PrimaryCare:24

Lone Worker Policy

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Title of responsible committee/department:	Quality and Workforce Committee
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Target audience:	All employees
Impact Assessment Date:	December 2019
Summary	This policy outlines the rules governing lone working across the organisation and how to ensure their safety

Version	Date	Control Reason	Title of Accountable Person for this Version
v1	19/02/2018	New policy	Project Management Officer
v2	December 2019	Updated policy	HR Department
Reference Documents	Electronic Locations (Controlled Copy)		Location for Hard Copies
Consultation: Committees / Groups / Individual			Date
Quality and Workforce Committee			December 2019

Contents

1.0 PURPOSE

PC24 seeks to protect those staff who work alone and undertakes to, as far as reasonably practicable, minimise the risks to the health and safety of its employees and those who may be affected by their activities.

The organisation acknowledges its duty under the requirements of the Health & Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999to make sufficient provision for the management of health and safety in the workplace and to fully implement the requirements of the Management of Health and Safety at Work Regulations by providing the facilities, procedures and resources for a suitable and sufficient management system.

2.0 SCOPE OF THE POLICY

This policy sets out the commitments and arrangements of PC24 for minimising the risk of physical and non-physical assaults against staff, risk of injury and improving overall personal safety and arrangements for lone working.

There are many different situations staff may find themselves in, with regard to lone working and it would be impractical to address each situation individually.

3.0 RESPONSIBILITIES

Chief Executive

The Chief Executive has the overall responsibility for the effective implementation of the lone working policy.

Director

The Chief Executive delegates responsibility for the lone worker policy implementation and monitoring at board level to the Director of Nursing. The Director of Nursing has overall responsibility for ensuring that the health and safety management systems relating to lone working are effectively implemented, monitored and reviewed.

Line Managers

- Ensure that they have completed risk assessments for their area of work.
- Develop local arrangements to reduce the risk.
- Review completed risk assessments as required.
- Communicate findings and recommendations from risk assessments to staff and the team with responsibility for Health and Safety.
- Providing staff with clear instructions on not entering into lone worker situations where the member of staff feels that their safety or the safety of others may be compromised.
- Comply with the lone worker policy when supervising or managing a shift
- Ensure that any lone workers on shift are aware of the policy and understand how to keep themselves safe
- Manage any instances of unscheduled lone working on the shift in line with the policy
- Report any incidents of unplanned lone working to their Line Manager or other relevant manager as appropriate to their service

Health, Safety & Governance Officer

- Designated competent person for health and safety to facilitate managers in fulfilling their health and safety responsibilities as part of the organisation's integrated risk management strategy in relation to lone workers.
- Advise on any changes to guidance.

Employees

- Take reasonable care of their own safety as well as others who may be affected by their actions
- Participate in and comply with risk assessment recommendations and lone working procedures, carrying out any actions that have been agreed in relation to hazards
- To be aware of out of hours arrangements and the details of the on-call rota for Managers
- Report any accident or incident in accordance with the provisions of the incident reporting procedure.
- Attend health and safety related training

4.0   DEFINITIONS

Lone Worker

Lone workers might be defined as 'workers who are separated from their work colleagues:

Physical and Non-physical Assault

Physical assaults – General Baseline Definition:

"The intentional application of force to the persons of another, without legal justification, resulting in physical injury or personal discomfort."

Physical assaults could include being shoved, pushed, punched, or kicked. This is not an exhaustive list.

Non-physical assault – General Baseline Definition:

"The use of inappropriate words or behaviour causing distress and/or constituting harassment."

It is difficult to provide a comprehensive description of all types of incidents covered under this definition. However, the following examples would be consistent:

- Offensive language or verbal abuse
- Negative, malicious or stereotypical comments
- Invasion of personal space
- Brandishing of objects or weapons
- Near misses i.e. unsuccessful physical assaults
- Threats or risk of serious injury to a member of staff, patient, or visitors
- Bullying*, victimisation or intimidation
- Stalking
- Unreasonable behaviour and non-cooperation
- Any of the above linked to destruction of or damage to property

Lone Working

Lone working is intended to cover all work proposed to be undertaken alone where the risk to the individual lone worker may be increased either by work itself or by the lack of on-hand support should something go wrong. It is important that these risks are not over-exaggerated as this can have a detrimental effect by endangering an unnecessary perception of fear amongst staff that is disproportionate to reality.

Lone working can occur:
- During normal working hours at an isolated location within the normal workplace or on site
- When working outside normal working hours (late shift)

Staff may find themselves undertaking lone working in a variety of settings, which may include:
- Working alone in any given situation without direct access to other colleagues, which includes working from home
- Travelling alone using your own vehicle, public transport and / or to and from any place of work

- Working alone on PC24 sites 'after hours'

5.0   LONE WORKER POLICY PROCEDURES

Working alone is not illegal but it can bring additional risks to a work activity. PC24 has a policy and procedures to control risks and protect you, which should be followed. Apart from being sure that you are capable of doing the job on your own as a lone worker, the three most important things to be certain of are that:

- You have full knowledge of the hazards and risks to which you are being exposed.
- A colleague or supervisor knows the whereabouts of where you are and what you are doing
- You know what to do if something goes wrong.

The activities within this guidance are not exhaustive, consequently risks should be effectively identified and managed by Management. You as a lone worker are obligated to follow the outcomes of any risk assessments and consequent agreed procedures.

This guidance sets out the law, PC24's and individual responsibility.

5.1   Risk assessment and control measures

PC24 acknowledges that there may be an increased risk to the health and safety of its employees and others when working alone. Risk assessments will be undertaken to identify risk to lone workers and measures introduced to minimise risks wherever reasonably practicable.

Managers will ensure lone working situations are identified and risk assessments undertaken, with appropriate control measures introduced. They will also provide you with the necessary information, instruction and training.

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The objective of risk assessment is to ensure that satisfactory control measures are in place for such activities. These activities are usually place into three risk categories, namely low, medium and high.

Clearly, the types of control measures for a lone working activity will vary depending on the type of work, location, experience of worker and local conditions. The questions that need to be asked are:

- Whether the risk of the work can be adequately controlled by one person, or are more people necessary?
- Does the workplace present a special risk to the lone worker?
- Is there a safe access and exit for that person?
- Is the equipment safe and regularly maintained?
- Is the lighting and ventilation sufficient?
- Can substances and materials involved in the work be handled safely by one person? Hazardous substances which are subject to Control of Substances Regulations (COSHH) must be considered carefully and risk assessments undertaken.
- Is the person medically fit to work alone or have special needs covered under the Disability Discrimination Act?
- Do lone workers fully understand the risk involved in the work?
- Are limits set as to what can and cannot be done whilst working alone, when to stop and seek advice?
- What is the appropriate level of supervision for the task? The extent of supervision required should be identified by managers.
- Are there contingency plans in place should an alert/alarm be raised by the lone worker? Are these plans and procedures well known by staff and students?
- Have arrangements been made for illness, accidents and emergencies?
- Have employees received information, instruction and training?

To manage the risks associated with lone working, a risk assessment must be carried out and a safe system of work developed.

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Various control measures may be implemented in the safe system of work:

- Arrangements for remote supervision
- Procedures for logging workers' locations when lone working
- The use of mobile phones to ensure good communications
- Lone worker alarm systems to raise the alarm and pin-point the worker
- Procedures to be adopted by workers when lone-working
- Emergency procedures
- Training for workers in those procedures

5.2 Information sharing

It is important that staff have access to good quality information regarding contacts and locations so that they can do their job efficiently and safely. Each Manager should ensure that there is an appropriate flow of information to and from other sections, especially when a risk has been identified.

It is within the law to supply or obtain information where there are grounds to believe than you may be at risk from coming into contact with a particular person on entering a particular premise.

This information should then be made available to you and all staff who may be in contact with a particular person or attend a particular address.

You must also be aware that if you feel unsafe you should report this to the manager who should update the information as necessary.

5.3 Communication equipment

Whenever possible, you should have a mobile phone when working alone. If this is not possible, due to hazards or poor reception, make sure you know where the nearest landline phone is, or another means of emergency communication.

5.4 Control points

One of the most important arrangements of this policy is the requirement for Managers to know where you are until you go home so that your movements can be traced if necessary.

Where are a patient's address or area gives cause for concern you should be able to advise any deviation from your planned itinerary.

These issues make it necessary from management to provide a control point. The control point could be any one of, or a mixture of, the following:

- The office, at all times where you are working alone
- An answerphone checked regularly
- Nominated person with mobile phone
- Nominated person at home

The control point would be the person or persons who should know your movements specifically when you have expressed concern and require your movements to be monitored.

The control point would also have your details so that appropriate steps can be taken in the unlikely event of you failing to return to the office or call in at the end of a visit.

These details may include your:

- Name
- Address, home telephone number and any emergency contact
- Mobile phone
- Time started work
- Itinerary of visits:
- Name, address and telephone number of each customer/client/patient

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- The order of visits
- Expected time of finish, or call-in
- Car registration, make and model

5.5   **Notification of visits**

It is a requirement of the management of Health and Safety at Work Regulations (1974) that employers are aware of their employee's movements, as far as is reasonably practicable, but without it being too onerous.

The method of notifying visits will be mutually agreed between you and your Manager.

Planned visits can sometimes be missed out for a variety of reasons. Whilst this does not cause a problem, there may be occasions where the employee feels that the control point should be notified of the change to itinerary.

The control point facility should cater for these occasions.

It is equally important that PC24 know where and when you have finished work. The system employed enables you to call in at the end of the day.

5.6   **What to do if an employee does not call in at the end of a visit**

The control point will have all of your details, and after allowing a reasonable time for overdue call-in will attempt to track your movements by using the information they have until found.

If however, at any time the control points become sufficiently concerned for your safety, the escalation procedure will take place. The escalation will be to contact the Manager on call.

The Police are happy to act on a 'missing person' with immediate effect providing PC24 has made every effort to trace you and can justify their cause for concern.

5.7 Entering a patient address

When entering an address it is advised to:

- Stand well clear of the doorway after ringing or knocking
- Stand side on to the doorway to present a smaller target
- Show your I.D badge and identify yourself
- Check the identity of the person you are visiting by asking a question which requires them to tell you who they are - do not ask "are you Mr Jones?"
- Do not enter if anything gives you cause for concern, in relation to the patient or the premises, e.g. anyone appearing to be under the influence of drugs or alcohol, potentially violent or abusive persons or dangerous animals
- Follow the person into the house, remaining between them and the door as much as possible
- Keep aware of the movements of other people around the house

5.8 Travelling to or from an address of other PC24 offices/surgeries

Always:

- Keep your car maintained and topped up with fuel
- Know where you are going as much as possible
- Allow plenty of time for your journey
- Drive defensively to avoid road rage incidents
- Hide bags, telephones and equipment as much as possible
- Park as near to the premises as possible
- Park in a well-lit area, preferably facing the direction you will need to leave in
- Be aware of the nearest place of safety (e.g. Police Station, shops or petrol station)

- Glance around before unlocking and opening your car door
- Lock the car door and make your way to the premises concerned avoiding subways, alleys and open land as much as possible
- When leaving the premises, have your car keys ready in your hand

Note: Always consider your own personal safety if you come across an incident/accident.

Be wary of people trying to flag you down by pointing at your car indicating that something is wrong. If the car seems in good working order to you, acknowledge their gesture and drive immediately to the nearest populated area to check the car

5.9 **Breakdown of a vehicle/accidents**

If your car breaks down:
- Stop the vehicle where it is safe to do so
- Turn on your hazard warning lights
- Always remember your own safety
- Call for assistance
- Keep your doors locked and the windows open no more than one and a half inches
- If you leave the car, lock it and note its location. If you have a personal attack alarm, take it and keep it in your hand. If it is dark, or will be soon, take a torch
- Contact the control point to inform them of the situation

If you are involved in an accident:
- You are legally required to stop if you collide with another person, car, property or livestock
- Check if anybody is injured

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- If medical attention is required, summon help immediately

5.10 **What to do if a serious violent/aggressive incident occurs**

You should:

- Remove yourself to a safe place and seek assistance
- Phone 999 if necessary
- Inform the control point
- Control point will inform the manager on call

The manager on-call may action, including:

- Removing you from the work environment to a quiet place or send you home
- Contacting the Police and securing the scene for evidence gathering
- Cancelling appointments or ask another member of staff to fulfil those appointments
- Gathering preliminary information on what happened and who was involved
- Informing the Health and Safety department of the incident

5.11 **Supporting staff after an incident**

Debriefing will take place after serious incidents have occurred affecting personal safety, to establish the details of what happened and to provide emotional help. Managers will be involved in these debriefings sessions and, where appropriate confidential counselling will be made available.

5.12 **Training**

If you are working alone you should know that your safety comes first. You should not be in situations which make you feel unsafe. Training will be given on this procedure so you understand all actions which need to be taken.

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5.13   **Monitoring and review**

The effectiveness of this policy will be assessed by incident reporting and follow up action of physical and non-physical assaults and incidents involving lone working. All accidents and incidents will be analysed.

6.0   HEALTH AND SAFETY AT WORK ACT

Organisations have responsibilities under the Health and Safety at Work Act 1974, supplemented by the Management of Health and Safety at Work Regulations 1999, to ensure as far as is reasonably practicable the health, safety and welfare of employees at work.

The Management of Health and Safety at Work Regulations 1999 require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks.

Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

The specific office or person to contact for interpretations, resolution of problems and other special situations.

7.0   RELATED POLICIES

Health and Safety Policy PC24POL9

Vehicle Policy PC24POL97

Raising a Concern (Whistleblowing) Policy PC24POL102

Managing Incidents and Serious Incidents Policy PC24POL32

Chaperone Policy PC24POL105

8.0   MONITORING COMPLIANCE

Monitoring against this policy will be via the Quality Governance Department who will note the number of lone worker incidents reported through the Datix Risk Management System.

Service Delivery Units and Practices will be required to monitor local compliance against this policy at an operational level which includes reporting all lone working incidents through the Datix Risk Management System and seeking advice from the Health, Safety and Governance Officer as appropriate.

This policy will be reviewed regularly or when there is a change to legislation.

9.0   INFORMATION, INSTRUCTION AND TRAINING

Line Managers will ensure that staff members are aware of this policy at induction stage. Ongoing training and instruction will be provided when risk assessments are undertaken or reviewed regularly. Further guidance on risk assessment will be provided by the Health and Safety and Governance team.

10.0   EQUALITY AND HEALTH INEQUALITIES

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will maintain equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted

disparities and monitor practice to ensure that this policy is fairly implemented.

11.0   PERSONAL INFORMATION

This policy complies with the Data Protection Act 2018; therefore no Privacy Impact Assessment is necessary.

12.0   MAIN REFERENCES

Equality Act 2010.

Health & Social Care Act 2012.

Health and Safety at Work Act 1974

Managing Health and Safety at Work Regulations 1999

Data Protection Act 2018.

HSE - Health and Safety Guidance on the Risks of Lone Working

Human Rights Act 1998

Equalities and Health Inequalities – Screening Tool

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Version number: V1

First published: November 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance, Quality & Patient Safety Team, Urgent Care 24, 2016.

Prepared by: Quality & Patient Safety Team.

Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project, policy or piece of work. It is your responsibility to take this decision once you have worked through the Screening Tool. Once completed, the Head of your SDU or the Quality & Patient Safety Team will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Quality and Patient Safety Team can offer support where needed. It is advisable to contact us as early as possible so that we are aware of your project.

When completing the Screening Tool, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

A number of groups of people who are not usually provided for by healthcare services and includes people who are homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies and Travellers, Female Genital Mutilation (FGM), human trafficking and people in recovery. Urgent Care 24 will also consider these groups when completing the Screening Tool:

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at: http://extranet.urgentcare24.co.uk/

Equality and Health Inequalities: Screening Tool

A	General information

A1	Title: What is the title of the activity, project or programme? Lone Worker Policy		
A2.	What are the intended outcomes of this work? To provide a framework that supports the safety and wellbeing of any staff members who, in certain circumstances, may work alone, whether regularly or in isolation.		
A3.	Who will be affected by this project, programme or work? All staff		
B	**The Public Sector Equality Duty**		
B1	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?		
		No	
	Summary response and your reasons:		
B2	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?		
		No	
	Summary response and your reasons:		
B3	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
		No	
	Summary response and your reasons:		
B4	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
		No	
	Summary response and your reasons:		
B5	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
		No	
	Summary reasons:		
B6	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		

		No		
	Summary response and your reasons**:**			
C	The duty to have regard to reduce health inequalities			
C 1	Will the initiative contribute to the duties to reduce health inequalities?			
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?			
		No		
	Summary response and your reasons:			
C 2	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?			
	Yes			
	Summary response and your reasons: The policy has the primary aim of reducing the risk to staff member's safety, therefore this reduce the inequalities that lone workers may face as opposed to those staff members who work in groups			
D	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?			
D 1	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. [1] Please place an X below in the correct box below. Please then complete part E of this form.			
			No	
E	Action required and next steps			
E 1	If a full EHIA is planned: Please state when the EHIA will be completed and by whom. Name: Date:			
E 2	If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.			

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[1] Yes: If the answers to the previous questions show the PSED or the duties to reduce health inequalities are engaged/in play a full EHIA will normally be produced. No: If the PSED and/or the duties to reduce health inequalities are not engaged/in play then you normally will not need to produce a full EHIA.

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		Summary reasons: Additional information required: When will it be possible to make a decision about an EHIA?
E 3		If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below. Summary reasons:

F	Record Keeping		
Lead originator:	P Mullen	Date:	Dec 2019
Director signing off screening:		Date:	
Directorate:		Date:	
Screening published:		Date:	

Appendix 2 – Lone Worker's Risk Assessment Form

Completed by: **Review date:**   **Date:**

What are the Hazards?	Work area affected	Who may be harmed and how	Control(s) already existing	Further action(s) necessary	By whom	Notes	Done
Security. e.g. Intruders							
Violence and aggression. Unpredictable patient/service user behaviour and situations							
Unpredictable patient/service user behaviour and situations (Patient collapses or becomes ill)							
Unpredictable patient/service user							

behaviour and situations (Patient under the influence of drugs/alcohol						
Tasks (are there any tasks that may be too difficult or dangerous to be carried out by an unaccompanied worker.						
Lone worker becomes ill/has an accident						
Lack of chaperone for clinical examination						