

# LONE WORKING POLICY

**Compiled by:** Non Clinical Risk Manager

**Reviewed by:** Health & Safety Committee

**Status:** Approval date: December 2010

Ratified by: Health & Safety Committee

Next Review Date: July 2024

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## History

Issue	Date Issued	Brief Summary of Change	Approved by
1	November 2007	Document reviewed for NHSLA standards	Ian MacKenzie, Director of Performance, Information & facilities
2	October 2010	Reviewed for NHSLA standards	
3	July 2012	Periodical review	
4	September 2015	Minor changes	Health & Safety Committee
5	July 2018	Major review	Health & Safety Committee
6	August 2021	Review	Health & Safety Committee

For more information on the status of this document, please contact:	
Policy Author	Mark Ball - Non Clinical Risk Manager
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Review due	July 2024
Ratified by	Health and Safety Committee
Audience	All staff

## LONE WORKING POLICY

### See also:

Health and Safety Policy

Policy for the Management of Violence and Aggression

Risk Assessment Tool

Education and Training Strategy

### 1 INTRODUCTION

Working alone is not against the law and in most circumstances, it will be safe to do so. However, the law requires careful consideration of any health and safety risks posed to employee's while they are working alone. These may be varied and will often result from the tasks the employee is undertaking.

Employers are responsible for the health, safety and welfare at work of all of their workers. This duty extends to contractors or self-employed people doing work for them.

These responsibilities cannot be transferred to any other person, including those people who work alone.

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.

### 2 TERMINOLOGY

Throughout this document the term "lone workers" refers to those members of the Trust's staff who work by themselves without close or direct supervision. They include but are not exclusive to:

- People in fixed establishments where only one person works on the premises e.g. in small workshops.
- People who work outside normal hours as cleaners, security, shift workers, maintenance and repair staff.
- Community nursing staff and similar professionals visiting domestic and commercial premises.

Managers are advised to take a pragmatic view as to whether a member of staff can be defined as a lone worker by considering the workers bespoke circumstances.

### 3 PURPOSE

The purpose of this policy is to protect staff from the risks associated with working alone and to comply with current legislation.

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The broad duties of The Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1999) apply. These require that hazards found at work are identified and that the risks arising out of these hazards are assessed. These risks must then be controlled by appropriate measures such as:

- Safe systems of work
- The correct level of supervision or back up required.
- Appropriate training, instruction, and protective equipment
- Emergency Procedures

#### **4 TRAINING**

Training is particularly important where there is limited supervision. Lone workers need to be sufficiently experienced to understand the risks and precautions required and should be competent to deal with unusual or new circumstances beyond their training. There should be set limits as to what may or may not be done whilst working alone and staff should know when to stop and seek advice.

#### **5 SUPERVISION**

The extent of supervision depends on the risk and the ability of the lone worker to deal with health and safety issues. Staff new to a job may need to be accompanied until competencies are achieved.

Supervisors may periodically visit to observe the work being done.

There should be regular contact by telephone or radio and the supervisor should be aware of the schedule of work for the lone worker on any given day. This schedule should also be centrally logged if the supervisor is unavailable. Consideration should also be given to using a contact partner “buddy” system as a double indemnity, particularly prevalent for community based staff.

Warnings designated to raise the alarm in an emergency should be devised and an example of this is given at Annex A which may be adapted to suite departmental requirements.

The supervisor should check that the lone worker has returned to home or base on completion of the work.

#### **6 EMERGENCY PROCEDURES**

Lone workers should be capable of responding correctly to an emergency and emergency procedures should be in place with the worker trained to respond. They should have access to a first aid kit or first aid facilities and if the risk assessment

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identifies a need, they may require first aid training. In serious circumstances, within a main Trust site, assistance can be summoned by dialling 2222.

Lone Worker devices including an application-based system are available from telecommunications / I.T. team.

When in the community Annex B outlines a recommended course of action

## 7 SPECIAL RISKS

Lone workers face particular problems. Some of the issues which need special attention when planning safe working arrangements are as follows:

- Is there a risk of violence?
- Are women especially at risk if they work alone?
- Are young workers especially at risk if they work alone?
- Can all equipment and materials involved in the work be safely handled by one person?

Based on information provided these considerations may need to give rise to a formal departmental risk assessment

## 8 PHYSICAL FITNESS

It is necessary to check that the lone workers are physically fit to carry out their work. Supervisors should check that the workers have no medical conditions that make them unsuitable for working alone. If necessary, advice may be sought from Occupational Health.

When assessing an individual's fitness, the supervisor should consider not only the routine work but any foreseeable emergencies that may impose additional physical and mental burdens on the individual.

## 9 DRIVING

Some lone workers may have to drive as part of their work activities. The main risk to drivers working alone is the possibility of breaking down in an isolated area. This risk could be increased where staff use their own vehicles.

Before each journey the following should be considered:

- Is the journey necessary?
- Is an alternative means of transport available?
- Is the time allowed for the journey realistic? Staff cannot be put under pressure to exceed speed limits or take risks while driving.

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## Staff Must

- Ensure their level of Insurance cover meets the business requirement (if driving a private vehicle for work purposes)
- Comply with regulations around renewal of driving licenses
- Declare any endorsements on their license to their manager & provide managers with a yearly license check - [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence)
- Declare any medical conditions likely to impair their ability to drive, for example:
  - I. epilepsy
  - II. strokes
  - III. other neurological and mental health conditions
  - IV. physical disabilities
  - V. visual impairments

This list is not exhaustive and further guidance can be found at [www.gov.uk/driving-medical-conditions](http://www.gov.uk/driving-medical-conditions), which may lead to an Occupational Health referral

## Staff are advised to:

- Keep the fuel tank topped up
- Keep doors locked
- Carry a mobile phone that is fully charged
- Subscribe to a breakdown service (e.g. AA or RAC)
- Keep their vehicle suitably maintained ( check tyres, water levels, screen wash, serviced etc) and have a current MOT certificate, if required
- If possible park the car facing forwards to make it easier to drive out
- Carry sufficient supplies in case of adverse weather hot / cold

## Managers should:

- Annually check the validity of staff driving licenses and retain a paper copy of the license check ( [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence) )

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- Ensure that staff who use their own vehicles have appropriate insurance and MOT Certificate
- Ensure that staff know how to carry out basic safety checks (e.g. tyres, lights oil)
- Ensure that staff are aware of the dangers of fatigue
- Ensure that sufficient consideration is given to weather conditions
- Ensure that staff who drive do not work excessive hours
- Where equipment is carried ensure that appropriate manual handling training has been provided

## **10 RESPONSIBILITIES**

### Managers

- Carry out a risk assessment using the risk assessment tool.
- Provide appropriate training and instructions for emergencies. This training is provided within the Health and Safety module of the Mandatory training sessions.
- Monitor the whereabouts of the lone worker
- Provide a means of communication
- Ensure emergency procedures are developed and implemented.

### Staff/Lone worker

- Follow instructions
- Maintain regular contact

## **11. DISSEMINATION AND IMPLEMENTATION**

Once this policy has been ratified it will be posted on the Trust intranet and details will be published on the “Aspire” bulletin.

## **12. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF THIS POLICY**

The effective implementation of this policy will be monitored by the Trust Health and

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Safety Committee through local risk assessments and findings reported to the Safety and Risk Committee. Areas of non-compliance will be brought to the attention of line managers who will be required to take action as necessary to mitigate the risks to lone workers.

### **13. EQUALITY IMPACT ASSESSMENT**

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and a copy is attached to this policy.

### **14. ARCHIVING ARRANGEMENTS**

Responsibility for archiving trust-wide policies lies with the Quality Department where all paper copies will be stored, and electronic folders have been set up to hold master copies.

Requests for retrieval of documents can be made to the Quality Dept.

### **15. REFERENCES AND BIBLIOGRAPHY**

Health and safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999

Management of Health and Safety at Work Regulations 1999 Approved Code of Practice

HSE leaflet "Violence at Work" INDG69 (rev)

HSE leaflet "5 steps to Risk Assessment" INDG163 (rev1)

Managing and Preventing Violence to Lone Workers : Case studies. (Health and Safety Laboratory/ Report WIS/03/05

Violence and Aggression to Staff in Health Services: Guidance on Assessment and Management (HSE Books)

Preventing Violence to Staff (HSE Books)

Working Alone (HSE Books 05/13)

[www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence)

[www.gov.uk/driving-medical-conditions](http://www.gov.uk/driving-medical-conditions)

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## Appendix A

### Immediate Danger/Threat to Staff in a Trust Building or in the Community

#### If you are feeling threatened in a patient's home / Trust building:

- Leave, if possible, using an excuse – i.e. to get some equipment from somewhere else or from the car, if in the community.
- DO NOT re-enter the room / property
- If in the community dial 999 if emergency/use lone working device to raise alarm
- If within the Trust dial 2222 from any Trust phone
- Seek assistance from your manager or if community-based return to the office
- Review future risks with Team Lead
- Complete DATIX

#### If you are unable to get out of the room/ property:

- Say you need to cancel your next appointment & call your manager
- In a Trust building press the panic button if one is available
- In the community call the office and cancel appointment with a chosen name or code word (e.g. Sally O'Sullivan) which will alert the team to your predicament or use lone working device if available
- Attempt to diffuse the situation until assistance arrives

If you receive a call from anyone asking you to “cancel an appointment with a chosen name e.g. “Sally O’Sullivan” this must be treated as an SOS call as they are in a patient’s home or Trust building and they are unable to get away or are feeling threatened:

- Immediately phone 999 if in a patient’s home & pass on details of patient and the property address
- 2222 if in a Trust building stating where the person concerned is.

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If no response when attending pre-arranged visit

Phone Client's number

Phone Office - check:

- Correct phone number and address
- No messages from client
- Not been admitted
- **Discuss level of risk**

**Appendix B**  
**Assessment of Risk**

Client alone  
Cognitive ability  
Mobility

Look in windows / doors calling client  
Check rear access and do same

**Cannot see person on floor**  
**NO RESPONSE TO CALLING**

**See person on floor**  
**NO RESPONSE TO CALLING**

**See person on floor**  
**RESPONDS TO CALLING**

- Complete risk assessment
- Try doors/windows
- Call neighbours, NOK, other key holders
- Warden or other services

- Emergency Services
- Inform Office / Inform NOK
- Stay at house until services arrive

Gain access by key holder / or Emergency Services

- Complete risk assessment
- Stay at house until services arrive
- First Aid
- Call NOK

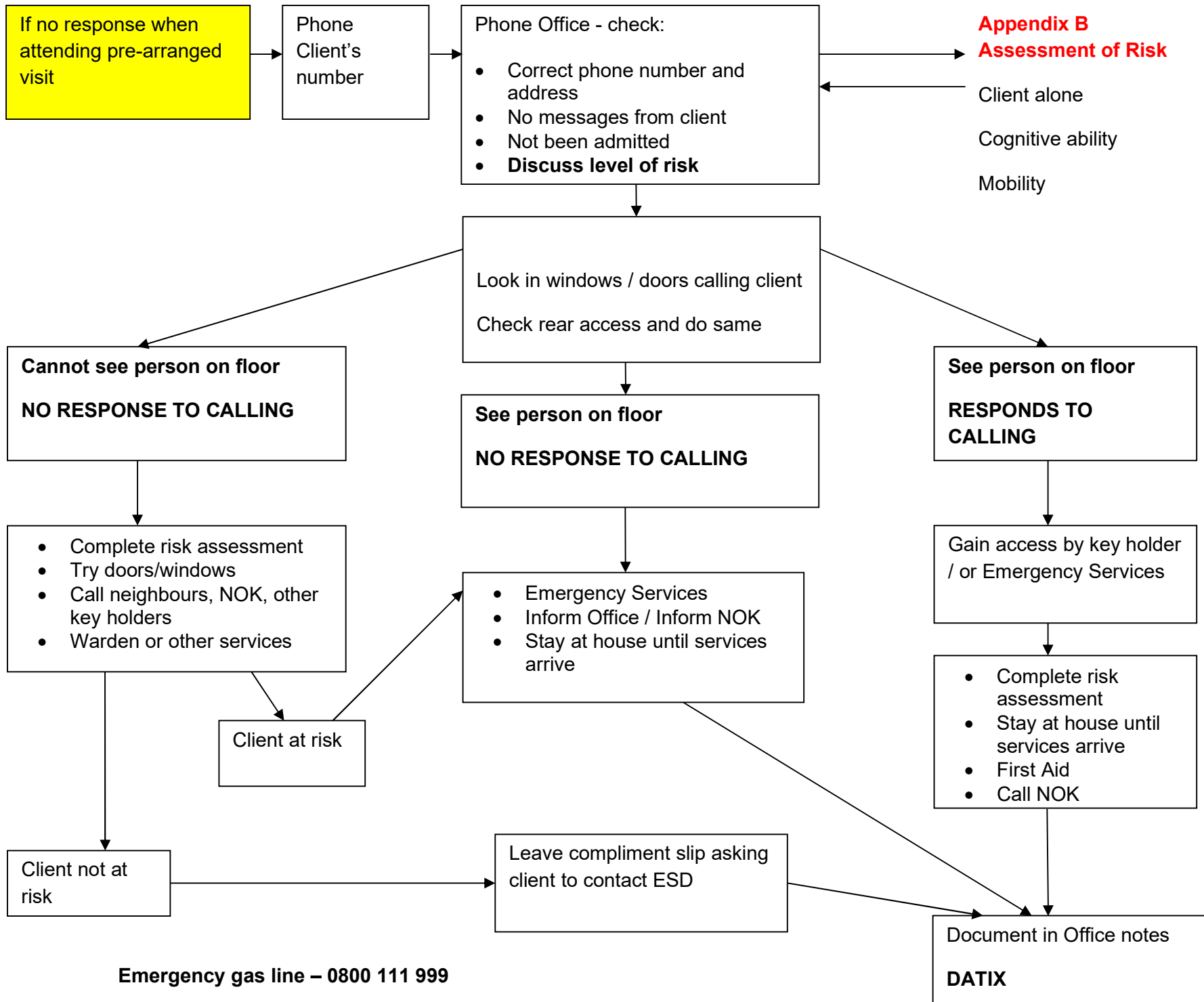
Client at risk

Client not at risk

Leave compliment slip asking client to contact ESD

Document in Office notes  
**DATIX**

**Emergency gas line – 0800 111 999**



## Equality Impact Assessment Summary

### Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This policy has been developed to comply with the requirements of the Management of Health and Safety Regulations to assess the risks to staff at work and to ensure that all staff are aware of their responsibilities.

### Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The policy is based on guidance provided by the NHS Protect and the Health and Safety Executive and is not likely to have any Equality or Diversity implications.

### Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups  
The policy is based on current legislation and there are no potential impacts for any equality groups.

The policy is based on current legislation and there are no potential impacts for any equality groups.

### Conclusion

- Provide a summary of the overall conclusions

The policy provides fair, consistent guidance on managing health and safety in the workplace for lone workers.

### Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No changes recommended.

