

Lone Worker Policy

This policy outlines the safety arrangements for those staff who work in isolation or alone.

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1, Draft 1	16/01/12	Policy harmonised and comments requested during consultation from Divisions
V2	January 2015	
V3	August 2017	Minor text updates, removal of references to Secretary of State Directions, inclusion of lone worker app.
V4	June 2019	Reviewed as part of a Deep Dive into Lone Working arrangements. Inserted current Equality Officer Inserted Provision and Use of Work Equipment Regulations (PUER) 1998. P.3 Review of roles and responsibilities. Sec 5, P.5 6.1 – Updated narrative to reflect the current process around environmental risk assessment (Appendix 1) P.7 6.2 – Managing Risk updated, bullet 1, P.7 6.4 – Change of heading “First Visit” P.8 7.2 – Updated to include Conflict Resolution Training (CRT) P.11 Appendix 1 – Environmental Risk Assessment, updated to reflect current practice. P.17
V4.1	Dec 2019	Appendix 7 - Inserted Ofcom Network Checker p26 Appendix 18 - New Safe System of Work (SSoW) for Loss of Network Coverage for Reliance Lone Working Device and Mobile Telephone Signal

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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

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Definitions that apply to this Policy

Lone Worker	Is used to describe a wide variety of staff who work, either occasionally or regularly, on their own, without access to, or out of sight of immediate support from managers or other colleagues
Due Regard	Having due regard for advancing equality involves: <ul data-bbox="363 499 1361 860" style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 15 of this document

1 Summary

The objectives of this Policy are to ensure the safety of lone workers or members of staff who occasionally work alone, by minimising the risks they may face and ensuring adequate measures are in place to improve their safety.

2 Purpose and Aim of the Policy

This policy forms the basis of developing, implementing and disseminating local policies and procedures that seek to address the needs or minimise the risks faced by the diverse staff groups that may have to work alone in a variety of situations. The implementation of this policy will ensure that the organisation meets its legislative responsibilities under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 as well as the requirements of NHS Standards in regard to Counter Fraud and Security Management services.

It is important to recognise that this policy has many associations with other policies and procedures of the Organisation. Therefore this policy should not be read in isolation, all staff should be aware of related policies and procedures (see section 17). This Lone Worker policy document is concerned with perceived and actual risks associated with members of staff who work in isolation whether in the community or in other settings such as health centre clinics, school clinics etc.

The personal safety at all times of all clinical and non-clinical lone working staff.

The main aims of the policy are to:

- Raise staff awareness of safety issues relating to lone working
- Ensure lone working is risk-assessed in an appropriate and dynamic way and where reasonably practicable, safe systems of work are put in place to reduce the risk
- Ensure that appropriate training is available to all staff to equip them to recognise and manage risks.
- Provide practical advice on safety when working alone, including where appropriate, the use of technology.
- Ensure that there are organisational structures, defined roles and responsibilities, communication links and support in place to help lone workers if they require assistance.
- Demonstrate to managers and their colleagues that lone working staff are safe and have procedures in place to protect them
- Ensure full reporting and recording of any adverse incidents relating to one working is carried out.
- Reduce the incidents of violence or abuse to staff related to lone working.

3 Definition of Lone Worker/Working

Throughout this document the term “Lone Worker” is used to describe members of staff who work, either occasionally or regularly, on their own, without access to, or out of sight of immediate support from managers or other colleagues.

Lone working is not unique to any particular group of staff, working environment or time of day. Lone workers can include a receptionist working alone in a reception area, those who travel between NHS sites and premises as well as those who routinely work with patients, either in their own homes or in individual sessions within a clinical environment.

Community staff, lone workers and those individuals undertaking home visits should be considered a particularly high risk group of staff. Managers and staff need to consider measures that can be taken to minimise risks to their safety.

4 Legislation

Health and Safety law applies to risks of violence just as it does to other work related risks. Staff and managers must be aware of the following pieces of relevant legislation

NHS Standard Contract

The NHS Standard Contract requires all NHS provides to manage security by taking the necessary action to meet the requirements of the NHS. This includes the requirement to undertake an assessment of the risks to its lone workers including the risk of reasonably foreseeable violence. Where appropriate, it takes steps to avoid or control the risks, and these measures are regularly monitored, reviewed and evaluated for their effectiveness.

Health and Safety at Work Act 1974

NHS healthcare organisations have responsibilities under the Health and Safety at Work Act 1974, to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others at work.

This includes written policies setting out arrangements for managing health and safety risks. These policies should be publicised and easily accessible to staff.

The Management of Health and Safety at Work Regulations 1999

These regulations 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, this includes risks of violence to employees. Furthermore, the regulations require that the assessment is recorded, actions implemented and records of the assessment made available to staff and others as appropriate

The Provision and Use of Work Equipment Regulations 1998, (PUWER).

The regulations will apply to you if you are an employer or self-employed person and you provide equipment for use at work, or if you have control of the use of equipment. They do not apply to equipment used by the public. The Regulations cover workplaces where the Health and Safety at Work Act (1974) applies – this includes hospitals and all other NHS sites. PUWER also applies in common parts of shared buildings and temporary places of work such as construction sites, and the regulations cover equipment used by people working from home.

Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)

Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

The Corporate Manslaughter and Corporate Homicide Act 2007

This came into force in April 2008 and creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

5 Roles and Responsibilities

It is essential that staff at all levels within the organisation are made aware of their responsibilities for implementing, monitoring and complying with this policy to ensure that lone working security and safety measures are accepted and implemented they must be communicated effectively so that staff are familiar with the processes that are in place for their protection. This is facilitated through:

- Job descriptions
- Contracts of employment
- Codes of conduct

- Staff handbooks
- Appropriate policies and procedures
- Corporate Induction
- Local Induction processes
- Team briefings
- Training (such as conflict resolution training)
- Mandatory Training
- The Intranet
- Communication of arrangements from risk assessment of lone worker activities.

5.1 The Role of the Organisation

Under health and safety legislation employers have a legal duty to ensure; so far as is reasonably practicable, the health, safety and welfare at work of their employees. The organisation recognises its legal obligations under the 'Health and Safety at Work Act' to its staff and whilst this must ultimately be the responsibility of the Chief Executive and Leicestershire Partnership NHS Trust Board, staff have a duty to perform their daily activities in accordance with the Organisation's procedures and to accept the element of personal responsibility for their own safety.

5.2 Chief Executive

The Chief Executive has overall responsibility for the protection of lone workers by gaining assurance that policies procedures and systems to protect lone workers are implemented.

5.3 Head of Trust Health and Safety Compliance

The Head of Trust Health and Safety Compliance is responsible for security management provisions are made within the organisation to protect lone working staff and that these comply with relevant health and safety legislation and NHS Security Management Standards.

The Head of Trust Health and Safety Compliance is responsible for raising the profile of security management at Board level to obtain support and resources for security strategies and initiatives.

The Head of Trust Health and Safety Compliance has the responsibility for the nomination and appointment of the Local Security Management Specialist (LSMS) and through continued liaison ensure that security management work is being undertaken to the highest standard.

The Head of Trust Health and Safety Compliance will oversee the effectiveness of risk reporting, assessment and management processes for the protection of lone workers and gain assurance that all steps have been taken to avoid or control foreseeable risks.

5.4 Local Security Management Specialists (LSMS)

The LSMS is responsible for ensuring that the healthcare organisation has robust and up-to-date policies and procedures in place to ensure the safety of lone workers. In liaison with line managers, the LSMS should ensure that these are

disseminated to all relevant staff – including those responsible for their implementation and those whom they are designed to safeguard.

Local procedures will be developed in consultation with relevant stakeholders.

The LSMS will advise the trust on physical security measures, to improve the personal safety of lone workers and ensure that appropriate preventative measures are in place.

The LSMS will assist in researching and promoting the use of new technology as it becomes available to protect lone workers.

The LSMS will assist managers and staff with associated risk assessments and management processes advising on appropriate security provisions and technologies to protect lone workers.

When an incident occurs, if appropriate the LSMS will carry out a full investigation in liaison with relevant staff and managers and where necessary, liaise with the police to allow follow-up action to be taken as dictated by the seriousness of the incident e.g RIDDOR incident or a Serious Incident.

The LSMS will provide a full report of RIDDOR, SI's or any incident that has occurred and resulted in serious harm or injury to our staff, the report will include outcomes. Lessons learned will be presented to the Health and Safety Committee and made available to the relevant staff and managers so that appropriate measures can be implemented to reduce risks of reoccurrence.

5.5 Line managers

Line managers are to identify any member of staff within their area of responsibility that works alone or in isolation and ensure that the provisions of this policy are applied to their work.

The line manager is accountable for ensuring that all relevant policies and procedures are implemented and disseminated to lone working staff for which they are responsible. They are responsible for ensuring that lone workers are appropriately protected before entering a lone working situation.

Line managers must ensure that suitable and sufficient generic risk assessments are conducted in consultation with the appropriate people (e.g. LSMS, Health and Safety Advisors, Staff Side representatives), to ensure that all risks from lone working are identified and appropriate control measures introduced to minimise, control or remove the risk

Line managers must also ensure that all necessary physical measures are put in place, appropriate technology is made available and, where the safety of lone workers is threatened, that alternative arrangements can be made.

Line managers should conduct regular reviews of arrangements to ensure that all measures are effective and continue to meet the requirements of the lone worker.

When an incident occurs, the line manager must complete an e-IRF incident reporting form in accordance with the Trust's Incident Reporting Policy as soon as possible. They should also make sure that the incident is reported to the LSMS for follow-up action, including, where appropriate, contact with the police. After an incident, the risk assessment should be revisited as soon as possible, the adequacy of existing control measures reviewed and the risk assessment and risk register updated accordingly. This should take place before carrying out a formalised investigation, reviewing lessons learned and taking appropriate action taken to try to prevent a recurrence. Once any investigation is complete any further identified risks should be reflected in the risk assessment and shared with staff.

5.6 Lone Working Staff Members

Staff members have a responsibility to take reasonable care of their own personal safety and adhere to any arrangements the organisation and its managers make to support this.

Staff members have a responsibility to take reasonable care and to cooperate with their employer under health and safety legislation. This includes making full use of conflict resolution training, Management of Actual or Potential Aggression (MAPA) training; Dementia Capable Care training; training in the use of equipment, technology and any other information, in accordance with PUWER.

Members of staff must use any equipment provided/issued to protect them from identified risks. They are responsible for ensuring that equipment remains serviceable and that it is repaired or replaced when found to be faulty or damaged.

Staff should plan appropriately and risk-assess before a visit and undertake continuous dynamic risk assessment of the situation they find themselves in, being aware of any changing circumstances and taking necessary action to minimise the possibility of an incident occurring.

Where members of staff have identified risks that they cannot manage using the means available to them they should refer to an appropriate manager for direction.

6 The Risk Process

The identification of risks is essential in enabling the organisation to implement measures to reduce risks to lone workers. Successful risk assessment relies on using all available information including operational experience from previous incidents and feedback from all staff. It is essential that staff members are encouraged to report identified perceived risks to all managers as well as near misses so that detailed risks assessments can be carried out and appropriate action taken. For example:

- Working conditions: normal, abnormal and hazardous conditions, such as dangerous steps, unhygienic or isolated conditions, poor lighting.
- particular work activities that might present a risk to lone workers, such as prescribers carrying prescription forms and medicines on their person, particularly controlled drugs

- staff delivering unwelcome information or bad news: whether they have received suitable and sufficient training to deliver sensitive or bad news and defuse potentially violent situations
- the possibility of an increased risk of violence from patients/service users due to alcohol abuse, drug misuse, in relation to their clinical condition or response to treatment, and the risk of violence from their carers or relatives
- the lone worker wearing uniforms when visiting certain patients/service users
- working in or travelling between certain environments or settings
- lone workers carrying equipment that makes them a target for theft or makes them less able to protect themselves
- Evaluation of capability to undertake lone working – for example, being inexperienced or pregnant, or having a disability.

6.1 Assessment of Risks

Managers must ensure that all Lone Working staff complete an Environmental Risk Assessment (**APPENDIX 1**), when a risk has been identified at referral, triage or from an incident, this will be recorded on the patients records and a flag will be added to make all healthcare persons aware of the risk with that patient or others within the environment that they are visiting

Staff members who carry out an assessment of the perceived risks should not be penalised if they feel unable to perform their duties as a result of a perceived or real risk to their own or a colleague's safety. To balance the need of providing care for patients where there is a perceived or real risk alternative provision of care should be made such as arranging treatment in secure premises or organising accompanied visits. Although a common sense approach should be adopted, staff should not enter into lone working situations where they feel that their safety or the safety of their colleagues could be compromised.

The risk assessment process must document any action required to control the risks. Documented risk assessments must be reviewed by line managers and risks re-assessed as circumstances or legislation change. Risk Assessment records must be kept for audit

6.2 Managing Risk

The organisation will, so far as reasonably practicable establish safe systems of work for its lone working staff, this may include, but is not exclusive to:

- Promote the use of buddying arrangements with other colleagues in teams and test those arrangements
- establishing processes and procedures for staff to communicate with their colleagues in the event of an incident require teams to use lone worker apps as and when they become available
- use of the Identicom lone worker device if identified through risk assessment
- a rapid escalation process in the event of a perceived or real threat including access to a 24-hour management on call system

- the sharing of information relating to risk across all teams and departments responsible for providing care or services where any risk to safety to staff is known or suspected.
- appropriate training to front line staff to prevent conflict situations arising
- a flagging system on patients records or files in line with the Data Protection Act
- regular review of risk assessments
- Regular review of incident reports.

6.3 Review

Where a risk is deemed unmanageable within existing resources and processes, or actions have not proved successful in eliminating or reducing risks, the risk needs to be escalated as per the Risk Management Strategy. Staff members and managers should seek the advice of specialist personnel within the organisation i.e. the Health & Safety advisors or the LSMS.

Where necessary the relevant senior clinical manager should convene a case conference with relevant personnel to discuss future action plans and treatment regimes. The Head of Trust Health and Safety Compliance must be kept advised of any progress, decisions or difficulties to enable them to provide support and advice.

6.4 Before a First Visit

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 the electronic patient 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.

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, or alternative arrangements have been made to see the patient in a different setting e.g a clinic

Where members of staff have been issued with a lone worker device, or are using the lone worker app they must ensure that they record all their visits throughout the day whilst highlighting any visits of known risk or concern.

6.5 Violent Patient Scheme / Violent Patient Indicator

It may not be appropriate for lone workers to visit high risk patients in their own homes and where possible the organisation should access the specialist services offered by the GP practices to manage the risk of their lone working staff. If there is a clinical need however managers and staff should ensure that an appropriate risk assessment is conducted and the necessary measures are in place beforehand. Records of patients with a history of violence should be indicated to show that there may be a risk of violence or that there is a potential risk of violence following an incident. The indicator should outline the nature of the risk and practical advice for lone working staff.

6.6 Information Sharing

Line Managers must ensure that suitable protocols exist with relevant health, social care and public sector colleagues to share risks, where legally permissible, concerning lone workers associated with a particular patient/service user or address.

6.7 Low Risk Activities

There may be some activities that are classed as low risk e.g. staff working remotely in an office building in a secure area whilst the building is still open or reception staff working alone in reception whilst there is still sufficient activity from patients or there are other members of staff within easy contact. It should be borne in mind however that these risks can change dependent upon circumstance; therefore any foreseeable risks should also be addressed e.g. staff working alone in an empty building or a receptionist working alone in an empty building or where there is no immediate access to support.

6.8 High Risk Activities

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, managers should consider treating the patient/service user away from their home, at a neutral location or within a secure environment. Where this is not reasonably practicable, the manager must ensure that the lone worker is accompanied by at least one colleague or, in some cases, by the police and that their visit is noted and reported back on using a pre-arranged method or the lone worker recording device.

6.9 Scheduling visits

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 police presence or as part of the risk assessment process, consideration should also be given to whether they should, and can, be treated by attending a health centre.

If practical, the time of day and day of the week for visits should be varied when visits are frequent

Safety protective personal equipment such as a mobile phone or lone worker device supplied to support a safe working environment should be maintained in full working order by the staff member.

6.10 Emergency equipment

As part of the planning process, the emergency equipment that may be required should be assessed. This might include a torch, map of the local area, telephone numbers for emergencies including local police and ambulance service.

6.11 Lone worker movements

Lone workers should always ensure that someone else (a manager or “buddy”) is aware of their movements. Lone workers who have been issued with the lone

worker device must ensure that procedures are followed to ensure that they log amber alerts for each visit.

As a backup Lone workers should leave a written visiting log, containing a diary of visits, with a manager and colleague(s). This information may be in the form of staff planners or can be left on a whiteboard or similar, if it is in a secure office to which neither patients/service users nor members of the public have access.

Arrangements should be in place to ensure that visiting logs are accessible by all team colleagues.

Managers should ensure that details of vehicles used by lone workers are readily available at all times, for example, registration number, make, model and colour.

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. Depending on the circumstances and whether contact through normal means (mobile phone, pager, etc.) can be made; the manager or colleague should involve the police, if necessary.

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.

Staff should co-operate with any process introduced by the organisation to ensure their safety, this includes proper and consistent use of any lone worker device issued to staff.

6.12 The buddy system

Managers and staff may use a buddy system to compliment any other aids to security such as the lone worker device or lone worker smartphone app.

To operate the buddy system, managers must ensure that a 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, including next of kin (see Appendix 12)
- 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.

The buddy must be made aware that they have been nominated and what the procedures and requirement for this role are and 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.

6.13 Escalation process

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.

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.

Where staff members 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.

7 Lone Working

7.1 Dynamic Risk Assessment

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 should be encouraged to:

- be alert to warning signs as covered in conflict resolution training
- carry out a '10-second risk assessment' 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

7.2 Recognising Warning Signs

Lone workers should be able to recognise the risks presented by those who are under the influence of alcohol/drugs or are confused, or where animals may be present. Being alert to these warning signs will allow the lone worker to consider all the facts to make a dynamic personal risk assessment and, therefore, a judgement as to the best course of action (for example, to continue with their work or to withdraw). At no point should the lone worker place themselves, their colleagues or their patients/service users at risk or in danger. All staff are to complete Conflict

Resolution Training (CRT), as part of their core mandatory training, this offers advice and guidance to support lone workers.

7.3 Management of a violent or abusive incident

Managers are responsible for ensuring that their lone workers are aware of what actions to take in the event of an incident. They should ensure that their staff make full use of the lone worker device to record their daily itinerary and know what escalation processes have been agreed.

Where members of staff feel threatened, they should remove themselves 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 and an EIRF completed.

7.4 Dealing with animals

Animals can present a real risk to staff particularly where clinical procedures may provoke a reaction from an animal or pet. **(APPENDIX 3)**

7.5 Escorting patients/service users

There may be occasions when staff members are required to escort or accompany patients and or their families to another venue or meeting. To ensure that this is carried out safely, an appropriate risk assessment should be made. **(APPENDIX 4)**

7.6 Lone Workers and Vehicles (Other than escorting patients and service users)

The majority of lone workers will use a vehicle to transport them from one visit / venue to another. This may include the use of their personal vehicle, a taxi or public transport. Apart from the potential risk of a road traffic collision (RTC) there are other risks that should be considered and actions that can be taken to reduce those risks. **(APPENDIX 5)**

Lone workers who carry equipment and medicines in the course of their duties are at a greater risk

7.7 Lone Workers and travelling by foot

Travel to a destination by vehicle will inevitably involve an element of walking. Lone Workers may also choose to travel by foot where the distances between venues are manageable. Risks will always be present, particularly for those staff that are carrying equipment, medicines and/ or prescriptions. Sensible precautions will however reduce any risk. **(APPENDIX 6 and 8)**

8 Action following an incident

8.1 Reporting

Staff must report all incidents by e-IRF in accordance with the Trust's Incident Reporting Policy. Where a member of staff suffers a physical assault or verbal aggression this should be dealt with in accordance with the Prevention and Management of Aggression Policy

Members of staff have the right to report incidents to the police if they wish and will be supported by the Trust in doing so. **(APPENDIX 9)**

Given the possibility of contributory medical conditions or the possible ambiguous nature of the incident, Staff should discuss with the relevant senior manager, or staff side health and safety representative or LSMS before making any contact with the police. **(APPENDIX 10)**

8.2 Post Incident Support

Counselling and support is available to any member of staff who has experienced an incident of violence, intimidation or abuse. It is the Organisation's responsibility to ensure that all incidents are taken seriously and investigated quickly.

All staff that are affected by an incident can expect to receive a form of post incident support, 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 such as counselling via AMICA (employee assistance programme – telephone 0116 254 4388), or medical advice via the Organisation's 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 press enquiries and ensuring that the member of staff's privacy is maintained.

8.3 Post-Incident Action and Review

All incidents are triaged and if there has been harm or injury incurred by a staff member or where the incident could be graded as a serious or moderate incident or near miss. A post incident review may be undertaken, this is essential to ensure that all available information can be used to ensure that the risk of future incidents can be minimised. A post incident review, including root cause analysis, actions taken and lessons learnt should be undertaken by the appropriate line manager, relevant staff, and where necessary assisted by the LSMS. The Organisation's reporting procedures require this action to finalise its own processes.

9 Sanctions

There are various sanctions that can be taken against individuals or groups who abuse the Organisation's staff or who steal or inflict damage on its property. These range from criminal prosecutions to civil injunctions. There are behavioural agreements for staff/managers to evoke within the violence and aggression Policy.

Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from the LSMS.

10 Publicity

Making use of the media both nationally and locally is a highly effective means of promoting what the NHS and the organisation is doing to protect its staff. Advice is available from LPT Communications Team to ensure the correct balance is achieved between the required deterrent effect and ensuring that staff are not put at further risk.

Managers and Staff should refer to the Trust's Media Handling Guidelines.

11 Lone worker devices and smartphone apps

Where a risk assessment has identified that members of staff are at increased risk and would benefit from access to a lone worker device, the line manager should consult the Health and Safety Compliance Team on the issue of an appropriate device.

Once issued the staff member is responsible for using the device and its maintenance. The employee's line manager will be issued usage statistics by the Health and Safety Compliance Team and is responsible for ensuring that the employee receives appropriate training in the use of the device and that the device is subsequently used properly. As a guide it is expected that the employee will use the device on all occasions when they are working alone.

Where the risk identified does not require a lone worker device in mitigation but a lone worker smartphone app is available to staff this app should be adopted on a team basis and will provide extra assurance to members of staff. When such apps are adopted further guidance will be issued.

Technology should not be seen as a solution itself but can play an important part in helping to protect lone workers as part of a robust risk assessment process. It is important to recognise however that this will not prevent incidents from occurring; however, if used in conjunction with other robust procedures, will enhance the protection of the lone worker.

Where provided, a mobile phone should always be kept as fully charged as possible at all times and a mobile phone should never be relied on as the only means of communication. (**APPENDIX 7**)

12 Lone Worker Service

The Trust has a contract with an organisation to provide lone worker devices utilising an NHS Lone Worker Service framework agreement. Under this agreement the agreed supplier will provide the following:

- Helpdesk facilities
- Training
- Network Services
- Lone Worker Devices
- Alarm Receiving Centre (ARC)

All staff issued with a lone worker device will be expected to fully utilise the services provided and regularly record (amber alert) each time they undertake a visit. Information provided as part of an amber alert is essential should a red alert be triggered.

The organisation will ensure that there are agreed escalation contacts available to respond to any red alert in conjunction with the emergency services.

Nominated managers and the LSMS will receive monthly reports detailing amber and red alerts. Monitoring of the reports will ensure correct use of the devices, appropriate reporting and identify if any additional training is needed.

13 Implementation

All new staff joining the organisation will undergo a corporate induction programme at the commencement of their employment which will cover aspects of security and the procedures in place for lone workers.

All managers are accountable for the delivery of the local in-depth induction programme for staff which will cover arrangements such as emergency procedures, incident reporting and safety and include an introduction to relevant policies. The local induction is carried out using an approved checklist which is signed by both staff and manager after completion.

All members of staff who are required to use a mobile phone and lone worker device will be issued these by their manager who will inform them of the arrangements in place for their use.

Following consultation and ratification, the policy will be widely circulated to all staff via the Communication Team's mailing lists. It will also be available from the Organisation's Website as well as being made available on each buildings Health and Safety Notice board if practicable. Line managers are to ensure that members of staff have access to Trust policies.

14 Training

There is a need for training identified within this policy (**APPENDIX 14**). Line managers are to ensure that members of staff are aware of individual and team requirements in relation to this policy and that they are aware of their responsibilities in 'buddy' systems. They should also be aware of how to report concerns and incidents and the escalation processes.

Where a lone worker device has been issued line managers are to ensure that members of staff, book and carry out initial training before using the device.

15 Monitoring/Audit Arrangements

The policy will be reviewed every 3 years or earlier if there is reason to suspect its validity. The requirements of this document will be audited (**APPENDIX 15**)

16 References

The following documents should be read in conjunction with this guidance. All are available online.

- NHS Counter Fraud and Security Management Service, 2003. A Professional approach to managing security in the NHS. [online] NHS CFSMS. Available from:
http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/sms_strategy.pdf
- NHS Counter Fraud and Security Management Service, 2004. Conflict Resolution Training. Implementing the national syllabus, [online] NHS CFSMS. Available from:
http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/crt_implementing_syllabus.pdf
- NHS Counter Fraud and Security Management Service, 2004. Non-physical assault explanatory notes. A framework for reporting and dealing with non-physical assaults against NHS staff and professionals.[online] NHS CFSMS.
http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/non_physical_assaultnotes.pdf
- Health & Safety Executive and NHS Counter Fraud and Security Management Service (NHS CFSMS), 2005. Concordat between the Health and Safety Executive and the NHS Counter Fraud and Security Management Service. [online] NHS CFSMS. Available from:
http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/concordat_sms_hse.pdf
- NHS Counter Fraud and Security Management Service, 2005. Prevention and management of violence where withdrawal of treatment is not an option. [online] NHS CFSMS. Available from:
http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/prev_man_violence.pdf

17 Associated documents

Prevention and Management of Aggression Policy
Security Policy
Data Privacy Policy
Health and Safety Policy
Incident Reporting Policy
Risk Management Strategy
Driving Whilst on Trust Business Policy
Escorting Patients Policy

ENVIRONMENTAL RISK ASSESSMENT

Managers must ensure that all Lone Working staff complete an Environmental Risk Assessment, when a risk has been identified at referral, triage or from an incident, this will be recorded on the patients records and a flag will be added to make all healthcare persons aware of the risk with that patient or others within the environment that they are visiting.

IMPORTANT: Read guidance notes before completing form and refer to Risk Management Strategy for risk matrix definitions

Patient Name _____ DOB _____ NHS NO _____

Address: _____

Date of Risk Assessment _____

Using matrix below, enter X in box only where risk score is perceived as 8 or above
Risk Rating = Severity/Consequences x Likelihood

External Environment			Internal Environment		
	Comment	Risk		Comment	Risk
Street Lighting			Occupants		
Parking			Animals		
Vegetation			Air Quality		
Walkways/Paths			Slips/Trips		
Property Type			Hygiene		
Access Route			General Safety		
Animals					

Guidance Notes:

Occupants - this section relates to **any potential** risk to staff from patient, relatives, children or lodgers This could indicate a single high risk factor e.g. substance misuse, mental health problems.

<i>Impact /Consequences</i>		<i>Likelihood</i>	
Negligible	1	Rare	1
Minor	2	Unlikely	2
Moderate	3	Possible	3
Major	4	Likely	4
Catastrophic	5	Almost Certain	5

After completion of form, any risks identified should be discussed with Line Manager and “Identified Hazard Risk Assessment” form completed

This form must be kept in a locally based risk assessment register or patient file. **Where a known risk exists, this must be flagged on staff planners or other shared staff information.**

This document forms part of the patient’s record and should be copied to Patient’s Notes

Staff Name _____ Designation _____

ACTION

LINE MANAGER/IDENTIFIED HAZARD RISK ASSESSMENT: YES NO

FILED IN PATIENT’S NOTES: YES NO OTHER (Specify)

ENHANCED ENVIRONMENTAL RISK ASSESSMENT (IMPORTANT: Read guidance notes before completing form and refer to Risk Management Strategy for risk matrix definitions)



Leicestershire Partnership
NHS Trust

IDENTIFIED HAZARD ENVIRONMENTAL RISK ASSESSMENT PROFORMA

PATIENT NAME: _____ **ADDRESS:** _____ **NHS NO** _____

ASSESSMENT DATE: _____

COMPLETED BY _____

SIGNED OFF BY _____

Impact/Consequences		Likelihood		Risk Rating
Negligible	1	Rare	1	Form to be completed for risk ratings 8 and over
Minor	2	Unlikely	2	
Moderate	3	Possible	3	
Major	4	Likely	4	
Catastrophic	5	Almost Certain	5	

HAZARD e.g. animal	POSSIBLE EFFECT e.g. bite, allergic reaction	EXISTING CONTROLS	RISK RATING			FURTHER ACTION e.g. patient agreed to restrain/removal animal	REVISED RISK RATING *		
			Impact/Consequence	x	Likelihood = Risk		Severity x Likelihood = Risk		

HAZARD e.g. animal	POSSIBLE EFFECT e.g. bite, allergic reaction	EXISTING CONTROLS	RISK RATING Impact/Consequence x Likelihood = Risk			FURTHER ACTION e.g. patient agreed to restrain/removal animal	REVISED RISK RATING * Severity x Likelihood = Risk		

RISK STILL UNACCEPTABLE i.e.. 8 AND OVER? URGENT CASE MEETING TO REVIEW TREATMENT PLAN

AGREED TREATMENT PLAN	REVISED RISK RATING		

SIGNED OFF BY

DESIGNATION

DATE

PATIENT AGREEMENT YES NO

PATIENT SIGNATURE:

DEALING WITH ANIMALS

If there is a known problem with animals at a particular address or location, the occupants should be contacted and politely requested to remove or secure the animals before arrival of NHS staff (bearing in mind that this could provoke a negative reaction).

All possible efforts should be made to ensure that the situation is managed and de-escalated, should hostility become evident. If this is not possible, alternative arrangements should be made to carry out the visit.

Even if there are no known problems with animals, the request should still be made for them to be secured, as clinical procedures may provoke an unforeseen reaction from an animal. Alternatively, the animal's presence may be disruptive, so it may be prudent to request that it be removed or placed in a different room.

If a lone worker is confronted by an aggressive animal on a visit to a patient/service user's address, they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with local procedures. This information should then be disseminated to all relevant internal (and, where possible, external) parties, including social care and ambulance staff.

ESCORTING PATIENTS AND SERVICE USERS

Before a decision is taken to escort a patient/service user, a full risk assessment should take place. This should consider the safeguards that need to be in place before and during the escorting process. The risk assessment should take into account:

- the physical and mental state of the patient when planning an escort, and to whether they are capable of being transported.
- the level of staff experience and their qualifications, and the number of staff needed to manage the patient during the transfer should be taken into account.
- the type of transport to be used (e.g. ambulance, patient transport service, contracted taxi service or lone worker's vehicle such as ambulance fast responder car) should also be considered. Staff who escort patients using a contracted taxi service should still be considered lone workers and the necessary precautions taken.

If there is a need for a lone worker to escort a patient, they should always seat the patient behind the front passenger seat and ensure that their seat belt is fastened. This will enable the lone worker to operate the vehicle safely. There have been reported incidents of patients seated as front-seat passengers grabbing at handbrakes and steering wheels while being transported.

Lone workers should not escort a patient by car if there are any doubts about their safety in doing so and alternative arrangements should be made. Lone workers should not agree to transport a patient's animals.

If a conflict arises (or a patient becomes aggressive), the lone worker should pull over into a safe place and exit the vehicle – if possible, ensuring that the keys are removed. They should follow local procedures, which may involve raising a “red alert”, calling the police, their manager, a colleague or their buddy.

Appropriate planning and provision should be made for the safe return of a lone worker to a familiar place, once the patient has been dropped off. This is particularly important if the lone worker has to return from an unfamiliar place late at night and travel to their place of work alone.

Please refer to associated policies for more information.

LONE WORKING AND VEHICLES (OTHER THAN ESCORTING PATIENTS/SERVICE USERS)

Own Vehicle

Before setting out, lone workers should ensure that they have adequate fuel for their journey.

They should give themselves enough time for the journey to avoid rushing or taking unnecessary risks.

Items such as bags, cases, controlled drugs and other equipment should never be left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle before the start of a journey.

Lone workers should always hold the vehicle keys in their hand when leaving premises, to avoid being distracted by searching for them when outside.

A visual check should be made of the outside of the vehicle. The inside of the vehicle should also be checked for possible intruders before entering.

Once inside the vehicle, all doors should be locked, especially when travelling at slow speed, when stationary at traffic lights and when travelling in high-risk areas. Some staff may understandably feel that a locked door may prevent them from escaping or receiving help in the event of an accident. However, modern vehicles and rescue techniques make this less of a factor than it may seem.

Lone workers should always try to park close to the location that they are visiting and should never take short cuts to save time. At night or in poor weather conditions, they should park in a well-lit area and facing the direction in which they will leave. They should ensure that all the vehicle's windows are closed and the doors locked.

Lone workers should avoid parking on the driveway of the property they are visiting as their vehicle may be blocked in, delaying or preventing escape. The Health and Safety Executive's safe driver training programmes advise that lone workers should reverse into car parking spaces so that the door can act as a barrier

Lone workers driving alone, especially after dark, should not stop, even for people who may appear to be in distress or require help. The lone worker should stop in a safe place and contact the emergency services as appropriate.

If followed, or concerned that they might be being followed, lone workers should drive to the nearest police station or manned and well-lit building, such as a petrol station, to request assistance.

In case of vehicle breakdown or accident, lone workers should contact their manager, colleague or buddy immediately. If they need to leave the vehicle to use an emergency telephone, they should put their hazard lights on, lock their vehicle and ensure that they are visible to passing traffic.

Lone workers should not display signs such as 'doctor on call' or 'nurse on call' as this may encourage thieves to break in to the vehicle to steal drugs, for example.

Lone workers should avoid having items in their vehicle that contain personal details, such as their home address.

Staff should avoid working in their stationary vehicles, particularly using their laptops.

Taxis

Whenever possible, a taxi should be booked in advance using the contracted taxi service

If a taxi has not been booked, the lone worker should use the number of a reputable cab company – ideally saved on fast dial in their mobile phone – and find a safe place to wait. As a last resort, they should go to a taxi rank to hail a cab. Lone Workers should not hail a cab in the street or accept an offered lift from a cab.

They should never use a minicab, unless it is licensed or a registered hackney carriage. When travelling, they should sit in the back, behind the front passenger seat.

They should be aware of child locks and central locking (although most black cabs will have locked doors while in transit) in the taxi.

They should not give out personal or sensitive information to the driver (either through conversation with them or while talking on a mobile phone).

Public Transport

Before using public transport, lone workers should have a timetable for their route. They should give their manager, colleague or buddy details of their intended route and mode of transport. If they have to vary their route or experience a significant delay, they should inform the relevant individual.

They should always try to sit near the public vehicle driver, preferably in an aisle seat.

They should familiarise themselves with safety procedures in the event of an emergency.

They should avoid empty upper decks on buses or empty train compartments (and also avoid these situations if there is only one other passenger).

Avoid working from laptops or other electronic equipment.

If threatened by other passenger(s) they should inform the driver/guard.

LONE WORKERS – TRAVELLING BY FOOT

Planning before a journey should include determining the safest route for lone workers, highlighting known areas of concern, including any crime hotspots.

Planning should include the actions lone workers should take if they require assistance, how to safely carry personal possessions and equipment and what to do in the event of a theft.

When setting off, lone workers should walk briskly, if possible, and not stop in areas that are unknown to them (for example, to look at a map or ask for directions). If they require assistance, they should go into a safe establishment, such as a police station, petrol station or reputable shop and ask for directions or, if necessary, to call for assistance from their manager, colleague or buddy.

Risk assess your surroundings before answering or using your mobile - be discreet - better still, use hands-free!!

They should avoid using mobile phones overtly in any area (before a visit, they should make a note of the phone's SIM number in case of theft) and, if carrying equipment, should ensure that this is done using bags that do not advertise what they are carrying. This is particularly relevant for computers.

Avoid carrying too much luggage to keep your hands free.

Lone workers should ensure that they can comfortably carry their bags so that they do not have to stop and rest whilst walking.

Lone workers should stay in the centre of pavements, facing oncoming traffic.

They should remain alert to the people and environment around them, staying on well-lit paths and areas if possible.

They should avoid waste ground, isolated pathways and subways, particularly at night.

If you are walking to your car, make sure you always have your car keys in your hand before going outside (if you have to pay parking charges, make sure you have the car park ticket ready and sufficient cash to pay the fee before leaving the building).

Only carry small amounts of money – reduce the payoff and you reduce the target!

If someone attempts to steal what they are carrying, they should relinquish the property immediately without challenge. If carrying a handbag or similar, they should consider carrying their house keys and mobile phone separately.

It is important that any theft, or attempted theft, is reported both internally and to the police as soon as is practicable and safe to do so. The lone worker should make a note of the date, time and descriptions of events and attacker(s), as soon as they are in a position to do so and retain it safely until it is requested by the police or LSMS.

USE OF MOBILE PHONES

Staff members should ensure they know how to use the mobile phone properly and that it is always adequately charged.

Lone Workers should always check the strength of the signal before entering a situation. The Ofcom Network Checker will provide users with an accurate picture of the expected network coverage and signal strength in any UK postcode.

<https://www.ofcom.org.uk/phones-telecoms-and-internet/advice-for-consumers/advice/ofcom-checker>

Where it is known or it becomes evident that there is no mobile phone network coverage the Lone Worker should attempt to flag this up with colleagues, providing patient home telephone numbers on staff planners. It is also good practice to advise how long they will spend at such visits. Once the visit is completed, they should let their manager/colleague know they are safe.

Emergency contacts should be kept on speed dial, as this will assist making a call to raise an alarm.

The phone should never be left unattended but should be kept close at hand in the event of an emergency.

The use of a mobile phone could potentially escalate an aggressive situation and the Lone Worker should use it in a sensitive and sensible manner.

“Code” words or phrases should be agreed and used that will help Lone Workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving the police.

The mobile phone could also be a target for thieves and care should be taken to be as discreet as possible whilst remaining aware of risks and keeping it within reach at all times.

The mobile phone should never be used whilst driving. **It is against the law.**

Avoid making or taking calls whilst walking alone as this decreases overall awareness of surroundings.

PERSONAL ALARMS

The Organisation will provide, as identified in a risk assessment, Lone Workers with personal alarms. It is essential that all users read the instructions and are aware of the limitations – THEY DO NOT PROVIDE INVINCIBILITY.

Alarms are more effective in situations where other people may hear them and could respond or where there is the possibility of a quick escape. However, the assumption must be that there will be no certainty of assistance as most alarms sound like car alarms. Panic alarms are primarily to “stun” an assailant for a few seconds, allowing the Lone Worker to make their escape.

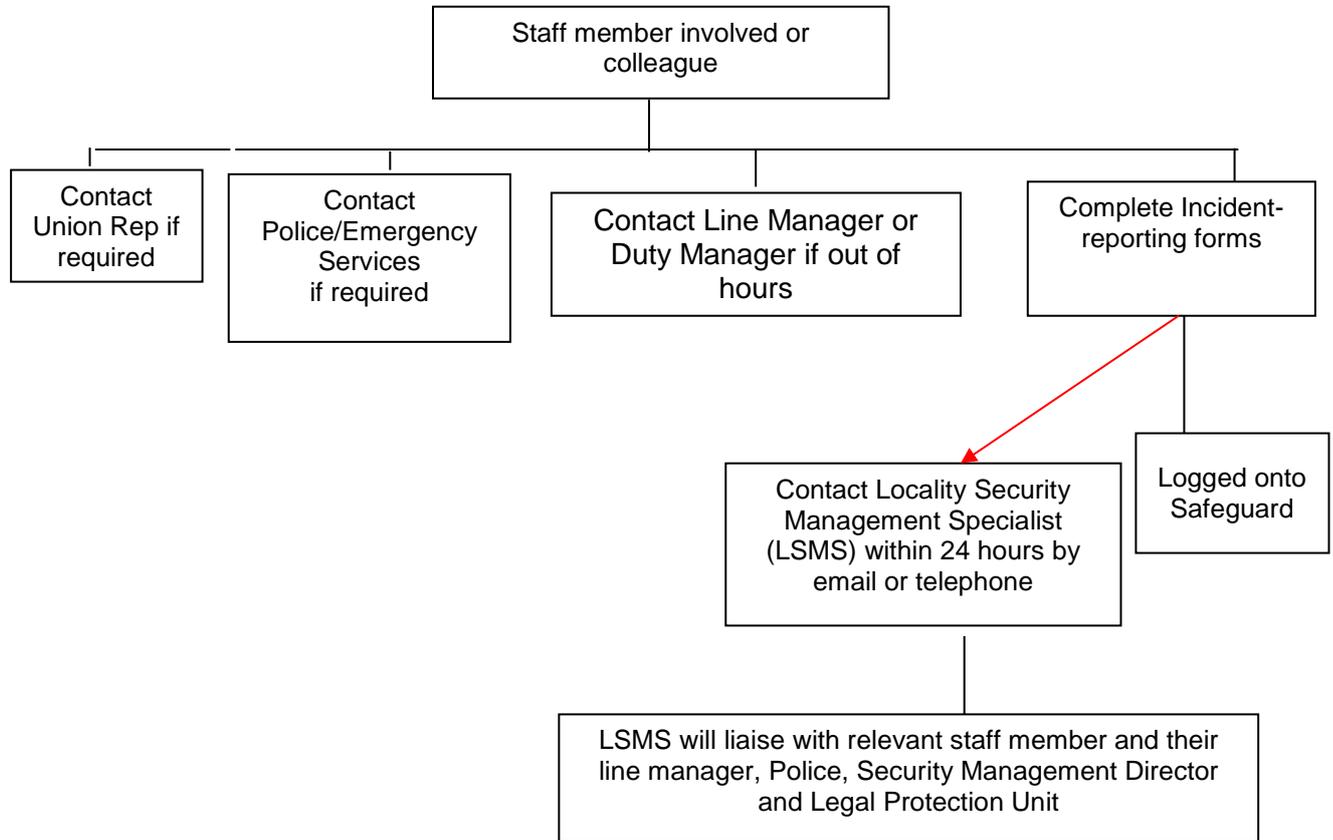
- It is also recommended that the Lone Worker discards the personal alarm so that the assailant’s attention is diverted to silencing the alarm.
- Alarms can provide you with valuable seconds to get away but for this to be effective – Alarms **MUST** be carried so that they are easy to reach in an emergency i.e. carried in the hand, in an easy to reach pocket or clipped onto a belt – not concealed in a bag.
- Alarms should be used pointing towards the potential assailant, away from the Lone Worker.
- The lone worker should report any incidents where they have been threatened or assaulted.

IT IS YOUR RESPONSIBILITY TO CHECK AND REPLACE THE ALARM BATTERY

–

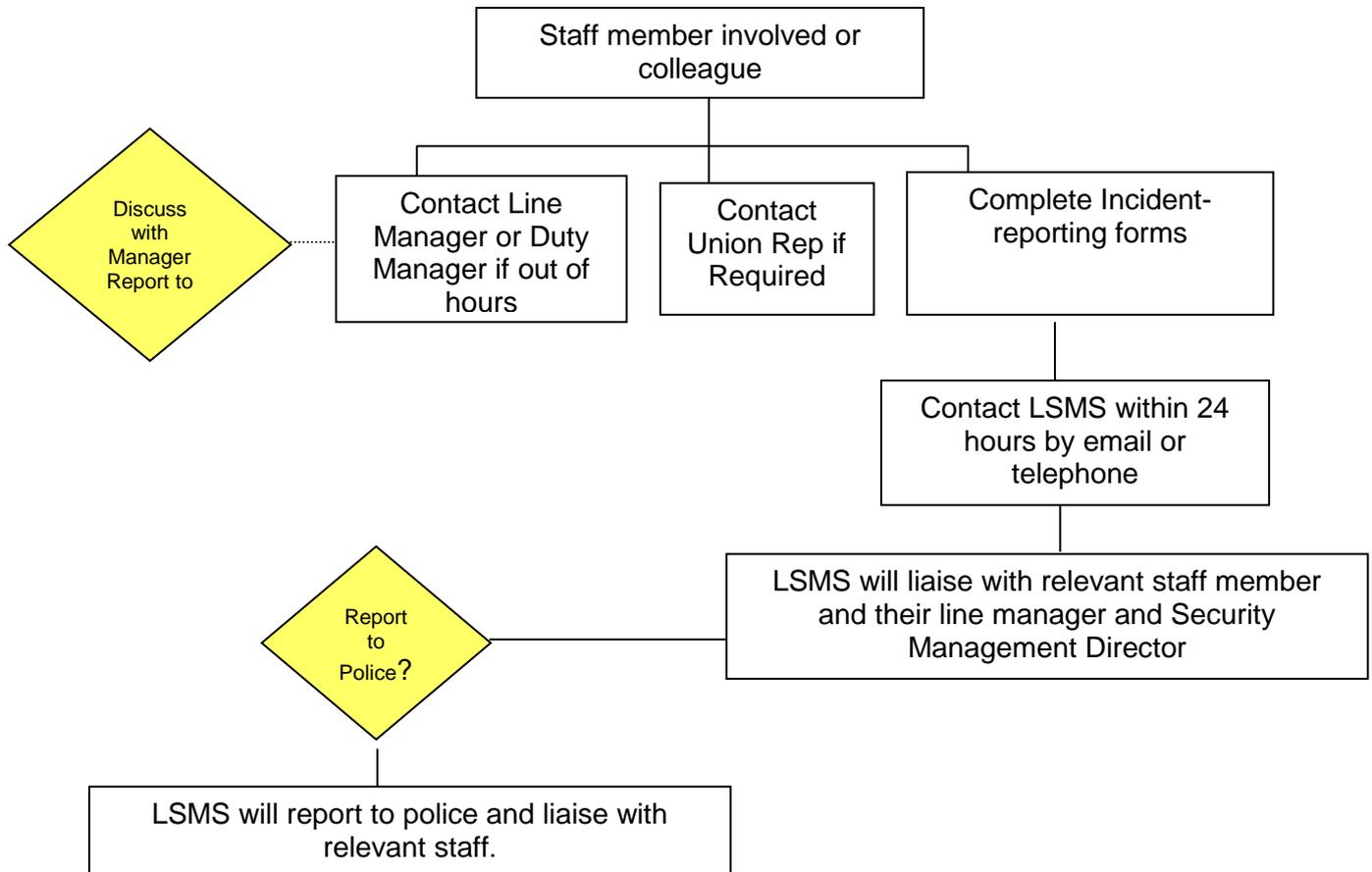
NO BATTERY – NO ALARM

REPORTING PROCESS FOR INTENTIONAL PHYSICAL ASSAULTS



When reporting incidents to the Police use either the emergency (9) 999, 101 or 0116 2222222 depending on the response required. (9) 999 should be used when immediate action to a situation is needed.

REPORTING NON INTENTIONAL PHYSICAL ASSAULT

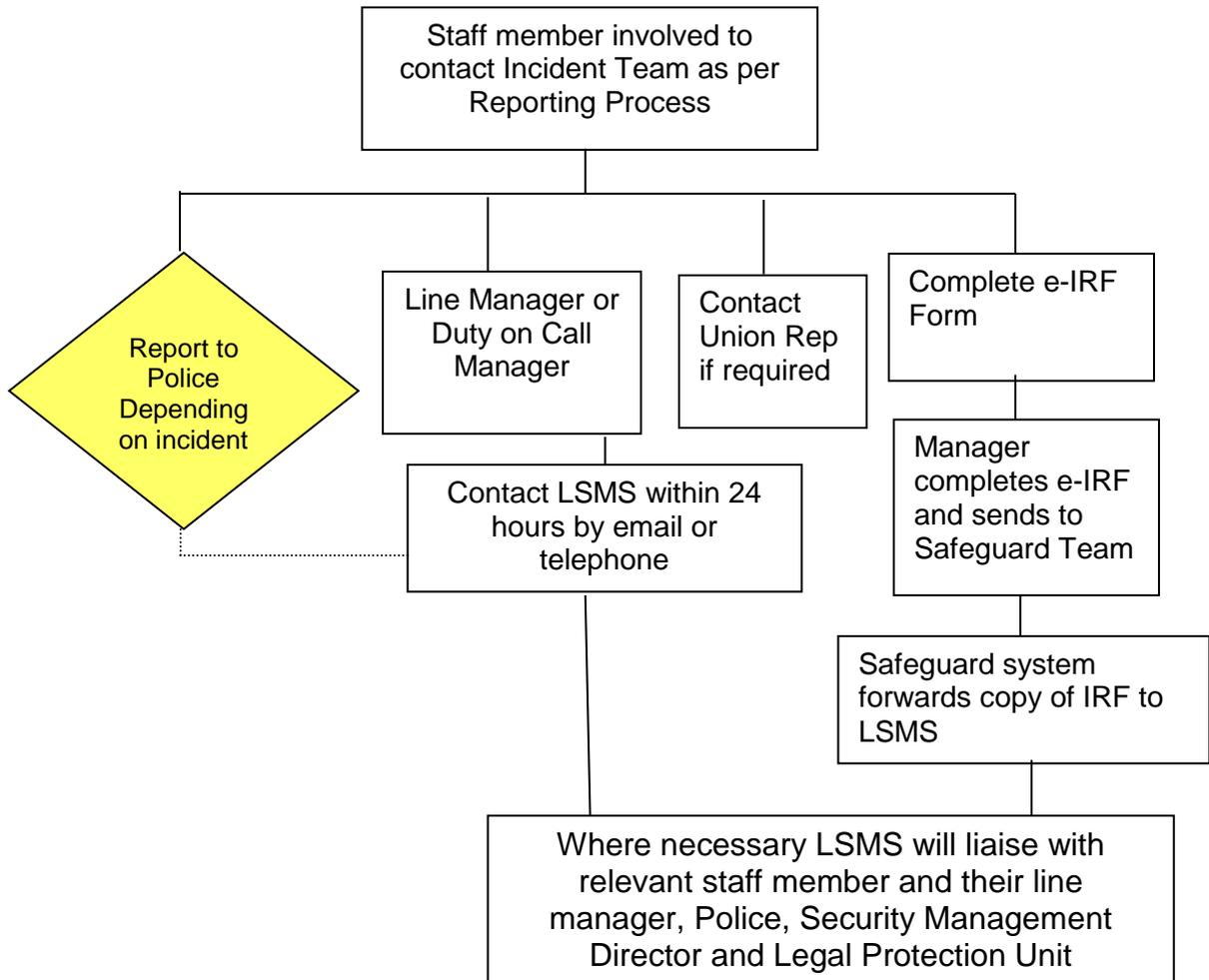


Consideration should be given to circumstances

- Patients on some medications
- Patients with Dementia/Alzheimer's
- Patients with Learning Disabilities
- Some incidents involving children's behaviour/reactions

REPORTING UNACCEPTABLE BEHAVIOUR, ACTIONS OR COMMENTS

When reporting incidents to the Police use either the emergency (9) 999 or 0116 222222 or 101 depending on the response needed. (9) 999 should only be used when there is immediate danger and an urgent action is essential



Examples of unacceptable behaviour are:

- Threats or threatening behaviour
- Offensive sexual gestures or behaviour
- Derogatory remarks e.g. racial, sexual or personal
- Malicious allegations
- Excessive noise such as shouting
- Harassment
- Threatening or abusive language including excessive swearing or offensive remarks

Employee Details

Name	
Position	
Base	
Area covered	
Works Telephone Number	
Home Address	
Land Line Telephone Number	
Mobile Telephone Number	
Vehicle Make	
Model	
Colour	
Registration	
Next of Kin Name	
Relationship	
Contact Telephone Number	

Policy Monitoring Section

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Reference	Minimum Requirements to be monitored	Evidence for self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1	Managers will ensure that all clinical staff members complete environmental risk assessments for each patient prior to or at least after the first visit and that relevant issues are appropriate flagged.	Risk assessment process -Section 6	Local responsibility for reviewing local risk assessments	Risk owners	In accordance with identified review dates on risks
2	Managers will monitor appropriate use of the Lone Worker Devices by auditing monthly reports from the Lone Worker Service on the appropriate use of the Lone Worker devices and correct escalation procedures.	Incident Reporting – Section 8	Monitoring of trends against national bench marking data LSMS quarterly reports to the Health and Safety Committee reflecting the monthly usage of the lone working devices, and a summary report of the audit undertaken against all lone working risk assessments	Health & Safety Committee	Monthly

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Violence and Aggression, Lone Working, Risk Assessment
Type of training:	Conflict Resolution Training (CRT) Management of Actual or Potential Aggression (MAPA) training Dementia Capable Care training Lone worker device training Risk assessment training
Division(s) to which the training is applicable:	Adult Learning Disability Services Adult Mental Health Services Community Health Services Enabling Services Families Young People Children Hosted Services
Staff groups who require the training:	All members of staff who interact with patients and other members of the public in carrying out their duties
Update requirement:	Yes (as per training requirements)
Who is responsible for delivery of this training?	Trust
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	Yes
How is this training going to be monitored?	Health and Safety Committee

Due Regard Screening Template

Section 1		
Name of activity/proposal	Working Alone	
Date Screening commenced	November 2014	
Directorate / Service carrying out the assessment	Health and Safety Compliance Team	
Name and role of person undertaking this Due Regard (Equality Analysis)	Robert Lovegrove, LSMS	
Give an overview of the aims, objectives and purpose of the proposal:		
AIMS:		
OBJECTIVES:		
PURPOSE:		
Section 2		
Protected Characteristic	Could the proposal have a positive impact Yes or No (give details)	Could the proposal have a negative impact Yes or No (give details)
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage and Civil Partnership	No	No
Pregnancy and Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No
Other equality groups?		
Section 3		
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.		
Yes		No
High risk: Complete a full EIA starting click here to proceed to Part B	<input type="checkbox"/>	Low risk: Go to Section 4. <input checked="" type="checkbox"/>
Section 4		
It this proposal is low risk please give evidence or justification for how you reached this decision:		

Sign off that this proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed: Bernadette Keavney

Date:

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:	Lone Worker Policy		
Completed by:	Bernadette Keavney		
Job title	Head of Trust Health and Safety Compliance	Date	29/08/19
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust

Planned Visit to an address with no mobile telephone signal

Check the current status by checking S1 or RiO for notes made from previous visits or by using the Ofcom Signal Checker <https://www.ofcom.org.uk/phones-telecoms-and-internet/advice-for-consumers/advice/ofcom-checker>

Before leaving base carryout your standard checks – Check that your mobile telephone is fully charged and has a signal.

If you have a Reliance Lone Working Device, complete a status check and ensure that your visit diary is up to date and accessible to colleagues Prior to leaving ensure that you raise an amber alert on your Reliance Lone Working Device, stating your name, date and time of your visit, name of patient and address that you are visiting.

Prior to undertaking your visit, read the patient notes and the environmental risk assessment and apply the control measures to support your SSoW

- Identify a “Buddy”
- Ensure your visit is visible in your daily workload on S1 / RiO
- If the risk dictates – visit in pairs
- If the risk dictates – Try and see the patient in a healthcare setting
- Liaise with LHis to be issued with a Roaming SIM Card
- Use the Ofcom checker to check for network coverage both outside and inside properties

CARRYOUT YOUR VISIT

On completion of your visit and at the earliest opportunity contact your buddy by telephone, text or email to inform them that you are safe. Where you have a Reliance Lone Working Device create an amber alert and move to your next appointment.

Update Clinical Systems / Environmental Risk Assessment, to inform the risk around the current lack of signal.

Safe System of Work (SSoW) for unplanned loss of Mobile telephone and Reliance Lone Working Device Signal

Unplanned loss of Mobile telephone and Reliance Lone Working Device Signal

On completing a status check prior to raising an amber alert you notice there is **no signal** on your Reliance Lone Working Device or your mobile phone – **STOP** – Do not enter the property.

Move back to the closest point where you can receive a mobile signal - <https://www.ofcom.org.uk/phones-telecoms-and-internet/advice-for-consumers/advice/ofcom-checker>

Contact your manager / buddy, inform them of the situation. Conduct a DRA to ascertain a joint understanding of risk, and agree the next Course of Action (COA).

Visit going ahead

Visit

Inform buddy that you are undertaking the visit, with a forecasted time of completion

On completion of the visit contact your buddy and let them know you're safe

Update Clinical Systems / Environmental Risk Assessment, to inform the risk around lack of signal. Create an amber alert on your Reliance Lone Working Device and move off to your next appointment

Update Clinical Systems / Environmental Risk Assessment, to inform the risk around lack of signal.

Create amber alert on your Reliance Lone Working Device, and move off to your next appointment