

TRUST-WIDE NON-CLINICAL SERVICE BASED POLICY DOCUMENT

LONE WORKING MANAGEMENT POLICY

Policy Number:	HS14
Scope of this Document:	All Staff
Recommending Committee:	Health & Safety Committee
Approved by:	Executive Director of Communications & Corporate Governance
Date Ratified:	May 2020
Next Review Date (by):	May 2022
Version Number:	2020 – Version 5
Lead Executive Director:	Executive Director of Communications & Corporate Governance
Lead Author(s):	Head of Health Safety Fire & Security

TRUST-WIDE SERVICE BASED POLICY DOCUMENT

2020 – Version 5

*Striving for perfect care
and a just culture*

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

LONE WORKING MANAGEMENT POLICY

Further information about this document:

Document name	H314 Lone Working Management Policy
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.
Author(s) Contact(s) for further information about this document	Carlton Brooks Head of Health Safety Fire & Security carlton.brooks@merseycare.nhs.uk Telephone: 0151 472 4071
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Trust V7 Building Kings Business park Prescot L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	<ul style="list-style-type: none"> • SA07 Health, Safety and Welfare Policy • HS1 Risk Assessment Policy • HS15 Operational Management and Use of Lone Working Safety Devices
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved	

Version Control:

		Version History:
Version 1	Amended to reflect Divisions and local procedures	4 th December 2015
Version 2	Discussed at policy committee & minor revisions required	22 nd December 2015
Version 3	Final amendments following policy committee and further consultation	13 th January 2016
Version 4	Amended to reflect use of lone working devices and procedures	5 Jan 2018
Version 5	2 yearly review	May 2020

SUPPORTING STATEMENTS

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

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / 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 / 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 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 Foundation 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 Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not 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 Foundation 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 Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

Section	Page No
1. Purpose and Rationale	5
2. Outcome Focused Aims and Objectives	5
3. Scope	5
4. Definitions	5
5. Duties	6
6. Process	8
7. Consultation	17
8. Training and Support	17
9. Monitoring	18
10. Equality and Human Rights Analysis	19
11. Appendices	
Appendix 1: Risk Assessment Process Flow Chart	23
Appendix 2: Risk Assessment Tool	24
Appendix : First Home Visit Risk Assessment	31

1.0 PURPOSE AND RATIONALE

1.1 Mersey Care NHS Foundation Trust takes extremely seriously the health, safety and welfare of all its employees. It recognises that some employees are required to work by themselves for significant periods of time without close or direct supervision in the community or in isolated work areas. The purpose of this policy is to enable the trust to fulfil its obligation in protecting such staff, so far as is reasonably practicable, from the risks associated with lone working.

2.0 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 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

3.0 SCOPE

3.1 This Policy applies to all Mersey Care NHS Foundation Trust employees including temporary and agency staff, volunteers, students and those on work experience. It forms an integral part of the trusts Health and Safety Policy and will operate in conjunction with specific local guidance on lone working. The Policy applies to all situations involving lone working arising out of, or in connection with, the duties and activities of our employees.

4.0 DEFINITIONS

Lone working	According to The Health and Safety Executive (HSE), the definition of a Lone Worker is “ those who work by themselves without close or direct supervision. ”
Buddy System	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).
Lone Worker Personal Safety Device (PSD)	Lone worker safety devices are aimed to monitor and protect employees operating across a variety of lone working job roles. The device is discreet and undetectable which allows for communication with an Alarm Receiving Centre (ARC), managers, or in more serious situations, emergency services.

5.0 DUTIES

5.1 The Chief Executive – has overall responsibility for all matters of risk management; this includes Lone working activities within the Trust. The Chief Executive Officer will also have overall responsibility for ensuring that sufficient resources are provided to enable the policy to be implemented and to remain effective.

5.2 Executive Director of Communications and Corporate Governance – is responsible for:

- ensuring that arrangements exist for the identification, evaluation and the management of risks associated with lone working;
- making available sufficient resources for the implementation of the policy so far as is practicable;
- ensuring that arrangements exist for the monitoring of incidents linked to lone working and that the Trust periodically reviews the effectiveness of the policy.

5.3 Directors/Chief Operating Officers – are responsible for gaining assurance from service lines on:

- the effectiveness of lone working arrangements risk reporting and completion of risk assessments;
- that management processes to protect lone workers are implemented and that service line lone working risk assessments have been completed and monitored;
- the effective use and management of Personal Safety Devices (PSD) where provided.
- ensuring service managers are implementing the requirements of this Policy

5.4 Team/Department Managers - must establish and supervise safe systems of work and provide access to appropriate training for their job and ensure, where reasonably possible, all policies and procedures are observed. The line manager will:

- ensure that this policy and all other relevant policies and procedures are disseminated to staff;
- identify all staff who are lone workers, based on their role;
- ensure that a proper lone working risk assessment is conducted (in consultation with the relevant staff) to ensure that all risks from lone working are identified and that proper control measures have been introduced to minimise, or mitigate the risks before staff enter a lone working situation;
- forward copies of all local lone working risk assessment to their respective Risk Lead/ Safety Advisor for quality assurance and audit purpose;
- ensure that staff have received appropriate training identified within the lone working risk assessment and device training provided by the service supplier in the event of being issued with lone worker devices;
- ensure that lone working personal safety devices are effectively being used by monitoring monthly usage reports and addressing low / non usage with team and individuals;
- ensure that lone workers are provided with sufficient information training, instruction and supervision before entering a lone worker situation;
- ensure physical measures are put in place and appropriate technology is made available to ensure the safety of lone workers;
- ensure that all the relevant staff undertake regular reviews of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker;
- where a security incident has occurred, make sure that the employee completes an

incident reporting form as soon as possible;

- where someone has been assaulted, ensure that the individual is properly de-briefed, undergoes a physical assessment, any injuries are documented and they receive access to appropriate post incident support.

5.5 Health and Safety Advisors/Local Security Management Specialist (LSMS) and Risk Leads – are responsible for monitoring adherence to the policy via security audits and the analysis of incident data and shall:

- advise the organisation on systems, processes and procedures to improve personal safety of lone workers and make sure that proper preventative measures are in place;
- advise the organisation on appropriate and proportionate physical security, technology and support systems that improves personal safety of lone workers. Ensure that this is appropriate, proportionate and meets the needs of the organisation and lone worker;
- play an active part in assisting managers with identifying hazards, completion of the lone working risk assessments and management of risks;
- advise on the proper security provisions needed to mitigate the risks and protect lone workers;
- support the training and setting up of users on the Trust recognised approved lone working technology system (IDENTICOM);
- be involved in the post incident root cause analysis, working with managers to identify any shortcomings and learn from them, ensuring that appropriate measures are taken to negate or mitigate future failings.

5.6 All staff who are lone working - must ensure they adhere to the Trust policy. It is everyone's responsibility to do all they can to ensure their own safety and that of their colleagues whilst lone working and must ensure the following:

- seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk;
- will conduct proper planning prior to a visit and utilise continual dynamic risk assessment during a visit. Please note staff should never put themselves or their colleagues at risk, if they feel at risk they should withdraw immediately and seek further advice or assistance;
- Where provided with a IDENTICOM approved lone working personal safety device staff must ensure they are trained in how to use the device, note that:
 - It must be switched on at the start of each shift;
 - Devices must be tested a minimum of once a day;
 - Notify local administrators of any faults or change in personal details;
 - will undertake all relevant training identified within the lone working risk assessment and device specific training as applicable;
 - must report all incidents where safety was compromised including 'near misses' to enable appropriate follow up action to be taken.

6.0 PROCESS

6.1 Types of Lone Working

6.2 Lone working can take place when individual staff:

- Work at a building/location and are separate from others e.g. working alone in buildings or interviewing patients alone in interview rooms;
- Work alone away from base e.g. home visiting, community services, deliveries, etc.
- Work outside normal working hours e.g. alone in isolated buildings or working alone in the community (e.g. Clinics, Doctors Surgeries, and Out Reach etc.);
- Travel alone as part of their work e.g. travelling to meetings or travelling to patient homes (e.g. Managers, Community Nurses etc.)

6.3 Some lone workers may fall into more than one of the above categories.

6.4 Hazards of Working Alone

6.5 Staff who work alone face the same hazards in their daily work as other workers. However, for lone workers, the risk of harm is often greater.

6.6 Hazards facing lone workers include:

- **Fire** – it may be difficult for an isolated worker to evacuate a building when the fire alarm activates;
- **Violence and personal safety** - The nature of the work of Trust staff often involves visiting patients in their home or in clinics which can lead to an increase risk to staff personal safety;
- Obtaining a response to any security alarm which is raised.

6.7 In practice this procedure will apply to a small number of staff, especially when they are working in isolated locations and/or when carrying out known high risk activities. High risk activities may include:

- Working with people who have known risks e.g. violence and/or aggression;
- Undertaking work within isolated areas;
- Undertaking work within known high risk areas:
- Working/visiting patients in their own home on first visit;
- When staff are carrying medication, equipment or valuables;
- Travelling between site/home/office;
- Staff who are handling cash.

6.8 Managing Risk

6.9 The risks that lone workers face should be reduced to the lowest reasonably practicable level. Using safe working arrangements depends largely on local circumstances, local procedures and protocols. Local procedures and protocols should be put in place to provide staff with specific local guidance in relation to lone working and the associated risk reduction techniques. Issues to consider in developing safe systems of work include:

- Having in place reporting systems so that the whereabouts of staff are known;
- Consider working patterns and hours of work which at certain times of day or night could reduce risks;
- Joint working with others for high-risk activities;
- Improvements to security arrangements in buildings;
- Security lighting in parking areas;

- Communication systems for sharing information on risk with colleagues in other disciplines and agencies;
- Training to increase staff awareness of risk and the precautions to be taken;
- Supervision and auditing of working practices;
- Using personal protective equipment or mobile phones and personal alarms;
- Removing identification from cars; and
- Joint communications meetings with other services (Police, Social Services, Probation Service etc).

6.10 Arrangements for managing risk should include:

- Guidance for lone workers on assessing risk;
- Details of when to stop and get advice;
- The safe working arrangements for ensuring that staff can be traced and located when working alone out in the community;
- The procedures to be followed in the event of an incident or emergency.
- Ensuring that staff are familiar with these local protocols and procedures.

6.11 There may also need to be detailed guidance to tackle specific areas of risk such as:

- Lone workers travelling alone on work-related business;
- Home visits;
- Working outside normal office hours;
- Transporting patients.

6.12 Safeguarding Lone Workers

6.13 The following points can be also be used by teams to collectively assist lone workers and provide further safeguards to ensure 'lone worker' safety:

- Notification to team or manager of visiting arrangements to patients and any changes to these
- Notification to team or manager at end of visit/end of shift.
- Provision of Lone Working Safety Devices.

6.14 Supervision

6.15 It is not reasonably practicable for lone workers to be subject to direct supervision, however the Trust has a duty of care to ensure the safety of staff as far as is reasonably practicable. Managers should ensure that staff are provided with training and instruction to help them understand the risks associated with lone working and enable any necessary safety precautions to be implemented. Supervisory staff can also provide guidance in situations of uncertainty.

6.16 Supervision is needed when checking compliance with existing or new control measures that have been put in place as a result of the risk assessments. Procedures will need to be put in place to monitor staff who are lone workers and to provide for their safety, these procedures may include:

- Supervisors periodically visiting and observing staff working alone;
- Regular contact between the lone worker and their supervisor/team;
- Regular checking / practicing of procedures designed to raise the alarm if contact is lost with a lone worker;
- Regular checking of other safety devices to maintain their functionality.
- Providing details of where guidance can be sought out of hours, such as managers on call rotas.

6.17 Information Sharing

6.18 It is important that staff have access to information on any risks relating to individual patients and/or areas where they may visit. Where information is obtained which could have an immediate and/or serious effect on the safety of staff, the appropriate manager or, if out of hours, the On Call Manager must be informed immediately.

6.19 Managers must create an appropriate flow of information across Trust services, especially where there is a higher risk of assault from a patient, relative or carer.

6.20 Staff should obtain as much information as possible from a wide variety of sources, for example GPs, Local authorities, consultants, clinics, police and other healthcare organisations.

6.21 The Data Protection Act allows organisations to supply/obtain information where there are reasonable grounds to believe that staff may be at risk from coming into contact with a particular person or on entering a particular area, building or premise. The Act allows organisations to retain and store this information, provided the information was:

- Obtained and processed fairly and lawfully;
- Held for specified lawful purposes;
- Not used or disclosed in a way incompatible with the purpose(s);
- Adequate, relevant and not excessive for purpose(s);
- Accurate and up to date;
- Not kept longer than necessary;
- Available to the data subject;
- Kept secure.

6.23 Relevant information should be made available to all staff that may care for patients or attend a particular area, building or premise where a risk has been identified.

6.24 Staff must also be aware that if, at any stage during a visit, they feel unsafe, they should report this to their manager who should update the relevant records as necessary.

6.25 The Trusts Information Governance team can be contacted for further information on the storage and sharing of records.

6.26 Patient Contact

6.27 Staff should never give out any of their personal details, including their home telephone number, personal mobile number or pager number to a patient, relative or carer. Staff should ensure that wherever practicable, that all patients, relatives and carers are

aware of the proper channels of communication through which all requests of attendance must come.

6.28 Lone Working Risk Assessment process

6.29 Where staff plan to enter a lone working situation, they should carry out an initial risk assessment and information gathering exercise. This can range from a very short process, to a prolonged liaison and planning process. Most, but not all, of the difficult situations will come from clinical visits to patients homes. To assist in the risk assessment a prompt sheet for the initial assessment is provided in Appendix 1.

6.30 Once at the location, staff should complete a dynamic risk assessment of the situation upon arrival at the location. If staff feel unsafe at any time, they have the right to vacate the area and seek advice from the manager and if staff suspect physical or verbal abuse may occur, then they must operate their person lone working device for assistance.

6.31 Lone working Dynamic Risk Assessment (DRA)

6.32 This type of risk assessment is undertaken when the situation faced by staff has increased the risk previously assessed to enable them to start working alone. Key details should be recorded on the relevant patient recording systems and the high risk person's register to enable staff to look for any flags prior to visiting. The process involves:

- The assessment of risk in dynamic situations is undertaken before, during and after a home visit, potentially hazardous appointment or working period;
- The benefits of proceeding with a task must be weighed carefully against the adverse risk posed to the lone worker.

6.33 Dynamic Risk Assessment – During Visit

6.34 This is the continuous process of identifying hazards and the risk of them causing harm, and taking steps to eliminate or reduce them. All staff are encouraged to:

- Be alert to warning signs as covered in Conflict Resolution training.
- Carry out a '10-second risk assessment' (gut feeling) and, if staff feel there is a risk of harm to themselves, they should leave immediately.
- Place themselves in a position to make a good escape, i.e. where possible, being the closest to an exit.
- Be aware of all entrances and exits.
- Be aware of the positioning of items, including those belonging to the lone worker (scissors, scalpels, etc.), that could be used as a weapon.
- Make a judgement as to the best possible course of action – for example, whether to continue working or withdraw.
- Utilise appropriate physical security measures (e.g. Lone Worker device).
- Ensure that when they enter a confined area or room, they can operate the door lock in case they need to make an emergency exit.

6.35 Actions Before a Lone Worker Visit

6.36 There is a requirement to share information between all colleagues or teams involved in delivering care; therefore prior to a first visit, Lone Workers should routinely check EMIS the

electronic nursing records to establish whether any pre-existing risk has been identified. Where workloads or visits are shared between a specific team local records should also exist to ensure that risks are “flagged” e.g. staff planners.

6.37 Where a member of staff is scheduled to make a “flagged” visit, arrangements should be made to carry out an accompanied visit or to ensure that a “buddy” or manager is made aware of the visit.

6.38 Where staff have been issued with a Lone Worker device, they must ensure that they record all their visits throughout the day whilst highlighting any visits of known risk or concern.

6.39 Scheduling Visits

6.40 Before visiting a location or patient/ service user 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/ 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 arrange a police presence.

6.41 As part of the risk assessment process, consideration should also be given to whether the patient/service user is able to, and should, be treated by attending a clinic or hospital. If practical, the time of day and day of the week for visits should be varied when visits are frequent.

6.42 If a lone worker has been given personal equipment, such as a mobile phone or a Lone Worker device, this is safety protective personal equipment supplied in support of providing a safe working environment as required by health and safety legislation. All due care should be taken by the lone worker to maintain the equipment in good working order and ensure it is fully charged and ready to use.

6.43 Actions During Home Visits

6.44 When visiting an unknown patient within the home or community with no accessible information or when information available identifies a potential risk such as a history of violence and aggression (physical or verbal) review your assessment and ensure the following:

- In all circumstances carry out a daily user status check on your personal (lone working) safety device;
- Put your personal safety device into AMBER ALERT and register the address into the device each time before entering any patients home;
- Consider visiting in 2's where employees feel uncomfortable about any aspect of the visit and is concerned for his/her personal safety.
- Information from the risk assessment must be communicated to staff and risk assessments must be reviewed and updated annually, or sooner should circumstances change.

6.45 Management of Lone Worker Movement

6.46 Lone Workers should always ensure that someone else, for example a manager or

appropriate colleague, is aware of their movements. This means providing them with the address of where they will be working, details of the people they will be working with or visiting, telephone numbers if known and expected arrival and departure times. Lone Workers should leave a written visiting log, containing a diary of visits, with a manager and colleague(s). This information must be kept confidential. Details can be left on electronic diaries, a whiteboard or something similar.

- 6.47 Arrangements should be in place to ensure that if a colleague with whom details have been left leaves work, they will pass the details to another colleague who will check that the Lone Worker arrives back at their office/ base or has safely completed their duties. For office-based staff, if details have been left on a whiteboard, they must not be erased until it has been confirmed that the Lone Worker has returned safely or completed their duties for that day.
- 6.48 Details of vehicles used by Lone Workers should also be left with a manager or colleague, such as registration number, make, model and colour.
- 6.49 Procedures should also be in place to ensure that the Lone Worker is in regular contact with their manager or relevant colleague, particularly if they are delayed or have to cancel an appointment.

6.50 Failing to Attend an Appointment or Visit

- 6.51 Where there is genuine concern, as a result of a Lone Worker failing to attend a visit or an arranged meeting within an agreed time, or to make contact as agreed, the manager should use the information provided in the log to locate them and ascertain whether they turned up for previous appointments that day.
- 6.52 Depending on the circumstances and whether contact through normal means can be made (mobile phone, pager, and so on), the manager or colleague should consider involving the police. 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.
- 6.53 It is important that contact arrangements, once in place, are adhered to. Many such procedures fail simply because staff forget to make the necessary call when they finish their shift. This can result in unnecessary escalation and expense, which undermines the integrity of the process.

6.54 Buddy System

- 6.55 It is essential that Lone Workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing a 'buddy system' if there is not another management system/ procedure in place to cover points list below.
- 6.56 To operate the buddy system, a Lone Worker Line Manager must ensure that the Lone Worker nominates a buddy. This is a person who is their nominated contact for the period in which they will be working alone. The nominated buddy will:
 - Be fully aware of the movements of the Lone Worker.

- Have all necessary contact details for the Lone Worker.
- Have details of the Lone Worker's known breaks or rest periods.
- Attempt to contact the Lone Worker if they do not contact the buddy as agreed.
- Follow the agreed local escalation procedures for alerting their senior manager and/or the police if the Lone Worker cannot be contacted, or if they fail to contact their buddy within agreed and reasonable timescales.

6.57 The following are essential to the effective operation of the buddy system:

- The buddy must be made aware that they have been nominated and the procedures and requirement for this role.
- Contingency arrangements should be in place for someone else to take over the role of the buddy in case the nominated person is unavailable. For example, if the lone working situation extends past the end of the nominated person's normal working day or shift, if the shift varies, or if the nominated person is away on annual leave or off sick.

6.58 Management of High Risk Persons

6.59 If there is a history of violence and/ or the patient/service user, other friends/ relatives who may be present, or the location is considered high risk, the Lone Worker should be accompanied by at least one colleague or, in some cases, by the police. Consideration should be given to whether the patient/ service user should be treated away from their home, at a neutral location or within a secure environment.

6.60 Lone Working in Offices and Other Work Based Premises

6.61 Where there is a situation where members of staff are in a lone working scenario, they should where possible ensure most/all of the following items are adhered to:

- Ensure that you have control of the access to the building/room.
- Lock yourself in, whilst ensuring you can get out quickly if necessary.
- Only give access to others if you are sure that you know who they are.
- Arrange for someone to ring you at a predetermined time to check that you are all right.
- Check on means of escape from the building in an emergency, e.g. fire doors.
- Check your access to a telephone.
- Try to plan appointments etc. so that other people are in the building with you.
- Keep valuables - handbags, cases, equipment etc. out of sight.
- If you are assaulted or threatened contact the Police immediately on 999.
- If you are verbally abused or receive indecent telephone calls report the matter immediately. In all instances complete an incident form.

6.62 Management of a Violent or Abusive Incident

6.63 Managers are responsible for ensuring that their Lone Workers are aware of what actions to take in the event of an incident. Where staff feel threatened in any way, they should if issued activate their personal safety device and remove themselves as quickly and safely from the situation. All such situations should be reported immediately to the line manager or senior manager on call and where relevant to the police. All incidents must be reported to the Trust using the Trust incident reporting process and persons placed on the high risk persons register and reviewed monthly.

6.64 Escalation Process

- 6.65 Managers must ensure that an appropriate escalation process is agreed with staff. To ensure the success of any escalation process, this must be clearly communicated to staff and relevant contact numbers provided. Likewise it is the responsibility of individual staff members to ensure that they provide colleagues and managers with their own up to date contact telephone numbers.
- 6.66 Where an alert has been raised to a colleague, that colleague should contact their immediate line manager; where this is not possible, contact should be made with the relevant Senior Manager on Call who will advise the most appropriate course of action. This may involve a series of telephone calls to known contacts, contact with the Alarm Monitoring Station where appropriate, or ultimately to the Police.
- 6.67 Where staff have been issued with a Lone Worker device, the Alarm Receiving Centre (ARC) in the event of a “Red Alert” will implement the agreed escalation process.

6.68 Involving the Police

- 6.69 If a situation arises which requires Police attendance, the employee at risk, or other relevant person, should **CONTACT THE POLICE IMMEDIATELY**. There is a statutory requirement, where the assault on staff has been a deliberate action, for all physical assaults on staff to be reported to Police and obtain a Crime Reference Number – failure to do so would prevent a potential claim to the Criminal Injuries Board by a member of staff.
- 6.70 The Trust will seek to take legal action in all cases of physical violence and in specified cases of verbal violence, if deemed appropriate.
- 6.71 The victim of the assault will be kept informed of the investigation’s progress and offered such support as is necessary or desirable in the circumstances.

6.72 Post-Incident Support

- 6.73 The Trust acknowledges that its staff may be affected physically or emotionally following a physical/ non-physical assault. Managers need to be aware therefore that individuals may need immediate medical treatment and subsequently active support counselling/ post-trauma support; especially after the incident and on resuming or returning to work. This is particularly important given the potential impact of stress on the employee’s current or future health.
- 6.74 If needed, all levels of staff affected can expect to receive support from a variety of sources which may include Human Resources, Staff Side Representatives, Line Managers, Local Security Management Specialist (LSMS), Occupational Health and other colleagues. The type of support that can be given includes:
- Assistance with completion of incident forms and other reports e.g. to the Health and Safety Executive;
 - Post incident support or medical advice via the Trusts Occupational Health Service;
 - Help in contacting or dealing with family and relatives plus practical assistance such as medical attention;

- Liaison with the Police and the Crown Prosecution Service to ensure every opportunity is given to pursue criminal proceedings;
- Helping staff to apply for compensation through the Criminal Injuries Compensation Authority (CICA) or the NHS Injury Benefit Scheme;
- Dealing with any enquiries and ensuring that the member of staff's privacy is maintained.

6.75 Debriefing

6.76 After an incident of violence against a member of staff (whatever the severity: from verbal abuse to physical assault) it is important that there should be an opportunity for the staff member to discuss the incident with their manager as soon as possible. The purpose of the debrief is to:

- Discuss the incident in order to support the member of staff;
- Discuss the need for expert/further counselling for the member of staff.
- Ensure the Lone Working Policy has been followed;
- Examine the details of the incident and if the policy and protocols worked;
- Ensure any protective factors or actions needed are implemented following the incident to protect staff or property;
- Ultimately learn lessons from the incident to prevent recurrence, and that the learning is spread throughout the Trust;
- Assist in developing strategies to deal with the aggressor whether in terms of treatment, exclusion from treatment or legal proceedings.

6.77 Reporting and Use of incident information

6.78 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).

6.79 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;

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

7.0 CONSULTATION

7.1 The Trust recognises that an effective safety culture requires a partnership between management and staff, working together to identify risks and to improve safety standards and

working practices.

- 7.2 In accordance with the Safety Representatives and Safety Committees Regulations 1977, trade unions may appoint Safety Representatives from amongst employees of the Trust, who are members of a recognised Trade Union.
- 7.3 Where staff are not members of one of these trade unions the Trust must consult staff directly or via nominated staff representatives in accordance with the Health and Safety (Consultation with Employees) Regulations 1996.
- 7.4 Staff are formally consulted about health and safety at the Trust's Health and Safety Committee that meets every 2 months. The Committee includes trade union and staff representatives from across the Trust. Information from the Committee is disseminated to divisional safety meetings and the Quality Assurance Committee for discussion. This includes requesting feedback about health and safety policies and addressing any Trust-wide or local issues raised by committee members on behalf of the staff they represent.

8.0 TRAINING & SUPPORT

- 8.1 It is essential that staff are given the appropriate training in identifying, preventing, managing and de-escalating potentially violent situations. Staff will receive training as follows:

Subject	How	Frequency
Lone working safety information	Induction	Start of employment
Conflict Resolution Training	Mandatory training	3 yearly
Use of personal safety device	Face-to-face or e-learning	On issue

- 8.2 Where local risk assessment has identified a need for training to enable employees to safely work alone this will be arranged by with health and safety by the local manager/team leader.
- 8.3 Staff must be aware of the risk assessments and actions they must take to minimise risk to themselves and others.

9.0 MONITORING

Area for Monitoring	How	Who by	Frequency	Reported / escalated to
5.4 Monitoring use lone working personal safety devices	Monthly review of individual/team usage	Team leaders/ Health and Safety Advisors	Monthly	Health and Safety Committee/ Divisional Safety Groups

5.6 use of personal safety devices	Monitor monthly usage reports	Safety advisor/ Risk Lead	Monthly	Health and Safety Committee/ Divisional Safety Groups
6.5 Completion of lone working risk assessments	Workplace place inspections	Safety advisor/ Risk Lead	Quarterly	Health and Safety Committee/ Divisional Safety Groups
6.63 Review of post incident support	Incident reports and recommendations	Safety advisor/ Risk Lead	Ongoing	Health and Safety Committee/ Divisional Safety Groups
6.66 Incident /RIDDOR reports	Review datix incident reports	Safety advisor/ Risk Lead	Bi monthly	Health and Safety Committee/ Divisional Safety Groups

10. Equality and Human Rights Analysis

Title:	Lone Worker Policy (HS14)
Area covered:	Lone Working

<p>What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i> the aims and objectives are;</p> <p>(a) to ensure compliance with the statutory, common law, and trust minimum performance standards.</p> <p>(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.</p>
<p>Who will be affected? <i>e.g.staff, patients, service users etc</i> 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.</p>

<p>Evidence</p>
<p>What evidence have you considered? Equality Information as published on the website in relation to the content of this policy</p>
<p>Disability (including learning disability) This policy takes into account the increased risk to any person(s) with a disability who may be lone working</p>
<p>Sex No significant issues</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> No significant issues</p>
<p>Age <i>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.</i></p>
<p>Gender reassignment (including transgender) <i>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.</i></p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i> No significant issues</p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i> No significant issues</p>
<p>Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i> An increased risk to new or expectant mothers exists and lone working should be considered as part of the pregnancy risk assessment</p>
<p>Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i> No significant issues</p>
<p>Other identified groups <i>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.</i> No significant issues</p>

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)	<i>Use not engaged if Not applicable</i> Supportive of HRBA.
Right of freedom from inhuman and degrading treatment (Article 3)	<i>Use supportive of a HRBA if applicable</i> 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

--

<p>Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i></p>
<p>Eliminate discrimination, harassment and victimisation</p> <p>Where appropriate the policy is supportive</p>
<p>Advance equality of opportunity</p> <p>Where appropriate the policy is supportive</p>
<p>Promote good relations between groups</p> <p>Where appropriate the policy is supportive</p>
<p>What is the overall impact?</p> <p>The overall impact on the implementation on this policy review is minimal</p>
<p>Addressing the impact on equalities</p> <p><i>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</i></p>

<p>Action planning for improvement</p>
<p>Detail in the action plan below the challenges and opportunities you have identified. <i>Include here any or all of the following, based on your assessment</i></p> <ul style="list-style-type: none"> • <i>Plans already under way or in development to address the challenges and priorities identified.</i> • <i>Arrangements for continued engagement of stakeholders.</i> • <i>Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)</i> • <i>Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies</i> • <i>Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results</i> • <i>Arrangements for making information accessible to staff, patients, service users and the public</i> • <i>Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.</i>

<p>For the record</p> <p>Name of persons who carried out this assessment: Carlton Brooks</p>
<p>Date assessment completed: 20 /04/2020</p>
<p>Name of responsible Director: Executive Director of Communications and Corporate Governance</p>

Date assessment was signed:

20 April 20202

11.0 APPENDICES

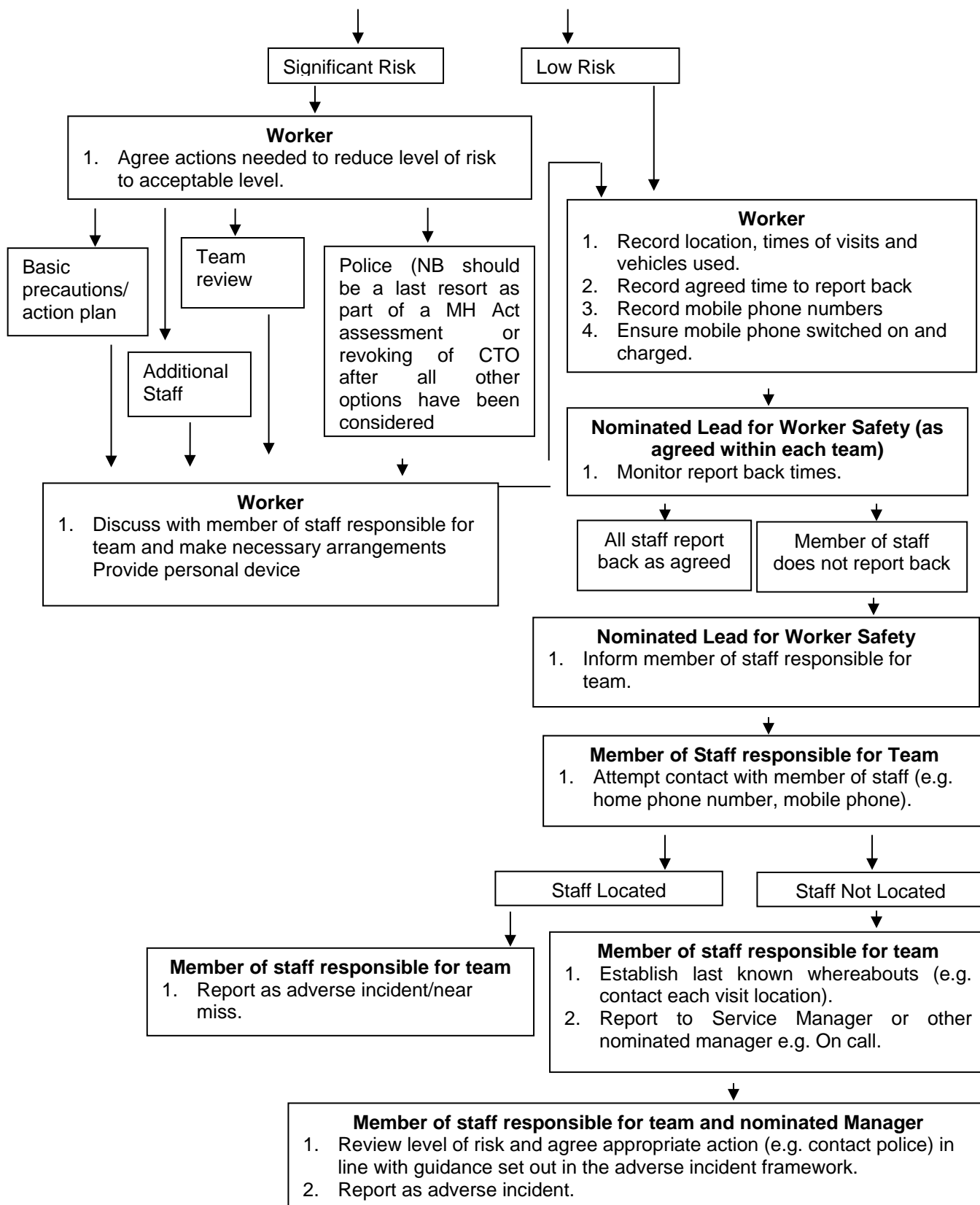
Appendix 1: Example Lone Working Risk Assessment Tool

Appendix 2: Fire Home Visit Risk Assessment

Appendix 1: Risk assessment flow chart illustrating risk assessment 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)



Appendix 2: Example Risk Assessment Tool

Part A

Type of Activity Lone Working	Lone workers in particular District Nurses, Social Workers and community health care staff are at increased risk of violence and aggression because they work in the community in patients' homes or in offices, late at night and do not have the added protection of colleagues or security staff at hand. Therefore it is important that managers assess the risk to staff and put in place control measures to mitigate and reduce the risk posed by any lone working conditions and exposure to people who may have the propensity to be violent and aggressive.
Division:	
Place of work:	
Name of manager/team leader:	
Person(s) completing assessment:	
Date of Assessment:	
Monitored by which committee/group:	

Persons at Risk (tick appropriate boxes)

Employee
 Visitor
 General Public
 Young Persons

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Pregnant Women
 Disabled Persons
 Lone Workers
 Others

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

GUIDE TO RATINGS:

RISK SEVERITY	RISK LIKELIHOOD	RISK RATING	Action
1 Insignificant	1 Rare	1 - 3 Low	Maintain existing control measures

2	Minor	2 Unlikely	4 - 6 Moderate	Review control measures and add additional measures to reduce the risk to low
3	Moderate	3 Quite Possible	8 - 12 High	New High Risks reported to Risk Management Committee. Action plan should include urgent action to reduce risk. Divisional Governance groups to monitor action plan and review progress on High Risks.
4	Major	4 Likely	15 - 25 Extreme	New Extreme Risks to be reported to Risk Committee and to Trust Executive Management Team for review and BAF inclusion. Action plan should include immediate action to reduce risk. Directorate Governance groups to monitor action plan and review. If necessary stop all activity and inform health and safety team to review the risk.
5	Catastrophic	5 Almost certain		

Part B

Describe the hazards associated with the activity/operation

Step 1	Step 2	Step 3				
Identify the Hazard	Identify who Might be Harmed and How?	Evaluate Existing Controls What are we doing already?	Risk Likelihood (L) Severity (S) (L x S)	What further controls are required?	Action By Whom & When	Residual Risk Rating
Physical assault verbal abuse False imprisonment	District Nurses, Social Workers Health care visiting Staff, Expectant mothers	<ul style="list-style-type: none"> Lone working policy and procedures in place Risk assessment completed on new and existing patients to assess risk of violence/aggression Initial visit/assessment conducted by two health visitors 	3x2=6	Identify other lone workers providing healthcare in the community that do not have access to lone working devices	Manager Feb 2020	2x2 =4

		<ul style="list-style-type: none"> • Review patient's records to identify warning flags of aggression. • If warning signs present, patient is only seen at Trust premises or by two healthcare visitors in the home. • All lone working healthcare visitors issued with lone working device to summon help • Staff told leave patients home immediately if they feel unsafe due to unknown persons in house • Health visitors trained in conflict resolution and de-escalation techniques • Provision of personal safety devices as required 				
High Risk /unknown Patients		<ul style="list-style-type: none"> • LSMS access to Police Community Support Officer to obtain forensic information relating to criminal convictions for aggression/assault to members of the public etc • High persons risk register maintained by each locality and shared between services • Visiting in 2's if necessary 	3x3=9	Review lone procedures for visiting unknown service users to ensure adequate control measures	Manager March 2020	3x2=6
Failure of staff to activate lone working	District Nurses, Social Workers Health care visiting Staff,	<ul style="list-style-type: none"> • Staff trained in use of lone working device • Health and safety undertake monthly monitoring of device usage and escalate low/non use to service managers • Lone working device safety posters 	3x3=9	Discuss need to use device at weekly team meeting Identify non –users and discuss concerns with	March 2020	3x2=6

<p>device and use in accordance with training</p>	<p>Physical assault verbal abuse False imprisonment</p>	<p>developed and sent around Liverpool Community sites to reinforce importance of using the devices</p>		<p>individuals If necessary provide re-training in use of device</p>		
<p>Lack of control of lone working devices Devices being exchanged between staff</p>	<p>Healthcare visiting Staff, Risk that when red alert activated police response will go to the original owner and not the current device user</p>	<ul style="list-style-type: none"> • Holders of devices informed not to hand over devices to colleagues • Health and safety team manage allocation and retrieval of devices including updating of emergency escalation form • Regular checks with HR to identify leavers 	<p>2x2=6</p>			
<p>Entering servicer home unannounced</p>	<p>Healthcare visiting Staff, Physical assault , verbal abuse Attack by dogs</p>	<ul style="list-style-type: none"> • Staff will only attend servicers homes on official healthcare business • Staff must make contact with service user to confirm the appointment and their arrival • Staff should first call and/or knock on servicers doors before using any entry key or access code 	<p>3x3=9</p>	<p>Provide briefing to staff on risk of lone working and dangers they might be exposed to when entering home unannounced</p>	<p>Clinical leads Feb 2020</p>	<p>2x2=4</p>

<p>Dogs / pets animals in patients home</p>	<p>Healthcare visiting Staff, Dog bites etc</p>	<ul style="list-style-type: none"> • Staff before entering a service users home should if necessary request that dogs are secured in another during the duration of their visit • Staff avoid entering enter service users homes unannounced 	<p>2x2=4</p>			
<p>Exposure to second hand smoke</p> <p>People exposed to second-hand smoke face the same dangers as smokers.</p>	<p>District Nurses, Social Workers Healthcare visiting Staff Expectant mothers</p> <p>Some short-term effects from exposure to second-hand smoke include:</p> <ul style="list-style-type: none"> • Coughing • Headaches • eye and nasal irritation • sore throat • expectant 	<ul style="list-style-type: none"> • Staff should be aware of service users who smoke and as part of NICE guidance provide very brief advice and where they might support from if they wish to quit smoking • Prior to visits ask patients either not smoke in room where treatment will given or to ventilate room for one hour before visit • Raise any health concerns with occupational health service 	<p>3x2=6</p>	<p>Re-enforce message to patients about having a smokefree room when staff attend</p>	<p>Team Leaders</p> <p>Mar 2020</p>	

	<p><i>mothers exposed to second-hand smoke will pass on harmful chemicals to their babies.</i></p>					
--	--	--	--	--	--	--

Part C

Step 5: Annual Review

Date:	Reviewed by:	Comments:
Date:	Reviewed by:	Comments:
Date:	Reviewed by:	Comments:
Date:	Reviewed by:	Comments:
Date:	Reviewed by:	Comments:

Part D
Action plan

<i>Issue</i>	<i>Action Required</i>	<i>Who by</i>	<i>Date completed</i>

Part E
Personnel Informed of Risk Assessment Content

Personnel Informed of Risk Assessment Content, Received and Understood		
Name	Signature	Date

Appendix 3: Home or Community ~ First Visit Assessment

This form should be completed before and after the first contact with new patients

Department	Location		
Patient (name and address)	Individual(s) exposed to the risk:		
NHS Nu:			
Tel. Number:			
GP/Other contact details:			
Risk assessment carried out by:	Date completed	Review Date	

		Comment where appropriate	Assess the degree of risk after considering your existing control measures			
			low	Med	High	Very high
1. Before Visit	Previous Experience/Knowledge (e.g. violence/ aggression/ alcohol/ drugs)					
	Do you know the location?					
	Does the patient know you are coming?					
	visiting during dark / unsocial hours ?					
	Do you require a key or code? (key holder/ key safe)					
	Do you have contact telephone numbers for client/ next of kin?					
	Have you been provided with lone working device?					
2. On Arrival	Parking					
	Lighting					
	Access to property					
	Surroundings					
	House Type (Detached ~ Semi ~ Tenement ~ Multi Storey ~ Other)					
	Lift (operational?) Stairs (Number of flights?)					
	Mobile phone & LWD GPS signal?					
3. On entry	Groups Gathering/Loitering outside					
	Condition of House					
	Weapons on display					
	Smell of drugs or alcohol misuse					
	Exposure to 2 nd hand smoke?					
	Other persons in house?					
	Service user attitude and behaviour?					
	Attitude/Behaviour of others?					
	Type of pets in the home					
Ease of escape?						
4. Post Visit	Felt safe					
	Felt threatened/intimidated					
	Would not revisit alone?					
5. other factors						

Community Risk Assessment ~ First Home Visit (Cont.)

Comment on any actions that could eliminate or reduce the risk to a safe level?

Before Visit:

On Arrival:

On Entry:

Post Visit:

Other Factors:

What will the overall level of risk be when additional control measures have been implemented

Low



Med



High



Very High



Remember risk levels that are high or very high indicate that lone working should not take place ~ action must be taken to reduce the level of risk

NB: This information must be used to decide how subsequent visits will be undertaken. If circumstances change, review risk assessment.