Mersey Care **NHS**

NHS Trust

TRUST-WIDE NON-CLINICAL SERVCE BASED POLICY DOCUMENT

POLICY AND PROCEDURE FOR LONE WORKING

Policy Number:	SD03
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Approving Committee:	Executive Committee
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TRUST-WIDE SERVCE BASED POLICY DOCUMENT

2015 – Version 3

Quality, recovery and wellbeing at the heart of everything we do

Mersey Care **NHS**

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LONE WORKING

Further information about this document:

Document name	**SD03 Policy and Procedure for Lone Working**
Document summary	**To ensure the safety of Mersey Care NHS Trust staff who may be required to work alone or work alone with service users outside of Trust premises.**
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To be read in conjunction with	• **Staff Action following Concerns Regarding Weapons in the Community.** • **The Management of Security Systems**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
Version 1	Amended to reflect Divisions and local procedures	4th December 2015
Version 2	Discussed at policy committee & minor revisions required	22nd December 2015
Version 3	Final amendments following policy committee and further consultation	13th January 2016

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;

- knowing how to deal with a disclosure or allegation of child/adult abuse;

- undertaking training as appropriate for their role and keeping themselves updated;

- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;

- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;

- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);

- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;

- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

Mersey Care NHS Trust staff work across a large geography and on many different sites, it also provides care to many service users in the community. In order to do this there may be instances when staff are required to work alone, both visiting services users and in offices.

The trust has a duty to ensure the safety of its staff in these situations (Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999). This policy and procedure provides a framework to ensure:

a) a risk assessment is undertaken and appropriate support provided if required
b) systems are place to meet the legal requirements regarding the implementation of the Mental Health Act amendments 2007 in relation to the supervision of Community Treatment orders
c) systems are in place to be able to locate mobile staff working in the community
d) systems are in place to maintain the safety of office based staff who need to work extended/amended hours.
e) systems are in place to agree any action if staff cannot be contacted.

This policy will apply to any member of staff who is required to do any work alone or with limited back-up whether within trust premises or other premises. This will include, for example, any consulting rooms, surgeries, client's homes etc. or the grounds of any of these premises, where they may be subjected to hazards to their health and safety which may be exacerbated by their isolation from immediate assistance.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

Objectives of this policy are:

a) to ensure safe lone working practices by staff across the trust
b) to provide assurance that mechanisms to safely manage staff lone working throughout the trust are operational
c) to provide a clear corporate and standardised approach to how staff lone work and how managers are responsible for these systems of working
d) to ensure the policy is adhered to by trust staff for the purpose of safe management of lone working

3. SCOPE

This policy and procedure applies to all Mersey Care NHS Trust staff when working alone, including seconded staff.

This policy must be read in conjunction with the policy and procedures for:

a) Staff Action following Concerns Regarding Weapons in the Community
b) The Management of Security

4. DEFINITIONS

Lone Working: the NHS Security Management Service defines lone working 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'

A **'Buddy'** is defined as - 'a person who is their nominated contact for the period in which they will be working alone', NHS SMS Identified Lone Worker guidance (2009).

Typical examples of lone working in Mersey Care NHS Trust include
   a) Community mental health workers and assertive outreach workers including community psychiatric nurses, social worker, occupational therapists
   b) Staff who see patients / service users for individual sessions in wards / clinics
   c) Patient transport services
   d) A receptionist working alone in a clinic reception area
   e) Staff who work alone in a building

5. DUTIES
The following staff will have responsibility:

Security Management Director (SMD)(Executive Director of Finance (Neil Smith))
The SMD will ensure that there is a policy and procedure in place for Lone Workers to ensure that systems are in place to maintain their safety

Chief Operating Officer / Associate Medical Directors / Operational Director
To ensure that Team Managers are implementing the Policy

Team/Department Managers
Managers / team leaders will ensure that their staff have access to this policy, and that systems and processes are in place to monitor the safety and whereabouts of lone workers. They will monitor the level of security incidents and amend practices accordingly.

Local Security Manager Specialist (LSMS)
The LSMS will monitor the adherence to the policy via security audits and the analysis of incident data.

Lone Workers
Staff will ensure that they understand the contents of this policy before working alone and follow the guidance provided. They will report breaches of security and violent/ abusive incidents via the adverse incident process.

Buddies
A member of staff within a team who has been nominated to ensure that the contact details and whereabouts of Individual Lone Workers (IWL) are known and available

6. PROCESS
The policy will consider the needs of community staff and those working alone in office accommodation separately.

Health bodies, as employers, have a duty to implement procedures and systems for their employees to ensure, so far as is reasonably practicable, that safe working conditions exist. Procedures should underline safety issues and contribute to a safer working environment for lone workers. The procedure should be addressing all identified risks and providing staff with clear lines of communication for the dissemination and use of these procedures, which should be subject to regular monitoring and review

6.1 Community Provision
Before working with service users in their own home, a risk assessment must be

undertaken and documented (see Appendix 1).   This should take account of age, religious, disability, learning disability, sexual orientation, cultural or gender issues and give due consideration as to whether it is appropriate for a male or female worker to visit alone. If there is insufficient information to inform a risk assessment a joint visit must be made. Any assessment should also inform future visits, and needs to be reviewed in all circumstances where a Community Treatment Order has been made.

The 'Buddy' system
It is essential that Identified Lone Workers (ILW) keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing various management procedures, such as the 'Buddy System'. Overall the ward/team manager is responsible for ensuring that there are procedures and systems in place for the safety of their staff within their team.

ILW in the community settings must ensure:

a) that all electronic work diaries are updated on a daily basis
b) that all electronic work diaries have the necessary permissions to allow the team manager or nominated deputy to access
c) that all personal contact details are updated and changes made known to their line manager.

To support this process a member of staff can be nominated to ensure that the contact details and whereabouts of all ILW are known and available. This staff member is known as a 'Buddy'; in the absence of a 'Buddy' the contact details of each ILW must be accessible to the ward/team manager.

The nominated 'buddy' will:

a) be fully aware of the planned movements of the ILW
b) have all necessary contact details i.e. mobile phone number
c) access to personal contact details, such as next of kin (not appropriate for infrequent lone workers)
d) have details of the ILW's known breaks or rest periods
e) attempt to contact the ILW, if the ILW fails to contact the 'buddy' as agreed
f) follow the agreed local escalation procedure for alerting their senior manager or the police, if the ILW cannot be contacted or if they fail to contact their 'buddy' within agreed and reasonable timescales

Essential to the effective operation of the 'Buddy System' are the following factors:

a) the 'buddy' must be made aware that they have been nominated and what the procedures and requirement for this role are
b) contingency arrangements should be in place for someone else to take over the role of the 'buddy' in case the nominated person is called away unexpectedly
c) there must be procedures in place to allow someone else to take over the role of the 'buddy', should the lone working situation extend past the end of the nominated person's normal working day or shift.

A buddy system can be implemented as a control measure according to the risks presented and whether this control is required will be determined by undertaking a risk assessment.

Lone Worker Risk Assessments

As a minimum, risk assessments should be reviewed every six months as part of the regular review process.

Where the initial risk assessment indicates that the risks may be significant, appropriate control measures should be implemented. This may include:

a) a simple set of precautions
b) undertaking the visit with another member of staff
c) agreeing relevant input through a team review of the situation
d) seeing the person on trust premises only

Where this would not reduce the level of risk to an acceptable level arrangements should be made to be accompanied by the police. However this action should be a last resort as part of a Mental Health Act assessment, or a recall under a Community Treatment Order after all other options have been considered. (see appendix 2). Additionally, where the initial risk assessment indicates that further information may be necessary, this can be sought from relevant agencies e.g. Police, Local Authority and Probation.

Risk assessments should be a dynamic process and as such the perceived level of risk can change at any time and records updated. As part of their ongoing engagement with the trust, service users can expect collaborative care planning processes to be undertaken where risk will be considered and risk management strategies derived appropriate to their needs.

Local arrangements must be made within all teams to ensure that prior to any member of staff working at home with service users, they must record the location, approximate time-scales of visits and an agreed time to report back with a nominated individual at a trust base.

It is the responsibility of the manager to ensure that each team has an up-to-date record of all team members' mobile phone numbers, home phone numbers, and an up-to-date record of the make, model, colour and registration number of any vehicle used by individual members of staff. This must be available to relevant staff at all times.

Prior to undertaking work at home with service users, staff should ensure that mobile phones are switched on and charged. Staff using Lone Worker Devices or other alarms systems should ensure they are charged and follow all agreed procedures for their safe and effective use.

Staff have the right to decline to enter a property or to end a visit at anytime they feel at unsafe or at risk. Reasons for this action must be documented and the risk assessment revised accordingly.

Following completion of visits, including those completed out of hours, or any change in arrangements staff must contact he nominated individual at a trust base. Local arrangements must be made to ensure compliance.

If a member of staff does not report back as agreed the ward/team manager should attempt to make contact on all numbers including home number.

If contact cannot be established with the member of staff, the manager should contact the service user to confirm the visit and then if necessary track back to the last known

whereabouts of the staff member.

If the member of staff can still not be contacted, the nominated manager should be informed and take appropriate action, including contacting Silver Command / On Call and then the police as appropriate.   Trust Adverse Incident Policy and Procedures should be followed.

6.2 Office Based Provision

The manager of each department building must agree a time when the building will be vacated by all staff and what processes are required if staff need to work beyond this time. Staff should only work alone in office accommodation with the agreement of their manager and taking into account the following actions:

a) in occupied office accommodation staff working past normal working hours or during the weekend should identify if there are other people working in the building and how they can be contacted. Attendance boards in each office base will facilitate this process
b) Staff should ensure that they are aware of how to contact support in an emergency
c) Staff needing to undertake amended hours and who will therefore be working alone should discuss the situation with their manager. The manager should then undertake an assessment of risk with them that will include the following:

  I.   the general security of the building
  II.   level of crime within the local community
  III.   access to telephone communication
  IV.   ability to access support from security services or other adjacent teams
  V.   proximity of clinical services and potential for service users entering premises
  VI.   time of day the individual will be working
  VII.   previous incidents of security breaches within the building

 Dependent on the outcomes of the assessment the following should be considered;

a) an alternative office base which is either occupied or is more secure should be identified where the individual can work
b) staff member should be allowed to work from home
c) staff should be allowed to work in their present office base if specific communication systems are adhered to

6.3 Reporting and Use of incident information

All staff will be encouraged to report all incidents of verbal and or physical abuse/ threat. Managers will use this to monitor the safety of staff. All incidents abuse/threat must be reported to the Local Security, Management Specialist (LSMS).

Where risks have been identified by managers and/or the LSMS from the collation and analysis of incident reports, a risk assessment will be undertaken. The LSMS will undertake this process in association with the department/ team manager, where appropriate the Crime Prevention Officer from Merseyside Police will be asked to participate. The risk assessment will consider;

a) the number, type and outcome of all incidents that have occurred within that service/department
b) the number, type and outcome of incidents that have occurred in other similar services/teams /departments
c) knowledge of the locality, level of crime etc.
d) history of the service users who are being visited, in relation to aggression and violence
e) time of day that the work is being undertaken
f) number of staff undertaking the work
g) staff's access to support and guidance.

The risk assessment will be documented and shared with the Team / Department Manager.

6.4 Use of Technology
The Trust supports the use of technology including, lone worker devices, screecher alarms, etc. if their use has been identified via risk assessment as a tool that would increase the safety of staff. The impact on the service user must be considered when using technology, particularly in relation to confidentiality. The Trust's impact assessment process can be used to identify any concerns and remedial actions required. Local procedures and manufacturers guidance should be used to direct the way any devices are used.

6.5 Corporate Procedure
Below are example procedures for Mersey Care NHS Trust. It is intended to provide an example framework for services to meet the policy statements. It is appropriate to develop alternative local procedures if needed that take account of local working contexts but these must, however, continue to meet the key standards set out in the policy.

Flow chart illustrating the corporate procedure for home visiting

Worker
1. Undertake and document risk assessment (or review previous risk assessment) consider cultural and gender issues. (see Appendix 1 for guidance)

↓

Significant Risk

Low Risk

Worker
1. Agree actions needed to reduce level of risk to acceptable level.

- Basic precautions/ action plan
- Team review
- Additional Staff
- Police (NB should be a last resort as part of a MH Act assessment or revoking of CTO after all other options have been considered

Worker
1. Discuss with member of staff responsible for team and make necessary arrangements

Worker
1. Record location, times of visits and vehicles used.
2. Record agreed time to report back
3. Record mobile phone numbers
4. Ensure mobile phone switched on and charged.

Nominated Lead for Worker Safety (as agreed within each team)
1. Monitor report back times.

- All staff report back as agreed
- Member of staff does not report back

Nominated Lead for Worker Safety
1. Inform member of staff responsible for team.

Member of Staff responsible for Team
1. Attempt contact with member of staff (e.g. home phone number, mobile phone).

- Staff Located
- Staff Not Located

Member of staff responsible for team
1. Report as adverse incident/near miss.

Member of staff responsible for team
1. Establish last known whereabouts (e.g. contact each visit location).
2. Report to Service Manager or other nominated manager e.g. On call.

Member of staff responsible for team and nominated Manager
1. Review level of risk and agree appropriate action (e.g. contact police) in line with guidance set out in the adverse incident framework.
2. Report as adverse incident.

Flow chart illustrating the corporate procedure for agreeing and managing lone working in an office base

```
┌─────────────────────────────────────────────────────────────┐
│  Manager must clarify with staff the working hours and       │
│  security arrangements for the building.                     │
└─────────────────────────────────────────────────────────────┘
                          │
                          ▼
┌─────────────────────────────────────────────────────────────┐
│  All requests to work beyond normal arrangements or at       │
│  weekends must be considered by the departmental manager.    │
└─────────────────────────────────────────────────────────────┘
                          │
                          ▼
┌─────────────────────────────────────────────────────────────┐
│  A risk assessment should be undertaken to guide the         │
│  decisions made.                                             │
└─────────────────────────────────────────────────────────────┘
          │                                    │
          ▼                                    ▼
┌──────────────────────────────┐   ┌──────────────────────────┐
│ Staff unable to work on       │   │ Staff have the ability   │
│ another site/home due to: -   │   │ to work on another site. │
│  ▪ Transport arrangements     │   └──────────────────────────┘
│  ▪ Physical disability        │                │
│  ▪ Home circumstances         │                ▼
└──────────────────────────────┘   ┌──────────────────────────┐
          │                         │ Staff attend another     │
          ▼                         │ office / working from    │
┌──────────────────────────────┐   │ home.                    │
│ Risks identified as low,      │   └──────────────────────────┘
│ managers agrees to lone       │
│ working, time of amended      │
│ working hours agreed.         │
└──────────────────────────────┘
          │
          ▼
┌─────────────────────────────────────────────────────────────┐
│ Switchboard /or other agreed contact point informed of Lone  │
│ Working taking place.                                        │
└─────────────────────────────────────────────────────────────┘
          │
          ▼
┌─────────────────────────────────────────────────────────────┐
│ Staff member provides contact details                        │
│ – mobile / home telephone numbers.                           │
└─────────────────────────────────────────────────────────────┘
          │
          ▼
┌─────────────────────────────────────────────────────────────┐
│ Staff member informs switchboard/contact point when leaving. │
└─────────────────────────────────────────────────────────────┘
          │
          ▼
┌─────────────────────────────────────────────────────────────┐
│ Failed contact – Switchboard/contact point contact Silver on │
│ Call to arrange for security to visit.                       │
└─────────────────────────────────────────────────────────────┘
```

7. CONSULTATION:

This policy was originally developed by the Director of Patient Safety in consultation with key stakeholders. The policy has been reviewed in December 2015 by the Head of Safety & Security & Senior Safety Advisor.

8. TRAINING AND SUPPORT

All lone workers receive training from the Personal Safety Service on induction and in accordance with the organisational training needs analysis which can be found in the Trust's policy, H.R Policy and Procedure for Learning and Development (HR09) for Staff within Mersey Care

Team managers within the Local and Secure Divisions will ensure that risk assessments / local procedures are in place and cascaded within their teams

9. MONITORING

The LSMS will incorporate the adherence to this policy in the annual security management report that is shared with the Health and Safety Committee. As all clinical areas receive an annual security audit the validity of the lone worker systems in each community team will be assessed. Gaps identified and remedial action required will be included in the above report.
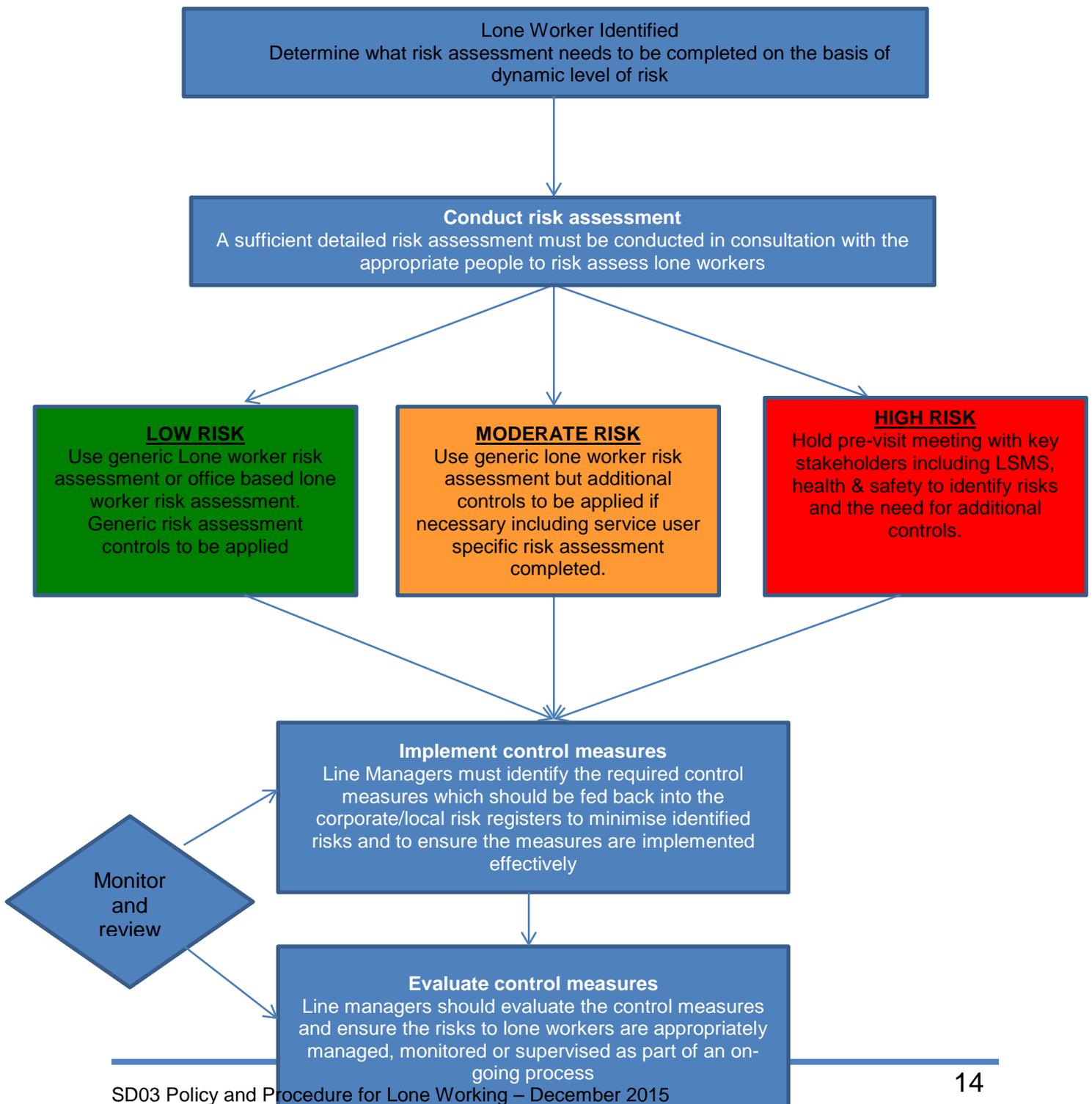
10. SUPPORTING DOCUMENTS

- http://www.mhact.csip.org.uk/silo/files/sct-pathway.pdf

- Health and Safety at Work Act 1974

- Health and Safety Executive (1999) Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and guidance L21

- Health and Safety (miscellaneous amendments) Regulations (2002)

- Mersey Care NHS Trust Policy and procedure Mental Health Act 1983, amended 2007.

- Mersey Care NHS Trust Policy and procedure for the Reporting, Management and Review of Adverse Incidents

- Mersey Care NHS Trust Policy and procedure for Staff Action following concerns regarding weapons in the community

1. **APPENDICES**

Lone Worker risk management process flowchart

Each risk assessment should consider the vulnerabilities of the lone worker within a healthcare setting to establish if the work can be done safely by a lone worker without supervision and to make arrangements if the lone worker is exposed to higher risks, by virtue of working alone, than those who work together.

```
Lone Worker Identified
Determine what risk assessment needs to be completed on the basis of
dynamic level of risk
```

```
Conduct risk assessment
A sufficient detailed risk assessment must be conducted in consultation with the
appropriate people to risk assess lone workers
```

LOW RISK
Use generic Lone worker risk assessment or office based lone worker risk assessment. Generic risk assessment controls to be applied

MODERATE RISK
Use generic lone worker risk assessment but additional controls to be applied if necessary including service user specific risk assessment completed.

HIGH RISK
Hold pre-visit meeting with key stakeholders including LSMS, health & safety to identify risks and the need for additional controls.

Implement control measures
Line Managers must identify the required control measures which should be fed back into the corporate/local risk registers to minimise identified risks and to ensure the measures are implemented effectively

Monitor and review

Evaluate control measures
Line managers should evaluate the control measures and ensure the risks to lone workers are appropriately managed, monitored or supervised as part of an on-going process

GENERIC LONE WORKING HOME VISIT RISK ASSESSMENT

This provides general precautions to be considered taken when conducting a visit where there are no known risks identified so should be regarded only as a starting point for tasks being done by anyone undertaking visits. The additional hazards posed by home visit lone working must be factored in to the specific risk assessment for each activity. One possible conclusion arising from the risk assessment is that the risks cannot be reduced to acceptable levels. If it is not possible to ensure a satisfactory level of safety, lone or out of hours working should not be authorised for those tasks.

Persons at risk: **Consultants (✓),** **Practitioners (✓),** **Admin ( ),** **Contractors ( ),** **Visitors ( )**			**Generic risk assessment /Specific risk assessment (delete as appropriate)**	
Risk: **(H) High,** **(M) Medium,** **(L) Low,** **(O) No Risk:**			**Area/Location:**	
Task or Activity:	**Initial Risk Rating:**			
Hazard		**Existing Control Measures**	**Additional Control Measures (If required)**	**Final Risk Rating:**

| Aggressive residents - Injury to Body, Assault, Threats, Verbal Abuse. Undetected staff whereabouts | Medium | • No cold calling
• First visit is always in pairs
• Gather all information from other departments and agencies on the resident/property.
• At risk property visit by two person or arrange a visit at a suitable and safe location follow the Alerts policy & Systems
• Regular contact with team leader prior to entering and leaving property
• Have an escape plan in mind
• Ensure mobile is fully charged and has signal
• Remove ID badge from around neck, place in pocket / bag | | |

Time of Day - Assault, Verbal Abuse Entering / leaving badly illuminated areas, isolated areas, blind spots	Medium	• Plan out work load so that visits are carried out when staff are available in (normal Working day light hours) • Colleague contact support system is in operation. • Regular contact with team leader prior to entering and leaving property • Park close to property • Carry Personal alarm • Ensure mobile is fully charged and has signal • Avoid any poorly lit areas • Keep to populated areas • Carry a torch		
Floor Surfaces - Slips, Trips, & Falls - Back and limb Injuries, Sprains and strains. Slips trips and falls	Medium	• Assess condition of paths, carpeted areas, and uncarpeted areas when entering, moving within, or leaving the property. • Ensure adequate light available to illuminate route. • Avoid areas where real possibility of slip, trip or fall exists. • Appropriate Footwear is used (Flat covered footwear in good condition with an acceptable sole		

Hazard	Risk	Control Measures		
Furniture – Defective - Trips - Soiled - Hidden Objects - Back and limb Injuries, Sprains and strains. Slips trips and falls. Contamination of clothing, sharps injuries	Medium	• Assess condition and suitability of furniture before sitting or using as a worktop. • Visually inspect chairs, sofas, futons, etc, before using as seat. • Ensure suitable for purpose with no visible sharp objects protruding. • Avoid contact with potentially infected furniture		
Human / Animal faeces - Contamination of clothing, ill health	High	• Upon arrival faeces is obvious contact supervisor for advice to enter property, IE, Animal droppings • If contact is inadvertent; use appropriate disposable personal protective equipment and dispose with after use. Treat as 'Medical Waste' for disposal purposes. • Ensure good personal hygiene practice (Washing) followed as soon as possible afterwards. • Carry hand cleansing products • If in unintentional contact, wash contamination off at once; avoid contact with mouth		

Body Fluids, Hypodermic Needles - Spitting- Infected Sharps - Contamination of clothing, ill health	High	- Upon arrival sharps are in view, phone supervisor for advice to enter property - Gather all information from other departments and agencies on the resident/property. - Continue to assess for presence of Needles and other Sharp Objects. - If in inadvertent contact with body fluid, or cut with sharp object / needle, wash well immediately and inform your supervisor. - Seek medical advice as soon as practicable and inform them of circumstances.		
Lice or Fleas Infestation -Bites, infestation Contamination of clothing. Risk of Contamination of other areas	Medium	- Look for visible signs of infestation on carpets, furniture, or curtains that may be seen as moving specks on a white background; bad infestations may be evident by moving specks on lower walls. - If infestation suspected leave premises and inform supervisor do not attempt to re- enter property. - Report to supervisor, environmental health.		

Aggressive Animals - Bites, injury to body	Medium	• Ask owner to restrain animal. • If not removed to a safe and secure location, do not enter and contact supervisor for further advice. • Do not make any sudden movement and avoid running or physical contact with owner. • If bitten, seek immediate medical attention. • If you are in any doubt, do not enter property and contact supervisor •		
Theft of cash or theft of or damage to personal equipment - Injury to Body, Assault, Verbal Abuse. Undetected staff whereabouts	High	• Mobile phone. • Colleague assistance • Regular contact with team leader prior to arriving and leaving property • If attacked hand over valuables • Carry as little valuables as possible		
Overall risk:				
Comments/Actions:				
Undertaken by:				
Supervisor / Line Manager:				
Date:			**Review Date:**	

Lone Working Checklist for Staff

The safety of staff while in the pursuit of Mersey Care NHS Trust duties is of major importance to the Trust. The following checklist has been drawn up with Merseyside Police and should be viewed as a guide. In addition the existing Trust Lone Work Policy and Local Division Lone Working Protocol will be utilised.

Question	Yes/No	Further action required (if necessary)
Have you researched as much background information on previous history and risk of service user following a referral?		
Have you updated your outlook calendar to record the visits you are attending? And given access to your calendar to your Manager and the nominated person who will monitor visits?		
Have you ensured that you log the visit with your base include expected leave time. Also arranged a time with your base to be called or to make a call in.		
Do you know the process in risk assessing the surrounding environment prior to entering an unknown service user's home and what to look for when carrying out this assessment e.g. well lit area, gangs of youths, boarded up house/rubbish outside/obstacles to exits, potential weapons (broken chairs, knives)?		
Do you know who to contact regarding any concerns:- • Local Security Management Specialist • Merseyside Police • SPA Link • Datix		
Have you fully charged your mobile phone prior to visiting?		
Have you parked your car in a well-lit area without any valuables on show and no signs relating to health care on display and hidden your ID badge out of sight?		

Lone Working Checklist for Managers

	Description	YES/NO	Further Action (if required)
1. Are your staff?	***Issued*** with all relevant policies, procedures and protocols relating to lone working staff?		
	Trained in appropriate strategies for the prevention and management of violence (in particular, have they received conflict resolution training)?		
	Given all information about the potential risks for aggression and violence in relation to patients/service users and the appropriate measures needed to control these risks?		
	Trained to be able to confidently use a device and familiar with the support service systems in place before being issued with it?		
	Aware of how to report an incident and of the need to report all incidents when they occur?		
	Issued with the necessary contacts for post-incident support?		
2. Are they?	***Aware*** of the importance of doing proper planning before a visit, being aware of the risks and doing all they can to ensure their own safety in advance of a visit?		
	Aware of the importance of leaving an itinerary of movements with their line manager and/or appropriate colleagues?		
	Aware of the need to keep in regular contact with appropriate colleagues and, where relevant, their nominated 'buddy'?		
	Aware of the need to carry out continual dynamic risk assessments during a visit and take an appropriate course of action?		

	Aware of how to obtain support and advice from management in and outside of normal working hours?			
	Aware that they should never put themselves or colleagues in any danger and if they feel threatened should withdraw immediately?			
3. Do they?	*Appreciate* the organisation's commitment to and support for the protection of lone workers and the measures that have been put in place to protect them?			
	Appreciate that they have their own responsibilities for their own safety?			
	Appreciate the circumstances under which visits should be terminated?			
	Appreciate the requirements for reporting incidents of aggression and violence?			
	Understand the support made available to lone workers by the trust, especially post-incident support and the mechanism to access such support?			
4. Have they?	*Updated* their outlook calendar to record their visits for the day/week including any urgent or recently added visits they will be undertaking?			
5. Have you?	*Nominated* one person per day to monitor the lone working process who knows the escalation process in the event of a call not being received by the lone worker by discussing with their line manager in the first instance but if they are not available escalate to Bronze or Silver on-call via switchboard.			
Managers signature:			**Date:**	

Appendix 4   **OFFICE BASED LONE WORKING RISK ASSESSMENT**
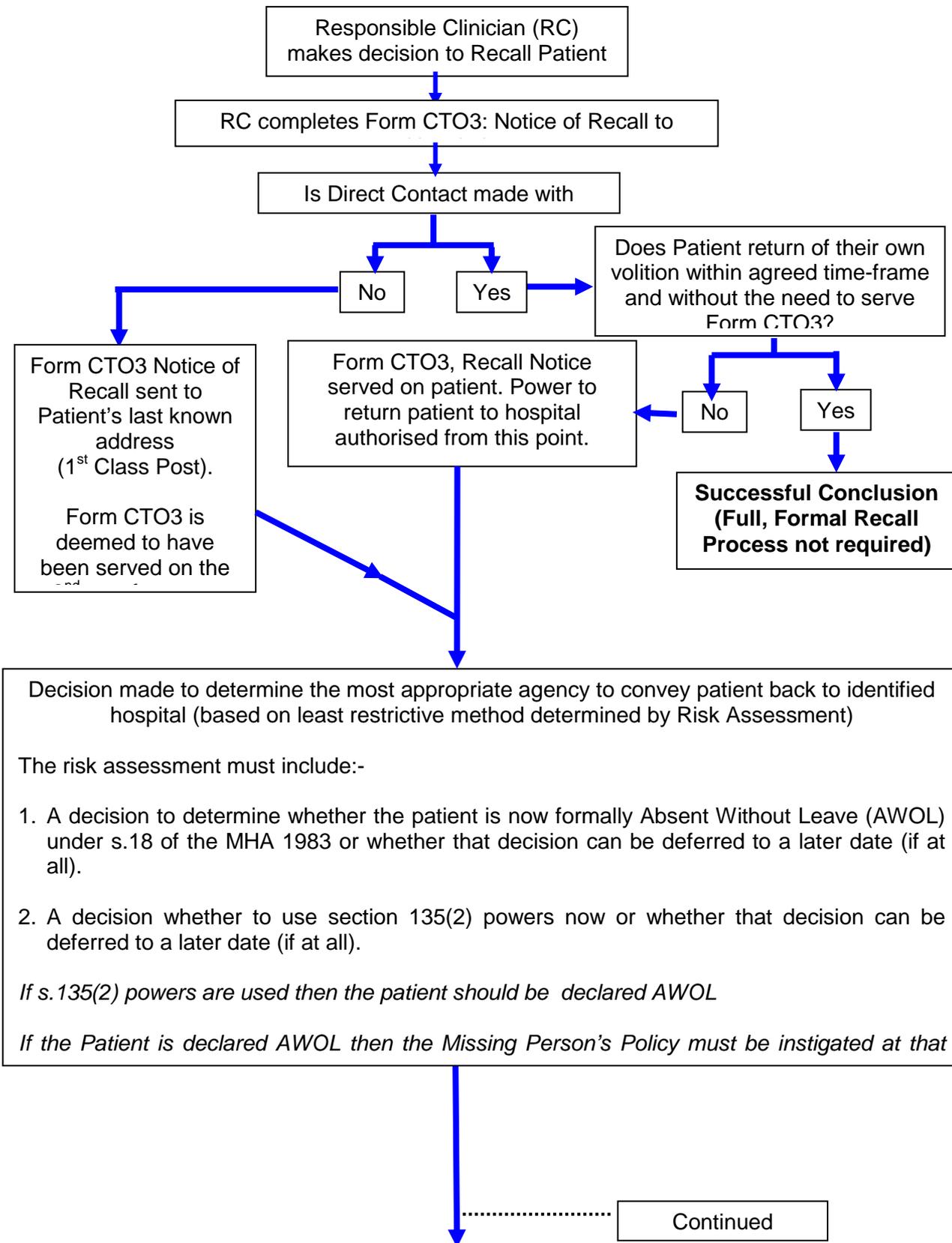
Although risk assessments for some of the work that Lone workers do can be carried out on a generic basis, a generic assessment should be regarded only as a starting point for tasks being done by anyone working alone in a building. The additional hazards posed by office based lone working must be factored in to the specific risk assessment for each activity. One possible conclusion arising from the risk assessment is that the risks cannot be reduced to acceptable levels. If it is not possible to ensure a satisfactory level of safety, lone or out of hours working should not be authorised for those tasks.

Persons at risk: Consultants (✓), Practitioners (✓), Admin (✓), Contractors ( ), Visitors ( )		Generic risk assessment (delete as appropriate)		
Risk: (H) High, (M) Medium, (L) Low, (O) No Risk:		Area/Location:		
Task or Activity:	Initial Risk Rating:			
Hazard		Existing Control Measures	Additional Control Measures (If required)	Final Risk Rating:

Floor Surfaces/Stairs - Slips, Trips, & Falls - Back and limb Injuries, Sprains and strains. Slips trips and falls	Medium	• Assess condition of paths, carpeted areas, and uncarpeted areas when entering, moving within, or leaving the property. • Ensure adequate light available to illuminate route. • Avoid areas where real possibility of slip, trip or fall exists. • Cleaning regime • All staff received health & safety training • Appropriate Footwear is used (Flat covered footwear in good condition with an acceptable sole		
Fire - Injury to body, burns, death	Medium	• Weekly fire alarm testing • Alarm Call Points • Staff aware of fire evacuation procedure • Fire Warden/Marshall training		
Electrocution – Burns, shock, death	Medium	• PAT testing of all electrical equipment		
Manual Handling of Loads - Back and limb Injuries, Sprains and strains. Slips trips and falls.	Medium	• Training on needs basis		
Violence: Intruder in building – Injury, hostage taking	High	• Access control/airlocks • 999 • CCTV/signage		

Violence: route home after work – Injury, hostage taking	High	• Vary route to and from work • Phone ahead • Plan out working day (normal Working day light hours) • Colleague contact support system is in operation. • Park close to property in well lit area • Ensure mobile is fully charged and has signal • Avoid any poorly lit areas • Keep to populated areas • Carry a torch		
Lone Working (External) – See home visit risk assessment	Medium	• **See generic lone working risk assessment** • Checklist for Managers and Staff to be adhered to • Contact Escalation form to be completed.		
Increased risk of serious injury or death due to unavailability of immediate assistance – death, serious injury	Medium	• Mobile phone. • 999 process • Weekend/bank holiday escalation process in place.		
Overall risk:				
Comments/Actions:				
Undertaken by:				
Supervisor / Line Manager:				
Date:		**Review Date:**		

MENTAL HEALTH ACT 1983
SECTION 17E – Power of Recall of Patient from
Supervised Community Treatment (CTO/STC)

```
┌─────────────────────────────┐
│ Responsible Clinician (RC)  │
│ makes decision to Recall    │
│ Patient                     │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│ RC completes Form CTO3:     │
│ Notice of Recall to         │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│ Is Direct Contact made with │
└─────────────────────────────┘
```

| No | Yes |

Does Patient return of their own volition within agreed time-frame and without the need to serve Form CTO3?

| No | Yes |

Form CTO3 Notice of Recall sent to Patient's last known address (1st Class Post).

Form CTO3 is deemed to have been served on the

Form CTO3, Recall Notice served on patient. Power to return patient to hospital authorised from this point.

Successful Conclusion (Full, Formal Recall Process not required)

Decision made to determine the most appropriate agency to convey patient back to identified hospital (based on least restrictive method determined by Risk Assessment)

The risk assessment must include:-

1. A decision to determine whether the patient is now formally Absent Without Leave (AWOL) under s.18 of the MHA 1983 or whether that decision can be deferred to a later date (if at all).

2. A decision whether to use section 135(2) powers now or whether that decision can be deferred to a later date (if at all).

If s.135(2) powers are used then the patient should be declared AWOL

If the Patient is declared AWOL then the Missing Person's Policy must be instigated at that

Continued

Continued from

AMHP (or other authorised person) activates conveyance plan (based on least restrictive option balanced against degree of risk).

AMHP / Other Health Staff manage Patient's conveyance to hospital without the need to involve external agencies.

AMBULANCE: AMHP requires Ambulance assistance to manage conveyance.

POLICE: AMHP requires Police assistance to manage conveyance.
Member of Care Team to attend

Ambulance requires police assistance to manage conveyance.

Access /Recall

No Reply or Patient not at

Initial enquiries made to locate Patient

Revisit within 4 Hours if Patient remains un-located.

Access to location granted. Face-to-Face contact made & Patient consents to Recall

1. Apply s.18 AWOL now (if not already in place)
2. Instigate *Missing Person's Procedure* (if not already activated)
3. Consider s.135 Warrant if not already obtained.
4. Liaise with the Police accordingly

Patient is not located within 6mths from either AWOL date or the expiry date of CTO (later of two

Patient is located inside legal Time-

Recall Power Ends

SUCCESSFUL CONCLUSION

Patient conveyed to hospital on authority of completed Form CTO3.

On admission to hospital Form CTO4 must be completed which has the effect of detaining the patient for the period of Recall

Equality and Human Rights Analysis

Title:	**Lone Worker Policy (SD03)**

Area covered: Lone Working

What are the intended outcomes of this work? *Include outline of objectives and function aims*
the aims and objectives are;
- (a) to ensure compliance with the statutory, common law, and trust minimum performance standards.
- (b) to eliminate or implement appropriate control measures arising out the trust's work activities to reduce identified risk to as low as is reasonably practicable.

Who will be affected? *e.g. staff, patients, service users etc*
Applies to all activities and functions undertaken by, or on behalf of, the trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the trust.

Evidence

What evidence have you considered?
Equality Information as published on the website in relation to the content of this policy

Disability (including learning disability)
This policy takes into account the increased risk to any person(s) with a disability who may be lone working

Sex
No significant issues

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*
No significant issues

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*
No significant issues

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*
No significant issues

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*
An increased risk to new or expectant mothers exists and lone working should be considered as part of the pregnancy risk assessment

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*
No significant issues

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*
No significant issues

Cross Cutting *implications to more than 1 protected characteristic*
No significant issues

Human Rights	**Is there an impact?** **How this right could be protected?**
Right to life (Article 2)	*Use not engaged if Not applicable* Supportive of HRBA.
Right of freedom from inhuman and degrading treatment (Article 3)	*Use supportive of a HRBA if applicable* Supportive of HRBA.
Right to liberty (Article 5)	Supportive of HRBA.
Right to a fair trial (Article 6)	Supportive of HRBA.
Right to private and family life (Article 8)	Supportive of HRBA.
Right of freedom of religion or belief (Article 9)	Supportive of HRBA.
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	Supportive of HRBA.
Right freedom from discrimination (Article 14)	Supportive of HRBA.

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*
This was the annual policy review and other than being taken to the Health and Safety Committee there was no formal engagement

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

Where appropriate the policy is supportive

Advance equality of opportunity

Where appropriate the policy is supportive

Promote good relations between groups

Where appropriate the policy is supportive

What is the overall impact?
The overall impact on the implementation on this policy review is minimal

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*
- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record
Name of persons who carried out this assessment: **George Shield** **Tony Crumpton** **Dave Berry**
Date assessment completed: **08/12/2015**
Name of responsible Director: Medical Director **Deputy** Director of patient safety
Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			