Leeds Community Healthcare NHS Trust

Lone Worker Policy & Guidance

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Executive summary

This policy is designed to alert staff to the risks presented by lone working, to identify the responsibilities each person has in this situation, and to describe procedures which will minimise such risks. It is not intended to raise anxiety unnecessarily, but to give staff a framework for managing potentially risky situations.

Leeds Community Healthcare Community Trust (LCH) has undertaken a review of its management of Lone Working which is designed to comply with Health and Safety requirements which include Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

By developing this policy LCH aims to demonstrate its commitment to successful health and safety management, by measuring and reviewing incidents relating to Lone working when they do occur but importantly by providing guidance to staff it is hoped to reduce the likelihood of such an incident occurring.

Equality Analysis

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to Equity Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy and any outcomes have been considered in development of this policy

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1 Introduction

A lone worker is defined as a member of staff whose terms and conditions of employment require him/her to work alone, or who has been authorised by their manager to work alone, as an exception to their normal duties. Lone workers may be working away from their base within the community, e.g. district nurses, health visitors. This policy is referenced in conjunction with LCH's Violence and Aggression Policy.

It is recognised that, in accordance with LCH duties under the Health & Safety at Work Act 1974, establishing safe working arrangements for lone workers is no different from managing the safety of other employees. Employee duties under the Health & Safety at Work Act 1974 to take reasonable care of themselves and other people affected by their work and to co-operate with their employer are particularly important with respect to lone workers.

LCH recognises that lone working is potentially more hazardous than working with others. The practice of lone working must be questioned, and if it is essential, be subject to a risk assessment, in accordance with the Management of Health and Safety at Work Regulations 1999 and measures put in place to minimise the associated risks. Staff working alone may be particularly at risk from violence and aggression.

2 Aims and Objectives

Security within LCH is concerned with the protection of staff, patients, visitors and contractors as well as protecting property against loss, damage, trespass or other malicious criminal acts.

These objectives will be achieved as follows:

- LCH will ensure that security advice is available to employees and others who may require it
- All staff have a responsibility to assist with any security risk assessment in order to highlight measures taken to reduce and/or control any identified risks.
- Incidents relating to security breaches, such as a physical assault, or verbal abuse, theft or loss must be reported via the Datix® reporting system, following the incident reporting procedure, to ensure incidents can be monitored and appropriate action instigated
- LCH will provide relevant training, including Conflict Resolution Training and Conflict Resolution Refresher Training

This policy should be read in conjunction with the Violence and Aggression Policy & the Incident & Serious Incident Policy

3 Definitions

As in the section 1 Introduction

4 Responsibilities

All staff employed by Leeds Community Healthcare NHS Trust must work in concordance with the Leeds Safeguarding Multi-agency Policies and Procedures and local guidelines in relation to any safeguarding concerns they have for children or adults they are in contact with.

Chief Executive

The Chief Executive has overall accountability for ensuring LCH puts in place the necessary management systems for the effective implementation of all risk management related policies, including the Health, Safety & Welfare Policy & manual.

Executive Director of Finance & Resources

The Executive Director of Finance & Resources are responsible for ensuring that appropriate procedures and suitable precautions, including relevant training, are in place to safeguard the health, safety and welfare of lone workers.

Security Management Director SMD (Executive Director of Finance and Resources)

The SMD is responsible for promoting security at board level and for monitoring and ensuring compliance with the requirements and directions issued by the Secretary of State and the Department of Health.

Local Security Management Specialist (LSMS)

The LSMS is responsible for:

- liaising with the local police in the event of a physical or non-physical assault to assist with any investigation,
- undertaking an investigation where the police are unable to do so and where LCH SMD (Security Management Director) requests the LSMS (Local Security Management Specialist) feedback to the victim on the progress of any police or LSMS investigation into physical or non-physical assault,
- provision of Lone working advice to LCH and at the request of the SMD,
- assisting managers to carry out risk assessments of selected sites where lone workers are based.

Managers

Professional judgement must be exercised regarding who is required to work alone, this may include:

- Health professionals on home visits
- Managers are responsible for carrying out Lone workers risk assessments
- Staff working in buildings/offices/receptions/wards on their own
- Staff who work from home
- Staff working out of hours or returning to the site when on call
- Staff working separately from others
- Students in training
- Newly qualified staff
- Volunteers, if it is assessed that volunteers can lone work.

Managers are responsible for ensuring any item of equipment issued to staff, this may include mobile phones or devices or applications on mobile devices are used as per there intended use.

Managers are responsible for raising awareness of this policy throughout their departments and assessing the need to work alone by:

- Carrying out and reviewing suitable and sufficient risk assessments of all lone worker activities which have a potential to cause harm to employee/s.
- Supporting those employees who have been involved in an incident and investigating such incidents and making recommendations to prevent recurrence.
- Developing, implementing and ensuring the awareness of appropriate procedures and suitable precautions to account for and trace the whereabouts of lone workers (and regularly checking these procedures are followed).
- Ensuring that systems are in place so that all information about patients referred from other departments/agencies is passed on, (particularly if there is a known risk or previous history of violence or aggression).
- Roll-out of appropriate information and training, to safeguard the health, safety and welfare of lone workers, including using the Lone Working Risk Assessment at Appendix 1 of this policy.
- Direct staff to counselling services, occupational health etc.

Managers must take account of the individual capabilities when allocating tasks to staff. However, it is recommended that work placement or other visitors to LCH should not be required to work alone.

Irrespective of the working location of a member of staff classified as a lone worker, managers must ensure that the worker has the necessary capabilities, disposition and training for working alone.

In addition, managers of staff who are working alone in the community must,

1. Ensure that staff can access a LCH works mobile phone.
2. Ensure that there is a documented ‘safe system of work’ place for lone workers and that this is communicated to and understood by those involved.
3. Decide the extent of supervision required for lone workers. This depends on the risks involved and the proficiency and the experience of the employee to identify and handle safety issues. Employees new to the job, undergoing training, doing a job which presents special risks, or dealing with new situations may need to be accompanied at first. Safety supervision may take the form of periodic visits to the lone worker.

Staff responsibilities

- Ensure that risk assessments are completed and documented
- Identified actions arising from risk assessments in relation to security are implemented, and/or reviewed and reported by to the LSMS if relevant
- Staff are provided with relevant security help/advice/information and given training as appropriate, namely conflict Resolution Training and Conflict Resolution Refresher Training (CRT)

- Identified risks that staff cannot manage by means available to them are referred to an appropriate manager for further assessment/action
- In the event of a serious assault the staff member concerned should be offered help and support, via occupational health, counselling. The member of staff would be required to seek appropriate medical advice.
- If necessary, consideration must be given to contact the emergency services i.e. in the event of a physical assault, serious verbal abuse, sexist or racial remarks.
- Ensure in the event of a 9 day injury RIDDOR forms are completed and if necessary the Health and Safety Executive are notified.
- Staff are responsible for ensuring any item of equipment issued to staff, this may include mobile phones or devices or applications on mobile devices are used as per there intended use.

5. Reporting Incidents

Staff are encouraged to report all Lone working related incidents and near miss incidents to their line manager and the incident must be recorded on a Datix®. Staff are also encouraged to contact the police where necessary. The LSMS can be contacted for advice and guidance.

6. Risk Assessments

A Lone Workers risk assessment is attached at Appendix 1

LCH staff and managers have a duty of care under the Health and Safety at work Act 1974 and the Management of Health and Safety at work Regulations 1999 to document and record risks in the form of a documented risk assessment.

This duty applies to lone workers and it is necessary for the employer to consider in some depth the hazards presented to such employees, by their work. The steps that need to be taken to reduce the risks identified also need consideration.

The duty to assess and minimise risks to which an employee may be subject during the course of employment, is further strengthened by the provisions of the Management of Health and Safety at Work Regulations.

Managers are required in all departments to carry out comprehensive Lone working risk assessment's annually that must include, where appropriate, lone worker risk assessment and take actions to eliminate the hazards where possible. Where it is not possible to eliminate the hazards, control measures should be put in place. Control measures may include changing a procedure, altering the environment in some way, putting in place safety measures such as panic buttons.

Managers, when risk assessing, should consider whether the following factors apply to any or all of their staff:

- Providing services to patients and relatives
- Working alone
- Working in the community
- Working out of normal working hours
- Working with people who are emotionally unstable
- Working with people under stress

- Working with people under the influence of drink and drugs
- Withholding a service
- Exercising authority
- Handling valuables
- Handling medication
- Travelling during working hours –by car or public transport

7. Training Needs

All frontline staff, including newly appointed staff, employed by LCH must receive Conflict Resolution Training (CRT) and after 3 years receive CRT Refresher Training. Refer to the Statutory and Mandatory Training Policy.

Staff are advised to read this policy and for further advice contact the LCH LSMS. Specific advice re situations/environments is available from the LSMS. The LSMS will regularly attend CRT Training and CRT Refresher for audit purposes.

8. Monitoring Compliance and Effectiveness

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Lead for monitoring action plan
Arrangements for ensuring the safety of lone workers	LCH Lone workers policy communicated to LCH staff, by communication alerts, intranet access, LSMS attending LCH induction and team meeting	LCH LSMS LCH General managers	Quarterly	LCH LSMS LCH General Managers	LSMS	General Managers
Review of CRT & CRT refresher Training	Numbers attending via workforce information	Workforce information LCH LSMS	Annual	LCH	Report to the HSG	Workforce
Lone worker incident Reports	Datix® reports	LCH LSMS LCH General Managers	Monthly or as they happen	LCH LSMS	Report HSG	HSG
LSMS Annual Report and Work plan	Review of Datix® incidents, investigations	LCH SMD LCH LSMS	Annually	LCH LSMS NHS Protect	LCH SMD	LCH Audit Committee
Staff Feedback on reported incidents	Review of result Datix® of investigation	LCH General managers LCH LSMS	As the incidents occur	LCH General Managers LCH LSMS	HSEG	HSG

9 Ratification and approval process

This policy has been approved by LCH Clinical & Corporate Policies Group and ratified by the Quality Committee, on behalf of the Board.

10 Dissemination and Implementation

Lone Working is covered at the Health and Safety for Managers Training session and is also covered in the City wide staff induction. The LSMS will also carry out site and security and inspections, attend staff meetings to discuss and answer questions on request in relation to Lone working.

Dissemination of this policy is via the Quality and Professional Development Department and made available to staff via the Trust intranet.

Implementation will require Operational Directors/General Managers/Heads of Services to ensure that they and their staff understand their responsibilities for lone working.

11 Review arrangements

The Lone Workers Policy will be reviewed by the LSMS after 3 years or after any significant change in guidance or legislation.

12. References

NHS Secretary of State (2004) Directions to NHS Bodies on Security Management Measures

Incident Management Reporting Policy.

The Health and Safety at Work Act 1974.

The Management of Health and Safety and Work Regulations 1999.

RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

NHS Counter Fraud and Security Management Service (2003) A Professional Approach to Managing Security in the NHS

PL268 Incident & Serious Incident Policy

Risk Assessment:

Team:

Directorate/Portfolio:

Issue:

Reviewer(s) (Name and Job Title):

Date: **Review date:**

Manager of Service:

Hazard (What problem exists?)	**Risk** (What could go wrong and how bad could it be (bad = harm/loss)?) Refer to Trust risk assessment matrix	**Initial Risk Score** (Likelihood x Consequence = risk score)	**Existing Controls** (Measures in place to mitigate/reduce the risk)	**Current Risk Score** (Likelihood x Consequence, after implementation of existing controls)	**Action plan** (to address measures that are not in place but should be)	**Lead Role** (who will be in charge of making sure actions are carried out)	**Target Risk Score** (Likelihood x Consequence after implementing actions)	**Due Date** (when is action expected to be completed by)

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Lone Worker Risk Assessment

Area……..…….…… Manager…….Assessor……..……. Date……..…

Risk Filter

Complete the following prior to carrying out any assessment.

	Yes	No	N/A
Does the activity need to be carried out alone?			
Does the activity need to be specially authorised before lone-working can commence?			
Does the workplace present a special risk to the lone worker?			
Is there a potential risk of violence/aggression?			
Does the task being undertaken have the potential to cause anger?			
Is the area being visited a known trouble spot?			
Is there a safe way in/out?			
Can the building be secured to prevent entry but still maintain sufficient emergency exits?			
Are there known drug, alcohol or mental health issues?			
Can the risks of the job be adequately controlled by one member of staff?			
Will the visit/meeting be taking out of hours? If yes are controls measures implemented?			
Is the member of staff medically fit and suitable to work alone?			
Are people of a particular gender especially at risk if they work alone?			
Are younger workers especially at risk if they work alone?			
Are existing controls measures in place, i.e. mobile phones, personal attack alarms, panic attack alarms?			

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Lone Worker Risk Assessment

Area…….…….…… Manager…….Assessor…….……. Date……..…

Risk Filter

Complete the following prior to carrying out any assessment.

	Yes	No	N/A
Is there lighting?			
Is the lighting adequate?			
Is the area visited quiet/unfrequented?			
Is the area used after dark?			
Is the area visited or used at the weekends?			
Is the area used after normal working hours?			
Has the area adequate security controls measures i.e. panic alarms, telephones, other staff contact?			
Is there a need to use tunnels or underpasses?			
Do the staff feel safe when visiting the area?			
Do the staff feel safe when visiting a patient's home?			
Is the work area safe?			
Can the windows and doors be locked to prevent unauthorised access?			
Have the staff member received conflict resolution training?			
Have there been past problems with patients?			
Others?			

Appendix 2: Guidance for Staff working alone within an Office during Working Hours

Wherever possible this situation should be avoided; where it is unavoidable, staff should:

- Ensure that you are near a telephone to call for help if needed.
- Ensure that the working area is safe; be particularly careful in layout of furniture and equipment; ensure no potential weapons are lying around.
- Ensure your manager/colleagues know you are working alone and know where you are working alone.
- Secure valuables in an appropriate place.
- Ensure that keys are secured and not accessible to visitors.
- If you become anxious regarding YOUR safety, call security (where appropriate) or emergency services for help.
- If you are meeting someone, let other people know who you are meeting, when and where and telephoning them to let them know that Mr X has arrived and that you will get back to them at a certain time.
- Do not let visitors place themselves in front of the exit point.
- Do not tell any potential visitors/external persons that you are alone in the workplace.
- Report any incidents or near-misses to the relevant manager as soon as practical after any events and ensure a Datix report is completed.
- Ensure that all windows and doors are secured to prevent unauthorised access, so that the working environment is as safe as possible.
- Do not open doors to any strangers no matter what identification they have; if they are meant to be there, they will either have keys or another means of access.
- Never give security codes or keys to any stranger; again there are channels they can use to gather information if they are legitimate and are meant to have access
- Not use lifts at these times, as they may become trapped inside and unable to gain assistance or attention.
- If the fire alarm activates whilst inside the building alone, leave the building immediately by the nearest fire exit; go to the front of the building, a safe distance away and wait for the emergency services to arrive.
- Do Not attempt to repair or tamper with the controls if any problems with equipment are discovered whilst alone in the office; if it is not serious, report it to the manager the following working day.
- On leaving a department, ensure that all windows are closed and doors locked.
- If possible Park as close to the building as possible, in a well lit area.
- If an incident or near-miss occurs, follow the LCH Incident Reporting Procedures.

- **Never assume it won't happen – plan to stay safe**.

Appendix 3: Guidance for Staff working alone within a department outside Office hours

From time to time, staff may need to carry out their office-based work outside of normal office hours, such as weekends and evenings. The following precautions, aside from those described in Appendix 4 for those working alone in an office within office hours, must be taken to ensure that health and safety of staff continues to be protected outside office hours:

- Where applicable, let the Caretaker, Security Guard or Receptionist know if you are staying behind in an office at the end of the normal working day, so that they will know to check if staff are still in the building before they leave.
- If you are working at weekends or very late at night/early in the morning let a friend or relative know your whereabouts and the time that you are expected back. Contact them at regular intervals to verify that you are okay. If your plans change, let your contact know immediately.
- Where applicable, liaise with security, who in turn should liaise with anyone else in the building about estimated exit times, your whereabouts during extended hours and when you plan to leave the building.
- Where applicable, when there are only two members of staff left working and when they leave the building it is recommended both staff members leave together, however if one member of staff does not leave, the necessary lone working arrangements must be adopted.

- **Never assume it won't happen – plan to stay safe**

Appendix 4: Guidance for Lone working off site

When making lone worker visits it is important to communicate with others about the intentions during the delivery of your services.

Staff must inform a colleague and record the details below

The location of the visit/meeting.

- A contact telephone number, if possible.
- The time of the appointment.
- The likely or estimated length of the meeting/visit.
- The time when expected to return to the office/base or call in.
- If not returning to the office, the time and location of the next visit or the time when they are due to arrive home.
- The make, colour, type of car used with the car registration details

It is recommended staff adopt a Buddy system for all visits and/or time working alone

Colleagues may be aware of issues that the lone worker are not, and vice versa; they should always provide and ascertain as much information as possible about an appointment, use the list below as a reference:

- Do you need physical support from another colleague during the visit?
- Is it necessary to carry a personal attack alarm with you?
- Is the mobile phone fully charged and does it have satellite coverage and signal reception?
- Do you have any credits on your phone or spare change or a phone card in case of emergency?
- Can you park the car (if using one) close to the visit address without putting the lone worker at risk, i.e., in a darkened road or cul-de-sac?
- Is it necessary to have an exit strategy in the event of an emergency arising?
- Do you require directions/a map of the area? Know the route and avoid the need to ask strangers for directions
- Accessibility of the off-site place of work and whether there is public transport within easy walking distance

Take additional precautions in inclement weather – ensure warm, waterproof clothing is in the car plus a snack and a drink and consider whether the journey can be re-scheduled.

Appendix 5: Guidance for visiting patients in their own homes/premises

Referrals for home visits

Staff should adopt a Buddy system

For referrals for home visits, staff should get as much information as possible about the patient. If there is any doubt regarding the visit, or if there is a threat of physical assault or fear of violence, the staff member should consult their line manager and consideration must be made to conduct the visit in pairs.

In addition to the precautions described above (lone working off site), visits to a patient's home represent a series of particular risks which a lone worker and LCH should aim to minimise. Before making a home visit alone, the member of staff should assess the risks and ascertain whether it is safe enough to attend alone. The assessment must be fully documented where there is a residual risk which cannot be controlled; this should be agreed and discussed with the Department Manager and shared with all relevant staff and always available to them. If there are any concerns regarding the safety of a particular home visit, either a colleague should accompany them, or the visit should be rearranged to a time when the risks can be minimised.

This guidance is designed for all staff who visit patients within their own homes.

Prior to a home visit taking place, staff should:

- Obtain as much information as possible about the patient, their families and location to be visited.
- Review existing information regarding the patient, such as case notes, GP records, previous referrals, etc.
- Review the last documented risk assessment, or if this is unavailable, contact the referrer to ascertain whether or not there are any relevant risk factors present and/or whether there is any reason why it would be unadvisable to visit the client alone; it is best practice to design referral forms to your department so that they automatically capture such information.
- Double check the address and telephone number.
- In the event of a call-out, check the authenticity of the call.
- In the event that no records or information is available, re-schedule for another time, when they have been able to gather all relevant information.

If it is decided that a home visit is required, staff should:

- Consider whether or not visiting the patient presents potential high risks.
- Adopt a buddy system.
- Consider whether it would be appropriate to arrange to have a second staff member present for the duration of the visit.
- Always ensure that fellow workers know where you are; details should include: expected time of return, names and addresses of the patents being visited and time of appointments when visiting alone, mode of contact (i.e., mobile phone number, patient's phone numbers).
- Make sure that they carry appropriate personal identification, i.e., name badge, ID card, to verify your authenticity.

- Dress appropriately for the area or patient to be visited, particularly when the patient's culture demands that women are covered; do not wear expensive-looking jewellery items.
- Wear shoes and clothes that do not hinder movement or ability to run in case of an emergency (refer to the Appearance and Dress Code Policy).
- Ensure that the means of communication and any personal attack alarms are working and accessible, i.e., keep mobile phone in pocket of clothing worn as opposed to at the bottom of a bag; programme the work base number and any emergency numbers into mobile phones so that they can be speed dialled.

In any home situation there is the potential for violence or aggression, whether from a patient or a patient's family or friends. Such risks can be higher where:

- There is a previous history of violence and aggression.
- Drugs and alcohol are involved.
- Disputes or stressors exist within the home setting.
- The nature of the home visit may cause perceived threat or anger.
- Disputes exist between the patient/family and member of staff, or any other statutory body.
- There are unpredictable elements, i.e., confusion or disorders of perception.

En route to the home visit:

Ensure –
- That the vehicle is well maintained and has sufficient fuel and it is recommended that they are covered by a suitable breakdown service.
- Bags, drugs and equipment are concealed and cannot be seen when the vehicle is parked or en route.
- Only carry to individual appointments equipment that is needed.

Consider –
- The time, the location and the route; take particular care in high rises, noting exit routes
- Lock car whilst driving and waiting
- If travelling by bus what is the frequency of the bus service, how far is the bus stop from the property, is the bus stop etc in a well lit area?

If the lone worker is being followed or feels uneasy-
- Remain with or return to the vehicle, drive away for a short while, to a place of safety.
- If the lone worker is away from the vehicle, cross the street and make your way to your vehicle or towards shops or other place of safety, whichever is closer.
- If suspicions are confirmed, use the personal attack alarm and contact the police.

Trust your instincts - your personal safety is paramount

On arrival –
- Be alert, aware, safe.

- Park with care – as near to the address as possible, in a lit area away from subways and waste ground, in a position prepared to drive away quickly in an emergency, e.g, not facing into a cul-de-sac.
- Lock the car at all times when leaving it.
- Keep the car keys about your person so that they are accessible in an emergency.
- Do not leave nursing equipment/valuables on display in the car.
- Assess the situation on approach and be prepared to abandon or postpone the visit if there is a concern for safety.
- Have identity badges available on request.
- If the person answering the door makes the lone worker feel uneasy about entering then an excuse should be made not to enter; for instance, when the patient or relatives are aggressive, drunk or 'high' on non-prescribed drugs.
- Follow the occupants in when entering and not take the lead. Do not allow the door to be locked and keys removed from the door.
- Remain alert while in the house – look for anything that may present a problem.
- When taking a seat within the property, ensure you are near an exit route and be aware of entrance/exit points.
- Be aware of any obstacles that may prevent from exiting the premises quickly.
- Be aware of any potential weapons lying around and ensure that equipment is not within any potential aggressor's reach, if it has the potential to be used as a weapon, e.g., scissors, scalpels.
- Consider other people present during the visit and what introduction is necessary.
- If it is possible that a rapid exit may be necessary, avoid spreading equipment out.
- If the situation deteriorates during a visit, consider terminating the visit, perhaps by making an excuse, and leave – trust your instincts - personal safety is paramount.
- If useful, consider phoning a colleague or work base on a pretext, explaining your whereabouts, so the patient recognises that you are in contact and your whereabouts are known.
- Have a recognised departmental password to inform colleagues covertly if you are in danger.
- If an animal is causing concern, speak to the owner to enlist their co-operation; if co-operation is not forthcoming, consider terminating the visit and leaving.

If in doubt –
- Do not enter premises.
- Plan your action.

IF VIOLENCE IS THREATENED - LEAVE IMMEDIATELY

Personal Safety –
- Park in well lit areas.
- Do not take short cuts off main, well lit pavements.
- Walk facing oncoming traffic.
- Avoid rowdy groups of people.
- Carry a torch in the dark.
- Put speed dial contacts in your mobile phone and keep it accessible for use.
- Have a personal attack alarm readily at hand.
- Check bus times to and from the property. How far is the bus stop from the property and is it in a well lit area.

On return to the car –

- Have the keys ready.
- Check the exterior/interior before getting in.
- Lock the doors.

Checking back with the team following a home visit

- If for whatever reason the lone worker finds they will not be back at the expected time the lone worker must ring and let colleagues know of any alterations.
- If a visit has to be made at the end of a shift, ensure that you have a mobile phone, and report back to base or to another designated person.
- Review any risk assessment carried out; record any perceived risks and discuss with the manager and colleagues; review care plans accordingly.

Known high risk home visits

- If any visit is deemed to be a potential high risk, it may be necessary to visit in pairs and/or request a security/police escort. The need for such additional support should be discussed with the manager so that appropriate arrangements can be made.
- For such visits, it is recognised as good practice for staff at base to contact the employee mid-visit (instituting emergency procedures if contact cannot be made or covert password is used) and for the employee to report back to their work base to confirm that the visit has ended and that they have safely left the patient. A record must be made of the times entering and leaving the patient's home.

Appendix 6: Interviewing/treating patients in the office/clinic

In addition to advice already given earlier in this document, when interviewing/treating in the office/clinic, consider the following:

- Use interview/treatment rooms with panic buttons where possible.
- Make sure the working areas are safe; be particularly careful in layout of furniture and equipment. Ensure no potential weapons are lying around; ensure that your own equipment is not within any potential aggressor's reach, if it has the potential to be used as a weapon, e.g., scissors, scalpels.
- Sit nearest the exit.
- Staff should make themselves aware of locks, bolts on doors, exits, etc, and observe how they work.
- Ensure that colleagues are aware that an interview/treatment is taking place.
- If there is ever a need to take a patient/visitor through a coded security door ensure that they do not see the code, or knock on the door to allow main security to open it.

Appendix 7: When a colleague does not return as expected- Lone working in the community

If one of your colleagues has not returned to the office or rung in to confirm their whereabouts, then the first and most important thing is to remember not to panic! It may be that they have genuinely forgotten to let you know of changes to their plans or have been delayed. Staff should make themselves aware of local policies and procedures.

Before attending any visits ensure mobile phone or other safety devices are fully charged and in good working order.
If working in locations whereby mobile phone reception is poor, ensure a colleague or base know your location, how long you intend to visit and when completed and a phone signal is received, contact a colleague or base to advise the visit has been completed.

Managers should retain as much up to date information on staff as is possible. This would include, colour make and registration details of vehicles used. Up to date contact details, home address and next of kin details.

- Ask your colleagues whether they have heard from them, or have been properly informed of changes to their plans.
- If possible contact the patient at the last known address.
- Check with colleagues, does anyone else know of the staff members location, or last known location.
- Ring their mobile phone number and check to see that they are safe.
- If you receive no answer, or if they answer but sound distressed**, get their location details (in this latter instance call the police before taking any further steps),** then you should notify **their manager immediately. If they are not available, notify the most senior person on the premises and/or the on-call Duty Director via the LCH manager on call list.**
- If it has not been possible to obtain an answer from their mobile, the Manager should then try to contact them at home or through their next of kin **before contacting the police.**
- If the police are contacted ensure they are provided with up to date information such as mobile phone details, home contact details car make, colour and registration details and last known movements and/or visits.

Lone working in the community

- Ensure that the mobile phone provided, and other security items are in working order and carried at all times and that they are familiar with the methods of use. LCH will provide personal attack alarms where managers agree it is appropriate to do so.
- Follow the safe system of work for lone working at all times and ensure that any concerns relating to working alone are brought to the attention of their line manager or senior member of staff.

Lone working in LCH premises

- Review the work to be carried out, i.e. can the work be carried out at a different time, in an area where there are other workers.
- Obtain the authorisation of their line manager before working out of hours on their own, and where practicable, let a colleague/someone at home know

what their intentions are and give an instruction to contact the police if there is any concern.

- It is recommended staff should not enter buildings during out of hours unaccompanied. It is recommended that wherever possible two people should enter and leave buildings out of hours.

Community and Domiciliary Visits/Night visits

Measures that must be taken, enabling staff to work effectively without feeling threatened by isolation include:

Before undertaking community/domiciliary visits:

- On an initial visit, undertake a risk assessment, that must be documented and made available to staff required to work with the client or client group. The risk assessment must be reviewed and changes to the risk assessment must be documented.
- Patients and relatives must be contacted to agree an appointment time and given sufficient information about the reason for the visit/treatment. Where possible the first visit should not be carried out during hours of darkness.
- Where possible, contact should be made with other health professionals, social workers or alerts, to ascertain the patient's home environment and any pre history before undertaking a home visit for a new patient, e.g. clinical history of disturbed behaviour, aggressive relatives, vicious animals, and investigation of complaints. Where circumstances arise, this must be reported to a supervisor or manager and all such risks must be highlighted and documented.
- Where there is knowledge of a potential risk, if practicable, two health workers should visit together, e.g. Dietician and Health Visitor, District Nurse & Colleague etc. This is particularly important for an initial visit during which time a risk assessment for future visits must be made.
- Staff itineraries containing information regarding the patient's addresses and times of visits must be left with a nominated person.
- Suitable clothing should be worn, although it is recognised that the wearing of uniforms can sometimes bring unwanted attention. Trust Photo-ID badges must be worn carried at all times and be available for inspection at all times.
- For their own safety, staff must ensure that their car is in good working order, and have sufficient petrol for the return journey.
- Provide information on the risks presented to staff by specific patients/relatives and on 'high risk' geographical areas, especially to new or deputising staff.
- Adopting extra security procedures for visiting 'high risk' patients, and/or 'high risk' areas, especially on night visits and/or where female members of staff are involved.
- Consideration must also be considered as to how staff members travel to night visits.

Where there is doubt about the safety of a particular visit (geographical location, patient's condition, past history of violence etc) it may be more advisable to arrange for interviews/treatments to be carried out on LCH property.

If this is not possible, consideration must be given to requesting that the police accompany staff for the visit. If the police are not prepared to accompany staff, or if the general view is that it is not beneficial to the health worker, i.e. for fear of reprisals at a

later date, then the visit should not carried out. This must then be documented and discussed with the line manager and if appropriate escalated to a senior manager for decision regarding the future care of the client.

The decision to **exclude a client** can only be taken by a Director, in conjunction with LCH Chief Executive.

Twilight Visits /Night workers

It is recommended that all such visits carried out after normal working hours are subject to a full Lone workers risk assessment. When staff are working alone on twilight visits/ night, lone working procedures must be implemented, this would include a buddy up system, telephone check system.

Policy Consultation Process

Title of Document	Lone Worker Policy
Author (s)	Dominic Mullan
New / Revised Document	Revised Document
Lists of persons involved in developing the policy	Dominic Mullan
List of persons involved in the consultation process	Marcia Perry Executive Director of Nursing Bryan Machin Executive Director of Finance & Resources Andrea North General Manager, Specialist Services Megan Rowlands, General Manger, Adult Business Unit Caroline McNamara, Clinical Lead Adult Services Julie Mountain, Clinical Head of Service Philip Boynes, Quality Lead, Specialist Health & Justice. John Glynn, Health & Safety Advisor. Debbie Hammill. Staff Side Health & Safety Representative.