity race/, religion, disability, sexual orientation, sex and gender identity etc.</p> <p>There will be particular types of risk factors associated with different groups/characteristics that will need to be understood in relation to lone working situations, especially when visiting clients in their own homes.</p>
<b>Gender Reassignment</b> [Trans people]	+	
<b>Race</b> [including nationality and ethnicity]	+	
<b>Religion or Belief</b>	+	
<b>Sex</b> [Male or Female]	+	
<b>Sexual Orientation</b>	+	
<b>Pregnancy and Maternity</b>	+	
<b>Marriage and Civil Partnership</b>	+	

Proceed to full EIA: **No**

Reasons: It is anticipated that there will be no barriers to accessing the policy, and that implementation will enable a fair approach. Should a need to review this in the future emerge, a full EIA will be undertaken accordingly.