Nottinghamshire Hospice
adding life to days

<table>
<tr><td colspan="2" align="center">POLICY/PROCEDURE INFORMATION
(Policy no 001)</td></tr>
<tr><td>Subject</td><td>Lone Working Policy OP001
(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</td></tr>
<tr><td>Applicable to</td><td>All staff and volunteers of Nottinghamshire Hospice who do or may work alone as part of their role.</td></tr>
<tr><td>Target Audience</td><td>All staff and volunteers; paid or unpaid who do or may work alone who have need to work alone.</td></tr>
<tr><td>Date issued</td><td>31 Oct 2023</td></tr>
<tr><td>Next review date</td><td>31 Oct 2026</td></tr>
<tr><td>Lead responsible for Policy</td><td>Chief Executive Officer</td></tr>
<tr><td>Policy written/reviewed by</td><td>Chief Executive Officer, Director of Care, Director of Income Generation</td></tr>
<tr><td>Notified to (when)</td><td>Strategy and Corporate Governance Committee 31 Oct 2023</td></tr>
<tr><td>Authorised by (when)</td><td>Strategy and Corporate Governance Committee 31 Oct 2023</td></tr>
<tr><td>CQC Standard if applicable</td><td>Safe, Well-led</td></tr>
<tr><td>Links to other Hospice Policies</td><td>Reporting of Incidents and Accidents Policy OP002
Nottinghamshire Hospice Code of Conduct HR0031</td></tr>
<tr><td>Links to external policies</td><td></td></tr>
<tr><td>Summary</td><td>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</td></tr>
<tr><td>This policy replaces</td><td>Lone Worker Policy 2018 - 2022</td></tr>
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IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL		
Status	**Date**	**Review date**
Original policy written by Donna Payne but was never ratified	2015	
Policy reviewed by Liz Morgan	Jun 2018	
Policy Authorised by Quality and Safety Group	Jun 2018	Jun 2020
Policy Authorised by Quality and Safety Group	Jun 2020	Dec 2022
Policy Reviewed by CEO, Directors of Care and Income Generation	Aug 2023	
Policy Notified to Strategy and Corporate Governance	31 Oct 2023	
Policy Authorised by Strategy and Corporate Governance	31 Oct 2023	31 Oct 2026
Updated control sheet and published on website	Jul 2018	Nov 2023
Updated logo and published on website	Dec 2020	Nov 2023

INDEX

APPENDICES

1.	**Introduction** 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. 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. 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. 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. 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** This policy describes the Hospice's arrangements for discharge of its responsibilities for managing the risk to anyone who is a lone worker as defined the Health and Safety at Work Act 1974; the Management of Health and Safety

	at Work Regulations 1999. The target audience for this policy is all staff who are lone workers and their managers.
3.	**Objectives** To understand lone working, detail responsibilities and manage risks. To demonstrate the Hospice's commitment to ensuring that the highest standards of Health and Safety management are maintained.
4.	**Legal Framework** Working alone is not in itself against the law and it will often be safe to do so. However, the law requires employers to consider carefully, and then deal with, any health and safety risks for people working alone. Employers are responsible for the health, safety and welfare at work of all their workers. They also have responsibility for the health and safety of any 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.
5.	**Definitions** **Lone working** Lone working can be described as any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague. 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 interviewing a patient/service user alone in interview rooms • working in a remote location, including outdoors • working alone away from base e.g. home visiting often involving contact with the public • working outside normal working hours, e.g. alone in a shop 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 • working on other employers' premises or working from home • a person working alone in a small workshop, petrol station, kiosk or shop. Lone workers are those who work by themselves without close or direct supervision.
6.	**Responsibilities** **Chief Executive Officer (CEO)** The CEO has overall responsibility for health, safety and welfare and the maintenance of an environment which is safe and healthy. **Senior Leadership Team (SLT)** are responsible 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. **Facilities Manager** is responsible for: • assessing security management and highlight and put in place reasonably practicable measures within the Hospice • ensuring that all measures put in place comply with the relevant health and safety regulation • ensuring that risks are reported and raised to SLT • supporting SLT to implement changes and measure to improve lone worker safety. **Line Managers** Line Managers are responsible for implementing this policy and monitoring its effectiveness within their area of responsibility and must ensure that: • Anyone for whom they have management responsibility and who are lone workers, based on recognised definitions, is identified • All relevant policies and procedures are discussed with lone working staff

- A risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks from lone working are identified and that proper control measures have been introduced to appropriately protect staff by removing, minimising or mitigating the risks before staff enter a lone working situation
- Lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation
- Physical measures are put in place and appropriate technology is made available to ensure the safety of lone workers
- Staff have received sufficient instruction or training in the use of any lone working device before being issued with that device
- Regular reviews are undertaken of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker
- Where an incident has occurred involving a lone worker, it is reported in accordance with Hospice [Reporting of Incidents and Accidents Policy OP002](#)
- Where appropriate following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place prior to a formal review of lessons learnt following an incident. These measures may include, where appropriate, alternative arrangements being made as to the way in which a service is provided.

Staff

Staff who are lone workers must ensure that they:

- Do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation.
- Attend any relevant training before entering a lone worker situation.
- Seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk.
- Conduct proper planning prior to a visit; this might involve a review of patient records prior to any visit or talking to staff who know the patient.
- Properly utilise all appropriate technology which has been provided for their own personal safety.

7.	**Risk Management**

The Hospice has a duty to assess risks to lone workers and take steps to avoid or control risks where necessary. This must include:

- involving workers when considering potential risks and measures to control them
- taking steps to ensure risks are removed where possible, or putting in place control measures, e.g. carefully selecting work equipment to ensure the worker is able to perform the required tasks in safety, instruction, training and supervision.
- reviewing risk assessments periodically or when there has been a significant change in working practice. This may include:
  - being aware that some tasks may be too difficult or dangerous to be carried out by an unaccompanied worker.
  - where a lone worker is working at another employer's workplace, informing that other employer of the risks and the required control measures
- when a risk assessment shows it is not possible for the work to be conducted safely by a lone worker, addressing that risk by making arrangements to provide help or backup.
- Risk assessment should help employers decide on the right level of supervision. There are some high-risk activities where at least one other person may need to be present. Examples include:
  - working in a confined space, where a supervisor may need to be present, along with someone dedicated to the rescue role.
  - working in the health and social care sector dealing with unpredictable client behaviour and situations.

Risk Assessment

Departments whose staff sometimes work alone must undertake and document a risk assessment of those activities. The purpose of the risk assessment process is to:

- Identify lone working staff

- Assess the risks to lone workers and consider whether an alternative to lone working (e.g. patient attending the Hospice) is a possible/better option
- Implement measures to reduce the risks to lone workers, including appropriate staff training to minimise these risks
- Evaluate the control measures and ensure that risks to lone workers are appropriately managed and feed into the risk register. The following must be considered during the risk assessment process:
- All staff who are lone workers
- Type of incident risk, for example, physical assault/theft of property or equipment)
- Working conditions: normal, abnormal and hazardous conditions, such as dangerous steps, unhygienic or isolated conditions, poor lighting
- Particular work activities that might present a risk to lone workers, such as abusive customers in a shop
- The possibility of an increased risk of violence from patients/service users due to alcohol abuse, or drug misuse in relation to their clinical condition or response to treatment, and the risk of violence from their carers or relatives
- The lone worker wearing uniforms when visiting certain patients/service users
- Working in or travelling between certain environments or settings
- Evaluation of capability to undertake lone working – for example, being inexperienced or pregnant, or having a disability.

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. There will be certain scenarios and activities that can be classified through a risk assessment as low risk, e.g., 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. 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).

Risk Control Measures

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.

- Scheduling Visits - before visiting a location or patient that is a known risk, colleagues who may have worked alone in the same situation previously should be contacted. This aids communication and informs the action taken to minimise the risks.
- If there are known risks associated with a particular location or patient, lone workers should consider, in consultation with their manager, rescheduling the visit so they can be accompanied by another member of staff/other professional involved in the care of the patient. As part of the risk assessment process, consideration should also be given to whether they should, and can, be treated by attending the Hospice.
- Lone worker movements- lone workers should always ensure that someone else is aware of their movements whilst at work including addresses they will be visiting, expected arrival and departure times, names of people visiting and details of the vehicle they will be travelling in. This means leaving a written diary of visits which should include the names and addresses of the people they will be visiting, expected arrival and departure times, details of vehicles they will be traveling in and contact telephone numbers. Lone workers should then maintain regular contact with the relevant colleague or manager and systems put in place to deal with situations where contact with a lone worker is lost. 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.

	• Lone worker devices- The following lone worker devices are used as part of a range of measures aimed at protecting staff although it must be recognised that devices will not prevent incidents from occurring. However, they may increase the feeling of confidence amongst staff, thus reducing fear of an attack. • During a visit - continual dynamic risk assessment - Dynamic risk assessment is a term used when the situation in which risk arises changes and consists of on-the-spot decision making. Lone workers should be able to recognise the risks presented by those who are under the influence of alcohol/drugs or are confused, or where animals may be present. Being alert to these warning signs will allow the lone worker to consider all the facts to make a personal risk assessment and, therefore, a judgement as to the best course of action (for example, to continue with their work or to withdraw). • At no point should the lone worker place themselves, their colleagues or their patients/service users at risk or in danger. 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.
8.	**Incidents** All incidents even where considered to be a minor incident, including 'near misses' should be reported to enable appropriate follow up action to be taken. All incidents involving lone workers must be reported in accordance with the Hospice Reporting of Incidents and Accidents Policy OP002. For all incidents, irrespective of their severity, the line manager with responsibility for the staff involved must investigate to establish the causes of the incident and whether any further action needs to be taken. The results of any investigation must be acted upon and shared with all relevant staff to ensure that procedures and systems are revised.
9.	**Supervision** The extent of supervision required depends on the risks involved and the ability of the lone worker to identify and handle health and safety issues. The level of supervision needed is a management decision, which should be based on the

	findings of a risk assessment, i.e. the higher the risk, the greater the level of supervision required. It should not be left to individuals to decide whether they need assistance. Where a worker is new to a job, undergoing training, doing a job that presents specific risks, or dealing with new situations, it may be advisable for them to be accompanied when they first take up the post.
10.	**Retail** Retail staff should: • Follow the retail process for reporting lone working as detailed in Retail Lone Working Procedures. • Close and lock the shop if there is any reason that the lone worker feels unsafe. • Follow the retail process for reporting any incidents as detailed in Retail Lone Working Procedures.
11.	**Care Services** **HNS** Staff ring the care coordinator on successful completion of their shift. **HODS** • HODS team utilise a 'buddy' system when lone working • Two staff members undertake the majority of work • Individual risk assessments are conducted as required. **H@H** Staff are required to text the care coordination mobile phone at the beginning of a shift and the end of a shift. When a H@H shift is completed early, Staff members will contact HNS to report that they are leaving the patients' home and then text when they have safely returned to their home address.

Wellbeing

In the event of a staff member performing a home visit:

- Risk assessments are conducted as required.
- Staff are required to book visit in Wellbeing Diary and write on daily planning board on day of visit.
- Staff to inform Wellbeing manager or in event of manager absence another member of the team when they leave for visit.
- If going straight home from visit staff member to inform team, they are safe and well when they have left the visit and of their whereabouts.

Bereavement

Counsellors and Emotional Volunteers work alone in rooms which have either a fixed emergency buzzer, or a mobile key fob. The team member will sit nearest to the door and the door will remain unlocked.

Other team members are aware of appointments of their colleagues.

Individual counsellors and emotional support volunteers who work from home follow the emergency procedure (below) for both daytime hours and evening hours.

- Call the Head of Bereavement if an emergency occurs
- If the Head of Bereavement is not available call the hospice coordinators and ask to speak with on call manager.

12.	**Equality Impact Assessment (EIA)** An EIA has been completed at the screening stage.
13.	**References** 1. The Health and Safety at Work etc. Act 1974; the Management of Health and Safety at Work Regulations 1999.

Risk Assessment for Lone Working at Nottinghamshire Hospice Woodborough Road Site

Nottinghamshire Hospice Risk Assessment

	Risk Assessment No:	RA 32026

Name of Assessor and Job Title	Rachel Hucknall CEO		Date and Time	20/5/22

Work Area (Department)	All at Woodborough Rd		Task / event being Assessed	Lone working at 384 Woodborough Rd

What is the hazard?	Who/what might be harmed?	How might people be harmed?	Existing risk control measures	Existing risk rating			Additional controls	New risk rating (Residual)			Action/ monitored by whom?	Action/ monitored by when?
				L	C	R		L	C	R		
Staff may injure themselves and be unable to seek immediate assistance	Staff	Injured by slips / trips/ falls/ electrocution / hot food/drinks	Phones in most rooms Mobile phones available Alarm could be activated Staff familiar with equipment PAT testing and 5 year fixed wiring testing First aid box	3	2	6	Staff should stay downstairs to reduce risk of falling on stairs. Another member of staff must know lone worker is operating and check on them at agreed intervals and be informed when they leave.	2	2	4		

(L) Likelihood x © Consequence = ® Risk Rating

Nottinghamshire Hospice Risk Assessment

What is the hazard?	Who/what might be harmed?	How might people be harmed?	Existing risk control measures	Existing risk rating			Additional controls	New risk rating (Residual)			Action/ monitored by whom?	Action/ monitored by when?
				L	C	R		L	C	R		
Staff may face an intruder	Staff	Verbal/ physical/ psychological harm	Secure site and building. CCTV on premises and visible. No valuables on site. Phones available. Car park well lit. Conflict resolution training. Busy location on main road.	2	2	4						
Staff may be alone when a fire/ flood occurs	Staff	Harm caused by being able to escape from fire / fumes / flood	Fire risk assessment in place Fire policy Staff fire training Fire exits are accessible SMT walk abouts to check fire equipment	2	2	4						List of numbers to call to be available – e.g. managers and tradespeople.

(L) Likelihood x © Consequence = ® Risk Rating

Nottinghamshire Hospice Risk Assessment

What is the hazard?	Who/what might be harmed?	How might people be harmed?	Existing risk control measures	Existing risk rating			Additional controls	New risk rating (Residual)			Action/ monitored by whom?	Action/ monitored by when?
				L	C	R		L	C	R		
			Preventative maintenance checks									

(L) Likelihood x © Consequence = ® Risk Rating

Nottinghamshire Hospice Risk Assessment

What is the hazard?	Who/what might be harmed?	How might people be harmed?	Existing risk control measures	Existing risk rating			Additional controls	New risk rating (Residual)			Action/ monitored by whom?	Action/ monitored by when?
				L	C	R		L	C	R		

(L) Likelihood x © Consequence = ® Risk Rating

Nottinghamshire Hospice Risk Assessment

Assessor's Signature	R Hucknall	Date for Review	Aug 22

Senior Manager's Name	R Hucknall	Senior Manager's Signature	R Hucknall	Date	20/05/22

H&S Manager's Name (if appropriate)		H&S Manager's Signature (if appropriate)		Date	

Date placed on 'N' Drive by Executive Assistant and log updated	20/05/22

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