group policies and procedures

# lone working policy

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**Related policies and guidance**

**Document revision and approval history**

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This guidance is designed to advise Castleman Healthcare Ltd on developing, implementing and disseminating local policies and procedures that address the needs of, and minimise the risks faced by, the many different groups of members that may have to work alone in a diverse range of environments. It also provides lone workers with practical advice to assist in preparing for a lone worker situation.

The main aims of Castleman Healthcare Ltd’s lone worker policy and procedures should be to:

* Raise staff awareness of safety issues relating to lone working
* Ensure that lone working is risk-assessed in an appropriate and dynamic way and that safe systems and methods of work are put in place to reduce the risk, so far as is reasonably practicable
* Ensure that appropriate training is available to all staff to equip them to recognise risks and provide practical advice on safety when working alone, including, where appropriate, how to use technology
* Ensure that there are the organisational structure, defined roles and responsibilities, communication links and support in place to help lone workers if they need assistance
* Demonstrate to managers and their colleagues that lone working staff are safe and have procedures in place to protect them
* Encourage full reporting and recording of any adverse incidents relating to lone working
* Reduce the incidents of violence and abuse and injuries to staff related to lone working.

# Legislation

Health and safety law applies to risks of violence, just as it does to other work-related risks. Staff and managers need to be aware of the following important pieces of relevant legislation:

**Secretary of State Directions**

NHS healthcare organisations have responsibilities to manage security, which includes the protection of lone workers in accordance with the Directions to health bodies on measures to deal with violence against NHS staff and Directions to health bodies on security management measures, 2003 and 2004 respectively and as amended 2006.

**Health and Safety at Work Act 1974**

NHS healthcare organisations have responsibilities under the Health and Safety at Work Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work.

Employers should have written policies setting out their arrangements for managing health and safety risks. These policies should be publicised and easily accessible to staff.

**The Management of Health and Safety at Work Regulations 1999**

These regulations require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks.

Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

**Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)**

Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

**The Corporate Manslaughter and Corporate Homicide Act 2007**

This came into force in April 2008. This legislation creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

To ensure that lone working security and safety policies, procedures and systems are accepted and implemented, it is necessary to communicate effectively to all relevant staff what their roles and responsibilities are in relation to lone working, whether they are managers or colleagues of lone workers or lone workers themselves. It is essential that staff at all levels are made aware of their responsibility to be familiar and compliant with lone working policies and procedures that are in place for their protection. This may be facilitated through:

*Under health and safety legislation (see section 4), employers have a legal duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees.*

Management instructions to staff should make it clear that they should not enter into lone working situations where they feel that their safety or the safety of their colleagues could be compromised. A commonsense approach should be adopted and encouraged. Staff who carry out an assessment of the risks that they face should not be penalised for not performing their duties if they perceive that their personal security and safety, or that of others, may be in jeopardy. However, this needs to be balanced against providing a good standard of care for patients/service users. Where there are perceived or real risks, alternative provision should be made, such as arranging treatment in secure premises or organising accompanied visits.

# Managing Risks

1. Where its practicable a log of known risks should be kept – this should record the location and details of the patient/service, user/other people that may be visited by staff where a risk maybe present. The log should be kept secure and information should be accurate and reviewed regularly. It should be available to lone workers to inspect ahead of any visit they make.
2. Any information regarding a violent or aggressive patient their patient record should be read-coded on the clinical system. Home Visit Summaries should reflect this. For any known risks – visits should be accompanied.
3. Risks should be shared with each member of the practice team to raise awareness.
4. Risk assessments to be carried out for lone workers and a checklist to be carried out by each lone worker.

# Lone Worker Movements

Clinicians

The clinician should ensure that full perusal of the notes has been made so that any risk factors are mitigated. Risk factors can include, but are not limited to; entries on notes of violence towards staff, entries on notes which patient or clinician have suggested a chaperone should be present, entries on notes where special precautions should be taken (e.g. a patient with hepatitis, HIV, contagion etc. history of violence etc.)

Lone working clinicians should have their calendars or their clinical appointment diaries including visit lists shared with their line-manager.

Home visit summaries to be obtained from responsible member of staff and details obtained i.e. expected arrival and departure times for each patient. If multiple visits required, order and duration for each to be detailed.

Lone worker expected to have their own or a company mobile phone with them at all times, the number of which should be shared with the line manager and the wider team. Details to be left of their vehicle including registration, make, model and colour.

Every reasonable effort should be made to ensure a lone worker has returned. The lone worker should inform the responsible member of staff of their return or

If a lone worker fails to attend at an agreed time the line manager should be informed immediately by the responsible member of staff. If they are delayed or have to cancel appointment they are to inform the responsible member of staff/line manager immediately. Other factors that can event in delays in return to base or the arriving at the next appointment could be; car breakdown. The staff member should inform the line manager of this, ensure their safety at the roadside, ensure assistance is on its way. The line manager should enquire as to whether any additional help is needed.

Non-clinical staff

Lone working non-clinical staff should have their email calendars shared with their line-manager. On no account should paper diaries be used unless there is a robust system in place for the line manager to be aware of where their staff member is at any given time.

Lone/mobile workers are expected to have their own or a company mobile phone with them at all times, the number of which should be shared with their line manager. Details to be left of their vehicle including registration, make, model and colour with their line manager.

Every reasonable effort should be made to ensure a lone worker has returned. The lone worker should inform their line manager of their return.

If a lone worker fails to attend at an agreed time the line manager should be informed immediately by the responsible member of staff. If they are delayed or have to cancel an appointment or a meeting they are to inform the responsible member of staff/line manager immediately. Other factors that can event in delays in return to base or the arriving at the next appointment are varied, but in the event of car breakdown the staff member should inform the line manager of this at the earliest and safest opportunity, ensure their safety at the roadside, ensure that assistance is on its way. The line manager should enquire as to whether any additional help is needed and assist the staff member where required to the best of their abilities.

There may be occasions when the mobile / lone worker needs to work from home (for example if there is a gap between two meetings and the home address is closer than the base address. Or if coming to the office first thing is difficult geographically when an early meeting is in a different location.) The lone/mobile worker should seek permission from the line manager for these instances to ensure their whereabouts is known for the purposes of safety.

# Escalation Process:

1. Responsible person to try to contact member of staff on mobile phone if not returned within an hour of scheduled time
2. In the case of clinical staff, if a known patient with a history of violence or aggression – a stipulated arrival time back at surgery to be given or member of staff will immediately escalate number 5.
3. In the case of clinical staff, ring the home of patient that staff member has visited to see if they are still there/have been there/have left there.
4. Ring lone workers home telephone number to see if they are there.
5. Once all options have been exhausted, the Police are to be telephoned giving details of lone workers name, last known visit, vehicle details including registration number.

It is important that once arrangements are made they are adhered to avoid unnecessary escalation and expense.