POLICY / PROCEDURE INFORMATION **(Policy no OP001)**	
Subject	Lone Working Policy *(This policy is subject to periodic review and will be amended according to service development needs)*
Applicable to	All staff and volunteers of Nottinghamshire Hospice who do or may work alone as part of their role.
Target Audience	All employees and volunteers; paid or unpaid who do or may work alone who have need to work alone.
Date issued	July 2018
Next review date	July 2021
Lead responsible for Policy	Chief Executive Officer
Policy reviewed by	Liz Morgan, Clinical Nurse Specialist
Notified to (when)	Quality and Safety Group (June 18)
Authorised by (when)	Quality and Safety Group (June 18)
CQC Standard if applicable	
Links to other Policies	Accident and Incident Policy Nottinghamshire Hospice Code of Conduct Policy Security Policy
Summary	The purpose of this policy is to identify lone workers and ensure that the safety and security of lone workers is properly assessed and where possible control measure to reduce the risks put in place
This policy replaces	

VERSION CONTROL		
Status	**Date**	**Reviewed date**
Original policy written by Donna Payne but was never ratified	2015	
Policy reviewed by Liz Morgan	Jun 2018	
Authorised by Quality and Safety Group	Jun 2018	Jun 2020
Updated control sheet and published on Policy Doc App	July 2018	
Updated logo and published on website	December 2020	

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APPENDICES

1. Introduction

1.1. The Hospice recognises there are risks associated with lone working and is committed to ensuring the personal safety of its employees in their working environment.

1.2. There are many different situations staff and volunteers find themselves in with regard to lone working, and it would be impractical to address each situation individually. This policy applies to all lone workers irrespective of the situation and is as inclusive as possible.

1.3. The Hospice will, as far as is reasonably practicable, ensure the safety of lone workers or staff who sometimes work alone, by assessing the risks that they face and putting in place appropriate measures to improve their safety.

1.4. The Health and Safety Executive define **lone working** 'as any situation when a worker is engaged in a solo activity out of sight and hearing of others. Lone worker also includes staff and volunteers in a community setting with no immediate support.

1.5. Lone working can take place when people are:

- Working as individuals at a fixed site but are separated from others e.g. working alone in buildings or rooms
- Working in a remote location, including outdoors e.g. working on other employers' premises, working from home, home visiting.
- Working outside normal working hours, e.g. alone in buildings or working alone in the community.
- Travelling alone as part of their work e.g. travelling to meetings or travelling to the home of a patient/service user

2. Purpose and scope

2.1. The purpose of this policy is to identify lone workers and ensure that the safety and security of lone workers is properly assessed and where possible control measure to reduce the risks put in place.

2.2. This policy describes the Hospice's responsibilities for identifying and managing the risk to all staff who are lone workers as defined by The Health and Safety at Work Act 1974.

2.3. The target audience for this policy is all staff and volunteers; paid or unpaid who do or may work alone.

2.4. Reference should also be made to the Hospice's Code of Conduct Policy.

3. Objectives

3.1. To increase staff and volunteer awareness of potential risks and safer working practices relating to lone working.

3.2. To ensure that all staff and volunteers carrying out legitimate activities for or on behalf of the Hospice are aware of procedures which apply to them when they are undertaking activities as a lone worker.

3.3. To ensure that managers are supported to assess risk of lone working in a systematic way and that measures are put in place to reduce the risks identified wherever reasonability practicable.

3.4. To encourage reporting and recording of incidents relating to lone working.

4. Legislation

4.1. Although there is no specific legislation in relation to lone working, there are a number of Acts of parliament and directions that are relevant to lone working.

4.2. Health and Safety at Work Act 1974

The Hospice has responsibilities under the health and Safety at work Act 1974, in particular to employees ensuring, as far as is reasonable practicable, the health, safety and welfare of

employees at work.

4.3. The Management of Health and Safety at Work Regulations 1999:
Theses regulation 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 employees must assess the risks of violence to employees and, if necessary, put in place control measures to prevent them.

4.4. The Corporate Manslaughter and Corporate Homicide Act 2007:
This legislation creates a new offence under which an organisation (rather than an 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.

5. Roles and Responsibilities

5.1. The **Chief Executive** has overall responsibility for health, safety and welfare and the maintenance of an environment which is safe and healthy.

5.2. The **Senior Management Team** are responsible to the Chief Executive for:
- Identifying and assessing risk for all staff and volunteers carrying out legitimate activities on behalf of the Hospice.
- Putting in place suitable measures to manage the risks.

5.3. **Maintenance Manager** is responsible
- To assess security management and highlight and put in place reasonably practicable measures within the Hospice.
- To ensure that all measures put in place comply with the relevant health and safety regulation.
- To ensure that risks are reported and raised to the senior Management Team
- To support the Senior Management Team to implement changes and measure to improve lone worker safety.

5.4. **Line Managers / Retail Managers** are responsible:
- To ensure that risk assessments are completed and available in their area of responsibility and to develop appropriate measures to reduce the risks.
- To ensure that there are processes in place for dealing with any situations that may arise.
- To implement this policy and any necessary remedial action identified by incidents, audit or inspections.
- To ensure lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation.
- To assess whether physical measures or technology is required to ensure the safety of lone workers
- To ensure when an employee or volunteer is using technology or specific processes when working alone that they have attended instruction in its use before being issued with that device'
- To ensure all lone worker incidents are reported and reviewed in accordance with the Hospices Incident Policy and any health concerns of staff are addressed through HR policies.
- To ensure that all serious incidents involving staff are escalated immediately to the senior management team.

5.5. **Hospice at Home Coordinators** are responsible
- To monitor clinical staff working in the community to ensure they check in and out of the patients home, escalating concerns in accordance with the 'lone worker process for visiting patients in their own home' (appendix 1)

- To ensure when they are on-call that they have the correct information for monitoring staff activity when away from the hospice. Ensuring they comply with Information Governance guidance on safeguarding sensitive information.
- To ensure all lone worker incidents are reported and reviewed in accordance with the Hospices Incident Policy and any health concerns of staff are addressed through HR policies.

5.6. **Staff and Volunteers** are responsible:
- To read and follow this policy when they are working alone to ensure their own safety and that of their colleagues and to report any concerns or issues they have to their line manager
- To read and follow the lone worker process (clinical staff) found in appendix 1
- To attend any relevant training (as required) before entering a lone worker situation
- To forward plan, prior to an external visit, especially if this is in a unknown location and continually assess risk during the visit
- To properly utilise any technology which has been provided for personal safety,
- To report all incidents, including 'near misses' to enable monitoring and appropriate follow up action to be taken.

6. Risk assessment

6.1. Services and departments whose staff are lone workers or sometimes work alone must undertake and document a risk assessment of those activities where staff work alone. (See appendix 2&3 for the assessment tool). This is usually done by job profile rather than individuals. The purpose of the risk assessment process is to:

- Identify staff who are or may become lone workers
- Identify what the risks are to lone workers e.g. working conditions: work activities such as carrying money or prescription forms, staff breaking bad news, driving, carrying valuable equipment, wearing uniforms in the community
- What existing control measures are in place and their effectiveness
- Have there been any previous situations or incidents that are relevant
- Are there any measures available that will reduce the risks to lone workers, e.g. training, aids, different process

6.2. The expectation is that, under normal circumstances, a risk assessment will be carried out on the activities of the staff working in a particular department taking into account the factors to be considered which are listed above.

6.3. In some circumstances where the level of risk to staff or volunteers is significantly higher an individual risk assessment will be necessary. For example, where a certain patient's condition means they are liable to be aggressive.

6.4. There will be certain scenarios and activities that can be classified through a risk assessment as low-risk – for example, staff undertaking office work during normal daytime hours. Staff in this situation may be authorised to work alone without the agreement of their line manager.

6.5. However, risk assessments need to consider not only safety while at work during normal office hours, but also issues of location and timing relating to personal safety (e.g. someone leaving an empty building, alone, at night).

6.6. All completed risk assessment must be retained by the relevant manager and a copy stored on the N drive. Any changes brought about by the risk assessment must be incorporated into the risk assessment.

6.7. If a lone worker is subjected to a physical assault should be reported via 999 or 111 none urgent. There line manager must be informed as soon as possible and the incident reported in accordance with the incident policy.

6.8. If a lone worker is subject to verbal abuse of any kind it should be reported to their line manager as soon as possible and the incident reported in accordance with the incident policy.

6.9. All staff and volunteers should seek advice / assistance if they are unsure about a situation or report any problems to their line manager.

7. Risk control measures

7.1. Whilst it is imperative that managers take all reasonable steps to reduce the level of risk to which their lone workers are exposed, any measures introduced should be proportionate to the level of risk which exists. The risk assessment must include consideration of the measures described below.

7.2. Whilst in the warehouse the CCT camera should be used to see who is at the door under no circumstance should we let any person into the building unless they are known to us. A telephone call should be made to the line manager of the person who is lone working to inform them at the start and end of the lone working period. This principle also applies to shop managers who lone work. Managers are also asked to carry alarms and mobiles while lone working with the telephone number of the shop next door.

7.3. Incident reporting of all incidents and near misses' related to lone working will be reviewed by the Quality and Safety Group.

8. Scheduling visits

8.1. Before visiting a location or patient/service user that is a known risk, the coordination centre will ensure all relevant information is gathered and decide whether a further assessment or action is required.

8.2. If there are known risks associated with a particular location or patient/service user, lone workers should consider, in consultation with their manager, rescheduling the visit so they can be accompanied by another member of staff or security or police presence. As part of the risk assessment process, consideration should also be given to whether they should, and can, be treated by attending a clinic or hospital.

8.3. Nurses working through the night are required to follow the lone worker process in place.

9. Safe Systems of Work

9.1. Staff based at the hospice should maintain their outlook diary, ensuring their whereabouts is documented. Access to outlook diaries should be provided to manager / and or colleagues.

9.2. Staff and volunteers carrying out legitimate activities on behalf of the Hospice Staff and travelling to a location alone should always ensure that someone else is aware of their whereabouts.

9.3. Each manager following risk assessment should put in place a procedure for maintaining contact with individuals when they are out and about in the community e.g. Hospice at Home nurses text when arriving and leaving the patients home.

9.4. Each manager should have in place an escalation process to manage a situation where contact is lost with a member of staff or volunteer carrying out legitimate activities on behalf of the Hospice. This should include agreed steps to locate the person, when to contact relatives and the police if the person remains missing.

9.5. If it is thought that the lone worker may be at risk, it is important that matters are dealt with quickly, after considering all the available facts. If police involvement is needed, they should be given full access to information held and personnel who may hold it, if that information might help trace the lone worker and provide a fuller assessment of any risks they may be facing.

10. Safety During a Visit

10.1. Staff and volunteers working alone should be able to recognise the risks that may impact on their safety such as those who are under the influence of alcohol/drugs or are confused.

10.2. Being alert to these warning signs will allow the lone worker to consider all the facts to make a personal risk assessment and, be able to make judgement as to the best course of action (for example, to continue with their work or to withdraw).

10.3. At no point should the lone worker place themselves, their colleagues or their patients/service users at risk or in danger.

10.4. Lone workers are encouraged to use the practice of 'Dynamic Risk Assessment'. Dynamic risk assessment is the continuous process of identifying hazards, assessing risk and taking action to eliminate or reduce risk. It is used when the situation in which risk arises is always changes and the individual needs to be frequently looking for changes and to make on the spot decisions to keep themselves safe.

10.5. However, dynamic risk assessment must not be seen as a substitute for the systematic assessment of risk arising out of activities undertaken by Hospice staff. In all circumstances, controls must be put in place where there is reasonable likelihood that the health or safety of staff may be at risk.

11. Incidents

11.1. All incidents involving lone workers, no matter how trivial they might seem, must be reported in accordance with the Hospices Accident and Incident Policy and Procedure

11.2. For all incidents, irrespective of their severity, the line manager with responsibility for the staff or volunteer involved must establish the causes of the incident and whether any further action needs to be taken. The results of any findings must be acted upon and shared with **all** relevant staff to ensure that procedures and systems are revised.

12. Support for staff involved in an incident

It is essential that staff and volunteers involved in an incident are offered information and support. This might include:

- Support/ supervision from their line management
- Support from HR department
- Referral to the Occupational Health Service e.g. injuries sustained during the incident
- Referral to the Occupational Health Counselling Service
- Feedback following the completion of any investigation.

13. Training

13.1. Training will be provided from a range of sources within the Hospice subject to available resources through HR

13.2. Staff and Volunteers must receive suitable training or instruction on the use of any devices which they be required to use. Additionally, staff must be given training or instruction on when, by whom and how internal alert systems are to be activated and what the response should be.

13.3. All staff and volunteers should attend training that has been provided for them

14. Further sources of information

Reference should also be made to the following documents:

- Code of Conduct Policy
- Personal Attack Alarms – Information for Staff
- Community Staff Personal Safety Checklist
- Risk Assessment Procedure for Staff Members who are New and Expectant Mothers
- Accident and Incident Policy and Procedure

15. Sources of Advice

Health and Safety Executive

16. References

Health and Safety ay Work Act 1974
The Management of Health and Safety at Work Regulations 1999
The Corporate Manslaughter and Corporate Homicide Act 2007

APPENDIX 1

Lone worker process for visiting patients in their own home

Introduction

A lone worker process has been put in place to support clinical staff working alone in the community, which monitors the whereabouts of staff that are working remotely.

Staff induction

All staff members who work in patient's homes will be provided with access to this lone worker policy which highlights roles and responsibilities for them and their managers.

All staff are advised on induction that they must text a 'nominated number' when they arrive at the patient's home and when they leave the patients home. This is to ensure that the Hospice is aware that staff arrive and leave a patients home safely.

All staff members through the expenses policy and procedure can claim the cost of any calls and texts used to undertake their work commitments.

Missing staff

Should the coordinator not be able to locate a member of staff when they arrive at the patient's home, they will seek the support and advice from a manager because it may be necessary to report the person as a missing person.

All steps will be taken to try to find the person.

If staff have left the patients home safely but not contacted the coordinator the NOK will be informed. As the person has left work it will be the next of kin responsibility to locate the person. The hospice will provide assistance and liaise as necessary with the family. It is not acceptable to provide the NOK with the patient's details unless they give consent.

Any member of staff who repeatedly fails to follow the lone worker process and creates additional work for the coordinators will have their performance reviewed and may face disciplinary action.

Information needed when reporting a missing staff member.

Should it be necessary to report a missing person to the police the following information must be provided.

1. Introduce yourself, saying who you work for – provide your contact details.
2. Explain why you are ringing e.g. you have lost contact with a member of staff who was providing care for a patient in their own home.
3. A summary of your attempts to contact the missing person, the patient, their next of kin, when you were last in contact, when you expected to hear from them etc.
4. Details of the missing person - name, DOB, address, telephone details, vehicle description and registration number.
5. Details of their next of kin – name, address and telephone numbers
6. Where the staff worker was working – it is acceptable to provide the patients address and telephone number. Do not provide clinical details unless they are relevant e.g. patients known to be aggressive / drug related issues etc.

Flowchart - Start of a shift community nursing shift

Nurse sends text message (or call) to coordinator stating they have arrived at the patients home

No message received by coordinator within 15 minutes of shift starting. Cordinator texts /rings the person.

Coordinator acknowledges text message with a text.
End of Process

Cooridnator does not acknowledge text. The person retexts or rings the coordinator.

Person answers
End of Process

Person does not answer. cordinator contacts patient to establish if person has arrived at the patients home.

Coordinator acknowledges text message with a text.
End of Process

Person at the patient home. the Cordinator will ask to speak with the person.
End of Process.

Person has not arrived at patients home. Cordinator to try to contact person again and leave a message to say they are going to contact NOK.

Unable to contact the patient or relative. Coordinator to inform on-call distirct nursing team to ask them to visit.

Police
End of process

Clincical Services Manager to establish NOK where person is.

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Flowchart - End of a community nurisng shift

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┌─────────────────────────┐
│ Nurse sends text message│
│ (or call) to coordinator│
│ stating they have left  │
│ the patietns home       │
└─────────────────────────┘
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┌─────────────────────────┐        ┌─────────────────────────┐
│ No message received by  │        │ Coordinator acknowledges│
│ coordinator within 30   │        │ text message with a text.│
│ minutes of shift ending.│        │                         │
│ Cordinator telephones   │        │ End of Process          │
│ the person.             │        │                         │
└─────────────────────────┘        └─────────────────────────┘
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┌─────────────────────────┐        ┌─────────────────────────┐
│ Person answers          │        │ Person does not answer. │
│ End of process          │        │ cordinator contacts     │
│                         │        │ patient to establish if │
│                         │        │ person left the patients│
│                         │        │ home.                   │
└─────────────────────────┘        └─────────────────────────┘
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┌──────────────────────┐  ┌──────────────────────┐  ┌──────────────────────┐
│ Person at the patient│  │ Person has left      │  │ Unable to contact the│
│ home. the Cordinator │  │ patients home.       │  │ patient or relative. │
│ will ask to speak    │  │ Cordinator to try to │  │ Cordinator to inform │
│ with the person.     │  │ contact person again │  │ Clinical Services    │
│ End of Process.      │  │ and leave a message  │  │ Manager              │
│                      │  │ to say they are going│  │                      │
│                      │  │ to contact NOK.      │  │                      │
└──────────────────────┘  └──────────────────────┘  └──────────────────────┘
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┌──────────────────────┐  ┌──────────────────────┐  ┌──────────────────────┐
│ Cordinator contacts  │  │ Cordinator is unable │  │ Clinical Services    │
│ the NOK to say the   │  │ to contact the NOK,  │  │ Manager to review the│
│ person has left the  │  │ they will leave a    │  │ situation and        │
│ patients house but   │  │ message and contact  │  │ consider contacting  │
│ not texted to let us │  │ Clinical Services     │  │ the police, district │
│ know.                │  │ Manager for advice   │  │ nurses, visiting the │
│ End of process       │  │                      │  │ patients home.       │
└──────────────────────┘  └──────────────────────┘  └──────────────────────┘
```

APPENDIX 2

Risk Assessment for Working Alone in Buildings		
Activity:		
Ward/department:		
Location:		
Areas of Risk	**YES (0)**	**No(0)**
Do staff work alone?		
Do staff work outside normal office hours?		
Do staff meet with patients/service users in isolated locations?		
Do staff activities involve working in confined spaces?		
Do staff activities involve handling hazardous substances?		
Other risk factors:		
Existing control measures	**Yes (0)**	**No (5)**
Do you provide joint working for high-risk activities (I.E. in confined spaces and with hazardous s substances)?		
Are regular checks by colleagues or supervisors carried out?		
Is access to the building/area restricted (i.e. digital locks or swipe cards)?		
Are there reliable means of raising an alarm?		
Do you use reporting / checking in systems?		
Do you use two-way radios or other communication systems?		
Do staff have information and training on basic personal safety?		
Are staff trained in strategies for preventing and managing violence?		
Have staff received training relevant to the activity they will be undertaking?		
	Risk rating score:	
0 – 25 = low | 30 – 50 = Medium | 55 + = High		
Please continue overleaf		
Are your existing control measures adequate?		

Controls are not adequate	Explain why they are not adequate
	14

Additional controls to be implemented:		

Completed by:	Signature:		
Date:			
On completion of additional controls:			

Completed by:	Signature:
Date:	
Review date	