

Lone Worker Policy

Department / Service:	Health and Safety / Estates
Originator:	Head of Health & Safety
Accountable Director:	Director of Estates and Facilities
Approved by:	Health and Safety Committee
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	As appropriate
Target staff categories	All lone workers

Purpose of this document:

The Trust has a legal duty under the Health and Safety at Work etc Act 1974 to ensure the provision of a safe working environment supported by safe systems of working. This includes the safety of lone workers whilst they are carrying out their day to day activities. Worcestershire Acute Hospitals NHS Trust attaches great importance to the personal safety and security of employees service users and other persons undertaking authorised tasks for or on behalf of the Trust and accepts its legal and moral responsibility to reduce or eliminate risks wherever reasonably practicable.

Key amendments to this Document:

Date	Amendment	By:
April 2012	Biennial review with only minor changes to layout	PG
April 2014	Biennial review with only minor changes	PG
Aug 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
June 2017	Policy review with minor changes	PG
Jan 2020	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	Samantha Reid
February 2021	Document extended as per Trust agreement 11.02.2021.	Trust Agreement
March 2022	Policy reviewed with minor updates e.g. Head of H&Sto ensure there is an LSMS and H&S team can also provide advice on lone working.	Julie Noble
March 2025	Policy reviewed with minor updates. Including	Geoff Hunter

Lone Worker Policy

clarification on scope, additional risk assessment guidance, post incident de-briefs and staff support, including mental health first aid and mental health support. Also includes Reporting and recording, good practice notes on lone working and lone workers details form. Added notes on escalation process when unable to determine location of lone worker. Added Security/Porter responsibilities. Additional points added to consider for lone worker risk assessments.

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1. Introduction

Although there is no specific legislation that applies to working alone the broad duties of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 apply. Worcestershire Acute Hospitals NHS Trust will identify the hazards associated with lone working assess any risks involved and where reasonably practicable implement measures to avoid or control the risks.

2. Scope of the Policy

This policy sets out the Trusts approach to the management of lone workers throughout the organisation and applies to all staff and any subcontractors that may be employed by the Trust.

This policy applies to all lone workers including permanent staff, subcontractors, agency staff, students, and volunteers.

3. Definitions

Lone Worker

NHS Protect defines a lone worker as ***someone who works either regularly or occasionally on their own and without any immediate support from managers or other colleagues.*** Some examples include:

- People in fixed establishments where;
 - Only one person works on the premises
 - People who work separately from others
 - People who work outside normal hours
- Mobile workers working away from their fixed base:
 - Drivers
 - Employees visiting other locations
 - Visiting patients at their homes

4. Responsibility and Duties

4.1 Directors/Clinical Directors

Directors and general managers have responsibility for the co-ordination of health and safety activities within each division and directorate and for ensuring that decisions are implemented in accordance with this policy.

4.2 Head of Health and Safety and Fire Safety

The Trust's Head of Health and Safety will ensure there is an appointed or contracted Local Security Management Specialist (LSMS) who has the responsibility for helping to ensure that this policy allows the Trust to comply with their legal responsibilities. The Head of Health and Safety will also produce written reports on the effectiveness of this policy as part of the health and safety audit process.

4.3 Local Security Management Specialist (LSMS) The Local Security Management Specialist (LSMS) provides expert security advice to support the safety of lone workers, including guidance on risk-related matters, assisting in incident investigations, promoting

staff awareness and training and ensuring compliance with relevant security policies and procedures.

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4.4 Managers

Managers have a responsibility to ensure that the information contained in the policy is implemented accordingly within their work area. It is, however, recognised that not all Trust working environments are the same and each ward or department will present different problems for the successful management of lone workers.

Managers will ensure that a relevant risk assessment is undertaken in order to highlight all appropriate risks that lone working could present to their particular working environment. Furthermore, managers must implement an individual lone worker department protocol, which is pertinent to their working area where applicable. All protocols need to consider the necessary action required should any individual's personal safety or wellbeing be compromised due to the circumstances relating to their status as a lone worker.

Information and guidance relating to the implementation of individual ward/department protocols for the personal safety of lone workers can be obtained by contacting the Trust's Health and Safety Team or LSMS.

All managers must ensure that a full risk assessment has been carried out to identify control measures, communication systems and training requirements for staff who work alone within the confines of the building, whilst on domiciliary visits or otherwise on Trust business.

Managers must regularly review working practices in order to ensure that all situations where staff are required to work alone are kept to a minimum and appropriate control measures are in place.

Line managers must maintain an up-to-date list of on-call staff in their relevant areas, including out-of-hours contact details and clear escalation pathways for emergencies. This must be updated regularly.

Swipe access data may be reviewed to ensure staff safety. Security staff may check ID if concerns arise, with justification documented for safety and compliance.

4.5. Security/Porters

Security/Portering staff may be required to support the safety of lone workers under specific circumstances.

In the event a lone worker's location cannot be identified or verified, Security may be asked to review the Access Control System (e.g., swipe card data). This action must be justified and documented.

Where a lone worker is deemed to be at higher risk, Security may be required to carry out a physical patrol or welfare check, as directed by the relevant manager or the Local Security Management Specialist (LSMS).

These interventions should be coordinated with local lone working protocols and form part of a proportionate response to safeguarding Trust staff.

4.6. Employee Duties

All employees have a responsibility to comply with this policy and any decision arising from the implementation of it.

Any possible risks to the health and safety of themselves or others should be reported to their manager and where appropriate through the Trust's Risk Reporting process.

Lone workers must keep colleagues informed of their whereabouts to ensure their own safety in line with departmental procedures. This may include a simple process of calling their department to inform someone that they have arrived at an appointment safely and calling again when they leave to say they are on their way back to the department.

All employees who work additional, unplanned or ad-hoc hours must ensure that they inform a colleague of their whereabouts during the period of work to be undertaken.

5. Policy Detail

5.1 Risk Assessment

Managers will carry out Risk assessments for lone workers/lone working situations. Refer to the Policy for Violence Prevention Reduction and the Management of Violence & Aggression for further advice.

Where staff either work alone in buildings or carry out domiciliary visits, managers of Lone workers should first consider the relevant factors as listed below.

Risk assessments for site based lone workers must include:

- Safe access and exit
- Risk of conflict situations
- 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
- First aid arrangements

Risk assessments for mobile lone workers must include:

- Client risk assessment where applicable
- Risk of conflict situations
- Arrangements for domiciliary visits, including consideration of alternatives
- Travelling between appointments
- To note - Lone working may begin as soon as a staff member commences work-related travel, including when entering their vehicle for Trust duties, particularly if they are unaccompanied and without immediate support.
- Reporting and recording arrangements
- Communication and traceability
- Personal safety/security

- First aid arrangements

These factors can be used as a guide to assist managers to identify if the existing control measures are adequate and if not, what modifications or additional actions are necessary to help reduce the risks associated with lone working. A lone worker checklist is attached at Appendix 1. This check sheet should be completed and retained by local work areas.

Where additional control measures have been identified through the risk assessment process, an action plan must be developed and managed by the local manager until all actions have been completed.

Where it is considered that a risk cannot be adequately reduced the risk must be entered on the directorate risk register.

The risk assessment process is separated into five distinct stages including action points to ensure effective assessment of the risks involved in lone working.

	Process	Action Point
1	Identifying lone workers	Establish and identify lone workers for each work area
2	Identifying associated hazards	Isolate the range of dangers associated with whole work areas of work and/or work processes. Review a generic risk assessment to make sure all of these issues have been included
3	Assessing the degree of risk for generic or individual situations	Review the generic risk assessments and complete individual or local risk assessments if necessary. Then prioritise the level of associated risk
4	Putting control measures in place, and developing safe systems of work	Assess how effective the existing control measures are and update them if appropriate. Develop local procedures or action plans if necessary
5	Evaluating and review	Evaluate and record how effective the control measures are. Review when the assessments or controls are no longer required

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.

To assist with the risk assessment process, where staff either work alone in buildings or carry out domiciliary/home visits, managers should first complete the relevant Lone Workers Checklist (see Appendix 1) and then complete a general risk assessment form.

Each type of lone-working situation will need to be assessed and, where necessary, take account of local circumstances. Arrangements for managing risk should include:

- Guidance for lone workers on assessing risk before starting a task.
- Details of when to stop and seek advice if they feel their safety is compromised.
- Procedures to follow in the event of an incident or emergency.

5.2 Control and Supervision

Control measures may include instruction, training, supervision, protective equipment etc. Line managers should take steps to check that control measures are used and review the risk assessment at least annually to ensure it is still adequate.

Line managers must maintain an up-to-date list of on-call staff, including out-of-hours contact details and clear escalation pathways for emergencies

An Escalation Protocol must be followed if a lone worker fails to check-in or report back as scheduled.

Swipe access data may be reviewed to ensure staff safety. Security staff may check ID if concerns arise, with justification documented for safety and compliance

Some of the issues which need special attention when planning safe working arrangements, are as follows:

- Can one person adequately control the risks of the job?
- Does the workplace present a special risk to the lone worker?
- Is there a safe way in and out for one person?
- Can one person safely handle all equipment, substances etc involved in the work?
- Is there a risk of conflict and/or violence?
- Are there any particular persons especially at risk if they work alone?
- Is the person medically fit and suitable to work alone?
- What training is required to ensure competency in safety matters?
- Is there a requirement for a lone worker device?
- What time does the lone worker's shift cover? (e.g. Nightshift/Out of hours)
- Are the working hours an increased risk for the lone worker?

Lone working must be approved and an appropriate assessment undertaken on how the person can be supervised as follows:

- Supervisors periodically visiting and observing people working alone
- Regular contact between the lone worker and supervisor using either a telephone or radio
- Other methods of supervising, which may include for example the use of swipe cards to determine an individual's whereabouts
- Ensuring lone worker devices are suitable and sufficient.
- See Appendix 2 for further guidance of managing other Lone worker situations.

5.3 Lone Worker Devices

There are some specific situations when a Lone Worker device may be required. The Manager should seek advice from the LSMS before considering this option. Lone worker devices will be issued to staff once a need has been identified in a risk assessment.

Departments must ensure any issued lone worker devices (e.g. devices/radios) are routinely tested and actively used as per agreed local protocols.

The location and storage of lone worker devices should be agreed and managed by the relevant line manager, ensuring devices are accessible to staff prior to lone working duties

Staff identified as lone workers will receive training in the use of the device. This must be evidenced and documented. Any identified refresher training should also be made available.

All activated alarms will be appropriately responded to initially by an external monitoring service. This will be followed up by a local response procedure depending upon the nature of the situation. The LSMS must be informed of all working areas/departments that use Lone worker devices so that effectiveness audits may be undertaken. As part of the lone worker device audit process, periodic mock activations should be carried out to test the effectiveness of the response system and ensure staff are familiar with procedures.

5.4 Data Protection

Worcestershire Acute Hospitals NHS Trust has a responsibility to protect its staff from incidents of violence, threatening behaviour and verbal abuse. Our staff can now use devices to monitor and record incidents where they feel their safety is threatened. Evidence, including audio recordings, obtained through these devices may be used in criminal and civil proceedings and/or to take local sanctions against alleged offenders. Worcestershire Acute Hospitals NHS Trust is responsible for the use of the devices and any recordings. The lone worker device provider will manage this service on behalf of Worcestershire Acute Hospital NHS Trust. Worcestershire Acute Hospitals NHS Trust will continue to take any necessary steps to safeguard patient confidentiality.

5.5 Conflict Situations

If a lone worker is subjected to a physical assault of any kind they must inform the Police as soon as possible via 999 or 111. Site security can be called via 2222.

As soon as safe and able to do so, the incident must be reported via the Incident Reporting System (Datix); this must be conducted by the affected lone worker or if unable, then a colleague who will report on their behalf, but using information provided by the affected lone worker. From this the affected lone worker's Manager, Trust H&S Manager and the Trust's Local Security Management Specialist (LSMS) will be notified of the incident and so that support can be provided and the incident investigated.

After any conflict or distressing incident, the affected employee should receive a Post-Incident Debrief with access to counselling (from the Trusts Support Services team) or mentorship to support their recovery.

Lone workers must note that conflict situations are not limited to physical threats or assault. If a lone worker is subjected to verbal abuse of any kind this must also be reported via the Incident Reporting System (Datix) whereby the Trust's Head of Health and Safety and the Trust's Local Security Management Specialist (LSMS) will be notified of the incident.

5.6 First Aid

Lone workers must have access to adequate first-aid facilities.

All lone workers should have access to Mental Health First Aid or designated mental health support.

6. Uniform and Lone Working

Staff undertaking Lone worker duties must adhere to the Trusts' Uniform and Dress Code Policy when travelling to and from work or when working in community settings.

Uniforms must be covered with a fully fastened, coat when commuting between home and work or between patient visits, to maintain professional standards and reduce personal risk.

In certain situations, a risk assessment may determine that wearing or visibly displaying a uniform increases personal risk, for example, in high-risk areas, during evening visits, or where being identified as NHS staff may make someone more vulnerable. In such cases, alternative clothing arrangements must be agreed in advance with the line manager and documented within the lone worker risk assessment.

Staff must not enter commercial premises while in uniform unless they are doing so as part of their official duties and are dressed in accordance with Trust appearance standards.

7. Implementation arrangements

7.1 Plan for implementation

This policy will be implemented by local managers in their respective areas of responsibility. All directorates must establish a lone worker protocol and related procedures for staff who are considered to be "lone workers". Local protocols must be reviewed annually as a minimum, but also after any reported incident that involves lone workers to assess as part of the investigation if the controls listed need improving.

7.2 Dissemination process

This Policy will be revised made available on the H&S page of the Trust Intranet site. . It will also be communicated to managers and staff-side representatives via the Trust Health and Safety Committees via committee meeting minutes displayed on the Trust H&S page.

6.3 Training and awareness

In areas where lone worker devices have been issued appropriate user training will be provided by the lone worker device provider. This training can be arranged via the Trust's Local Security Management Specialist.

All staff will be made aware of this policy via the Trust's local induction process.

6.4. Reporting and Recording

Staff should report all incidents (including near misses) to their line manager at the earliest opportunity. This includes incidents involving aggression, threatening behaviour, or safety concerns during lone working activities.

All incidents must be logged via the Trust's Incident Reporting System (Datix) to ensure proper documentation and follow-up actions.

Where feasible, staff should complete an evidence or witness statement as soon as possible after the incident to ensure accuracy and preserve critical details. This supports effective investigation and any necessary follow-up action

Where lone workers identify risks impacting other departments (e.g., site issues, safety concerns), the relevant on-call manager, site coordinator or executive on-call should be notified immediately. A shared contact matrix should be accessible out of hours

6.5 Post-Incident Response

After any untoward incident, there should be a full debriefing session conducted with the affected employee(s) as soon as possible. This debrief should focus on:

- Understanding the circumstances surrounding the incident.
- Identifying factors that may have contributed to the event.
- Developing an Action Plan to reduce the risk of recurrence and improve future safety measures.
- Affected staff should be offered appropriate support

The Trust's Support Service should also be promoted as a confidential counselling resource available to staff affected by distressing incidents.

For immediate emotional support, staff may contact the Trust's Network of Support Services (NOSS) on 01978 780479 or by email: TherapyServices@optimahealth.co.uk
There is also further information on The Source, 'Supporting our NHS Staff'.

7 Monitoring and compliance

The Head of Health and Safety will monitor the effectiveness of this policy, as a standard, and the general level of compliance with its requirements by:

- Undertaking annual health and safety audits
- Periodic health and safety monitoring checks
- Ensuring that risk assessments have been undertaken prior to the commencement of any lone working
- Monitoring the number of incidents that involve a lone worker and ensuring that control measures have been taken to prevent the incident recurring
- Monitoring and compliance processes, including audits and incident reviews, will help identify any high-risk areas that may require further control measures, staff support, or targeted action to reduce risk.

8 Policy Review

This policy will be reviewed by the Health & Safety Committees after 2 years or earlier if there are any significant changes to the workplace, work practice or legislative requirements.

9 References

References:

Code:

Health and Safety at Work, etc Act 1974	N/A
Management of Health and Safety at Work Regulations 1999	N/A
Workplace (Health, Safety and Welfare) Regulations 1992	N/A
Health and Safety (Miscellaneous Amendment) Regulations 2002	N/A

Health and Safety (First Aid) Regulations 1981	N/A
Approved Code of Practice & Guidance 'First Aid at Work – The Health & Safety (First Aid at Work) Regulations 1981 – L74	N/A
Risk Management Strategy	WAHT-CG-007
Risk Assessment Policy	WAHT-CG-002
Health & Safety Policy	WAHT-CG-125
Incident Reporting Policy	WAHT-CG-008
Management of Violence & Aggression Policy	WAHT-CG-006
COSHH Policy	WAHT-CG-269
Work at Height Policy	WAHT-CG-126
Uniform and Dress Code Policy	WHAT-HR-078

10. Background

10.1 Equality requirements

There are no equality issues associated with this policy.

10.2 Financial risk assessment

There may be financial implications associated with this policy in terms of complying with the Regulations.

10.3 Consultation process

The following were consulted in the production of this version of the policy:

- Policy Working Group
- Members of the Health and Safety Committee

10.4 Approval process

This policy will obtain final approval from the JNCC.

Appendix 1

LONE WORKER FACTOR CHECK SHEET

1. Special factors to be considered for ALL lone workers

Have you considered the factors below?	Yes	No
Can one person adequately control the risk of the job?		
Does the workplace present a special risk to the lone worker?		
Is there a safe way in and out for one person?		
Can one person safely handle all equipment, substances, loads etc involved in the work?		
Is there a risk of a conflict situation?		
Are there any particular persons especially at risk if they work alone?		
Is the person medically fit and suitable to work alone?		
What training is required to ensure competency in safety matters?		
Have any identified training needs been delivered?		
Does the person require a lone worker device?		
Has lone worker device training been delivered?		

2. Factors to be considered for site based lone workers

Have you considered the factors below?	Yes	No
Safe access and exit?		
Risk of conflict behaviour?		
Safety of equipment for individual use?		
Have staff been trained in the safe use of equipment relevant to their role?		
Have staff read and understood the SOPs relevant to their role?		
Channels of communication in an emergency?		
Site security?		
Security arrangements; alarm systems and response to personal alarms?		
Level of adequacy of on/off site supervision?		
First aid facilities?		

3. Factors to be considered for mobile lone workers

Have you considered the factors below?	Yes	No
Client risk assessment where applicable?		
Risk of conflict behaviour?		
Arrangements for domiciliary visits, including consideration of		

alternatives?		
Is a buddy-up system required due to the nature or risk level of the visit?		
Travelling between appointments?		
Is a check-in/check-out system in place for staff travelling between appointments?		
Reporting and recording arrangements?		
Communications and traceability?		
Personal safety/security?		
First aid facilities?		

Appendix 2

Lone Worker - Good Practice Points for Out of Office hours**Workers - Out of Office hours (on-site)**

The following guidelines provide advice on keeping safe during Out of Office hours (on-site)

- If working at weekends or late at night/early in the morning, let a manager, colleague, friend or relative know your whereabouts and the time you are expected to finish/return home. Maintain regular contact with them to verify that you are okay.
- If plans change, the contact should be notified immediately.
- Ensure all windows and doors are secure to prevent unauthorised access.
- Never give security codes or keys to strangers.
- Make sure any fire escape routes are clear.
- If a lone worker discovers a fault with equipment, they should not attempt to fix it or tamper with the controls.
- On leaving, ensure all windows and doors are secured.
- Park as close to the building as possible (where possible).
- Be aware of your surroundings at all times, especially in low-traffic areas. Remain alert for individuals attempting to tailgate or follow you into secure buildings without appropriate access

Lone Worker – Good Practice Points for Domiciliary or Home Visit

Refer to local departmental guidelines for specific details on lone working processes applicable to individual staff groups.

During visits

The following guidelines provide advice on keeping safe during visits

- Lone workers should be prepared and fully briefed having concluded any necessary risk assessments ahead of the visit or read a pre-documented risk assessment if this is available.
- A dynamic risk assessment should be carried out on arrival and constantly throughout the visit. If animals are present, consideration should be given to ask for them to be moved to another room.
- On entering the house, lone workers should familiarise themselves with access/egress points and door locks, in case they need to make an emergency exit, and ensure they have a means of contacting the office/buddy in the event of an issue – e.g. keep mobile phone on and check the signal.
- Lone workers should try to follow a patient or service user rather than walk in front. They should not position themselves in a corner or location where it may be difficult to escape.
- If a risk becomes unmanageable the lone worker is empowered to leave, ensuring the matter is escalated appropriately once a place of safety has been reached.

Animals

- It is acceptable when making arrangements to attend an address to ask whether the occupier has any animals.
- The occupants should be asked to remove or secure the animal in another room before arrival.
- If a lone worker is confronted with an aggressive animal during a visit, they should not put themselves at risk. If necessary, the visit should be abandoned. The incident should be reported to the line manager or appropriate on-call contact once the staff member has returned to a safe location, and a DATIX incident report must be completed to ensure appropriate follow-up and risk assessment. Post visit, a warning marker should be considered. Remember that a request to remove an animal may in certain circumstances provoke a negative reaction with the patient.

Lone Worker - Good Practice Points for Travel

Refer to local departmental guidelines for specific details on lone working processes applicable to individual staff groups.

1. Travelling on foot (External)

The following guidelines provide advice on keeping safe on foot:

- Lone workers should always try to walk tall and confidently, this has proved to be a deterrent to unwanted approaches
- Do not display your name badge as this could cause unwarranted attention
- Bags should be carried with the opening against the body.
- Headphones/earphones – be mindful of wearing headphones/earphones, as they shield the sound of people approaching from behind and also limit the sound of other vehicles approaching
- If an attempt is made to steal anything being carried, consider personal safety. The property should be relinquished immediately without challenge.
- Where able, always walk in the centre of the footpath, facing oncoming traffic.
- Lone workers should avoid waste ground, isolated pathways and subways, particularly at night.
- Consideration should be given to keeping house keys and mobile phones separately/accessible.
- If there is any risk or danger, of being followed, then find a public place with plenty of people there – e.g. shop or department store.
- Any theft should be reported to the police and internally.
- If you are being threatened, try to walk away quickly. Shout loudly to attract attention, in other words make as much noise as you can.
- If you are unable to shout, use a personal attack alarm.

2. Travelling on public transport

The following guidelines provide advice on keeping safe on public transport:

Staff undertaking lone working duties must adhere to the Trust's Uniform and Dress Code Policy when travelling to and from work or when working in community settings.

- Consider carrying a personal panic alarm and mobile phone if you have one.
- Always sit near the bus driver.
- If possible, wait for the bus at a busy stop that is well-lit.
- Have your fare ready in your hand or pocket.
- Try to avoid having your hands full with heavy bags.
- Wear sensible shoes in case you need to move fast; be ready to kick your shoes off if necessary.
- Avoid empty upper bus decks or empty train compartments.
- If someone pesters you tell the driver or other member of transport staff (e.g if travelling by train).
- In stations note where the exits are.
- Stay alert to what is going on.
- Avoid if possible, travelling alone late at night.

3. Using Taxis

The following guidelines provide advice on keeping safe while using taxi's:

- Consider carrying a personal panic alarm and mobile phone if you have one.
- Make sure you have the phone number of a reputable taxi company.
- When booking the taxi, check the details match those on the booking.
- If you can, share a taxi with someone you know.
- Always sit in the back.
- If you do chat with the driver don't give any personal details.
- If you feel uneasy with the driver, ask to stop at a busy place and get out.
- Have your cash ready before you reach your destination.
- Have your house keys ready and enter your home quickly.

4. Travelling by private cars

The following guidelines provide advice on keeping safe while using private cars:

- Keep your car in good working order – regularly check oil, water, tyres and fuel.
- If you are hiring a car, check it or have it checked.

- Ensure you have enough fuel for journey.
- Join a break down / rescue organisation.
- Consider carrying a panic alarm and mobile phone.
- Plan your route.
- Stay in your car as much as possible keep doors locked and windows closed.
- All valuables which you do not require at your destination should be locked in the boot, before you depart. Bags kept in the car during transit should be kept on the floor, away from view, so as not to attract a snatch thief.
- Do not display signs such as 'nurse on call/Doctor' as it may encourage criminal activity if drugs are believed to be in the vehicle
- Lock your car even when you pay for petrol.
- When you park in day light think what area you will be in after dark.
- At night park in a well-lit area and one that is busy.
- Before you get in the car check the back seat; carry a torch.
- If you see someone in apparent difficulty or someone attempts to flag you down, try to assess the situation first. Be aware of your own personal safety, remember that it could be a trap. Telephone the emergency services, do not leave the safety of your car unless you are absolutely sure.
- If you think you are being followed, try to alert other drivers – use light and horn, keep driving until you reach a police station or other busy area (e.g. petrol station).
- If anyone approaches you in your car when you are stationary stay in the car with the doors and windows locked. If the engine is not running, start it and if in doubt drive off.
- Avoid taking people or patients in your car alone.
- If it is late and you are unfamiliar with an address you have to visit, ask the occupier to leave a main light on or to leave the curtains open.
- Never pick up hitchhikers.
- When in a traffic queue, always keep enough distance from the car in front so that you can see its wheels. You will then have enough room to pull out in an emergency.

5. Parking

The following guidelines provide advice on keeping safe while parking:

- Do not display a "Doctor/Nurse On Call" sign (or similar) unless it is necessary.
- If you have a green beacon do not leave it on display when the vehicle is unattended.
- Think about where you park, try to use busy well-lit areas.
- When visiting patients who live in a cul-de-sac try to park near the open end or in a manner that you do not get blocked in by another vehicle.
- Do not get into tight spaces and always try to park so that you are facing in the right direction to drive away.

- Always lock your car.

6. On the Motorway

The following guidelines provide advice on keeping safe while on motorways:

- In an emergency, park the car on the hard shoulder and get out of the car by the Passenger door.
- Put the hazard lights on.
- Phone for help. All emergency telephones are connected directly to the police. Tell Them if you are alone or with family and children.
- Return to your car, leave the passenger side door unlocked and stand on the bank Verge away from the car, this will help you out of danger from the traffic.
- If approached or feel threatened get into the car and lock the passenger door.
- Never cross onto the opposing carriageway.

Trust Policy

Supporting Document 1- Equality Impact Assessment Tool

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Julie Noble, Head of H&S
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Geoff hunter	Local Security Management Specialist	Geoff.hunter@nhs.net
	Julie Noble	Head of Health and Safety	Julie.noble13@nhs.net
Date assessment completed	28/03/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Lone Worker Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the provision, implementation and management of Lone workers, for the Trust to ensure legal compliance			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff	Other _____	
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/> Other		
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>		

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Is this:	<input checked="" type="checkbox"/> √ Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw applicable Worcestershire Royal Acute Hospitals NHS Trust Policies, or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	A review of the HSE website and UK applicable regulations has been conducted.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been provided with this Policy for review / comment (e.g. H&S committee). The Head of Health and Safety has ensured this policy meets legal obligations.
Summary of relevant findings	No impact to others from this document; this is a continual improvement process.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation	√			
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	√			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement


1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the

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diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Geoff Hunter
Date signed	28/03/2025
Comments:	
Signature of person the Leader Person for this activity	 Julie Noble
Date signed	28/03/2025
Comments:	

Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff.	NO

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.