

Lone Worker Policy

Department / Service:	Operations	
Originator:	Julie Noble	Health & Safety Manager
Accountable Director:	Paul Brennan	Chief Operating Officer
Approved by:	Health and Safety Committee JNCC	
Date of Approval:	21 st April 2022	
Review Date:	21 st April 2025	
	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. H&S manager to ensure there is an LSMS and H&S team can also provide advice on lone working.	Julie Noble

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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.

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 Health and Safety Manager

The Trust's Health and Safety Manager 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 Health and Safety Manager will also produce written reports on the effectiveness of this policy as part of the health and safety audit process.

4.3 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. 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.

4.4 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 the Management of Violence & Aggression.

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
- 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.

5.2 Control and Supervision

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

Some of 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?

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.

5.3 Lone Worker Devices

Lone worker devices will be issued to staff once a need has been identified in a risk assessment.

Staff identified as lone workers will receive training in the use of the device.

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.

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. 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.

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 H&S Manager 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.

6. Implementation arrangements

6.1 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.

6.2 Dissemination process

This Policy will be revised made available on the H&S page of the Trust Intranet site. A Managers Brief will be distributed to all managers for them to in turn inform their staff of the relevant sections of the policy if there are any amendment's or changes. 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.

7 Monitoring and compliance

The H&S Manager 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

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

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WAHT-CG-511	Page 7 of 14	Version 4.0

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

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?		
Does the person require a lone worker device?		

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?		
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?		
Travelling between appointments?		
Reporting and recording arrangements?		
Communications and traceability?		
Personal safety/security?		
First aid facilities?		



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, H&S Manager
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Noble	H&S Manager	Julie.noble13@nhs.net
	Samantha Reid	H&S Officer	Samantha.reid3@nhs.net
Date assessment completed	08/03/2022		

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"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	
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 H&S manager 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 positive impact	Potential neutral impact	Potential negative 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	√			
Sexual Orientation	√			
Other Vulnerable and Disadvantaged	√			

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
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 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.

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Signature of person completing EIA	 Samanatha Reid
Date signed	08/03/2022
Comments:	
Signature of person the Leader Person for this activity	 Julie Noble
Date signed	08/03/2022
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.