



# Lone Worker Policy

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## **1 INTRODUCTION**

- 1.1 This is the policy of Commisceo Primary Care Solutions (Commisceo PCS) for ensuring that the risks associated with staff working alone are properly assessed and managed.
- 1.2 Working alone is not prohibited by health and safety legislation and it will often be safe to work in this way. However, the law requires employers to consider carefully, and then deal with, any health and safety risks for people working alone. The duties of the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Corporate Manslaughter and Corporate Homicide Act 2007, the Safety Representative and Safety Committees Regulations 1977, the Health and Safety (Consultation with Employees) Regulations 1996, apply. These require the identification of hazards associated with lone working, assessment of the risks involved and putting in place measures to avoid or control the risks.
- 1.3 Failure to implement this policy will place Commisceo PCS in breach of its duties under the aforementioned legislation. Other risks associated with failure to manage lone working include loss of reputation, inability to recruit and retain staff and the risk of civil litigation.

## **2 PURPOSE / POLICY STATEMENT**

- 2.1 Commisceo PCS recognises that some staff are required to work / travel by themselves for significant periods of time without close or direct supervision in the community, in isolated work areas and out of hours. The purpose of this policy is to protect such staff so far as is reasonably practicable from the risks of lone working.
- 2.2 This policy is provided for use of all staff in their day-to-day work, and applies equally to volunteers and where appropriate, contractors. Although it is recognised that lone working may apply differently to different staff groups.
- 2.3 The policy applies to all situations involving lone working arising in connection with the duties and activities of our staff. It is recognised that any member of staff may spend a limited amount of their working time alone.
- 2.4 The aim of the policy is to:
  - increase staff awareness of safety issues relating to lone working
  - ensure that the risk of lone working is assessed in a systematic and ongoing way
  - ensure that safe systems and methods of work are put in place to reduce the risk so far as is reasonably practicable
  - ensure that appropriate training is available to all staff in all areas that equips them to recognise risk and provides practical advice on safety when working alone
  - ensure that appropriate support is available to staff who have to work alone
  - encourage full reporting and recording of all adverse incidents relating to lone working
  - reduce the number of incidents and injuries to staff related to lone working

### 3 DEFINITIONS

|                     |   |
|---------------------|---|
| <b>Lone Workers</b> | The Health and Safety at Work Act 1974 defines lone workers as “those who work by themselves without close or direct supervision”, such as:<br>Staff in fixed establishments where: <ul style="list-style-type: none"> <li>• only one member of staff works on the premises</li> <li>• staff working separately from others</li> <li>• staff working outside normal hours</li> </ul> Mobile lone workers working away from their base and when their work requires them to travel from clinics to base. |
| <b>Hazard</b>       | Something that could cause harm (in terms of lone working, an example would be the absence of a functioning telephone).   |
| <b>Risk</b>         | The likelihood of a hazard causing harm   |

### 4 ROLES AND RESPONSIBILITIES

#### 4.1 Commisceo PCS Medical Director

4.1.1 The medical director, Commisceo PCS is the accountable officer and responsible for receiving assurance that Commisceo PCS has in place a robust system for meeting its obligations with respect to lone working.

#### 4.2 The Service Manager

4.2.1 The Service Manager is responsible for:

- ensuring that there are arrangements for identifying, evaluating and managing risk associated with lone working
- providing resources for putting the policy into practice
- ensuring that there are arrangements for monitoring incidents linked to lone working and that the management regularly reviews the effectiveness of this policy.
- ensuring that all staff are aware of the policy
- ensuring that risk assessments are carried out and reviewed regularly
- putting procedures and safe systems of work into practice which are designed to eliminate or reduce the risks associated with working alone
- ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction and training including training at induction, updates and refresher training as necessary
- ensuring that appropriate support is given to staff involved in any incident managing the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents.

#### 4.3 All Commisceo PCS Staff

4.3.1 All staff have a responsibility under the Health and Safety at Work Act 1974 to take reasonable steps to ensure that their actions do not endanger their own health, safety and welfare or that of their colleagues, contractors, patients or visitors.

4.3.2 In the context of lone working, this means that all staff are responsible for following this policy, co-operating with the risk assessment process and for highlighting to their line manager if

their working pattern or duties may bring them into the definition of a lone worker.

4.3.3 All staff and clinical contractors are responsible for:

- taking reasonable care of themselves and others affected by their actions
- co-operating by following rules and procedures designed for safe working
- reporting all incidents that may affect the health and safety of themselves or others and asking for guidance as appropriate
- taking part in training designed to meet the requirements of the policy
- reporting any dangers or potential dangers they identify or any concerns they might have in respect of working alone.

## 5 POLICY DETAIL

### 5.1 Risk Assessment Guidance

5.1.1 Risk assessment is essential to good risk management. Assessments shall be carried out for and by all staff whose working practice makes them vulnerable.

5.1.2 This includes staff that are site based but work in isolation as well as mobile staff whose work takes them out into the clinics. Recommendations will be made to eliminate or to reduce the risk to the lowest level reasonably practicable.

5.1.3 In all cases there is a fundamental question about the need for lone working. The Service Manager must decide whether systems can be adopted to avoid workers carrying out tasks on their own. If this is not possible the working practice of the member of staff plus other contributory factors must be risk assessed.

5.1.4 Checklists can be used as a tool to assist managers to identify if the existing control measures are adequate and if not, what modifications or additional actions can be considered necessary to help reduce the risks associated with Lone Working.

5.1.5 Once the checklist has been completed The Service Manager should carry out a Risk Assessment and document this accordingly.

5.1.6 Risk assessments for site based lone workers must include:

- safe access and exit
- risk of violence
- safety of equipment for individual use
- channels of communication in an emergency
- site security
- security arrangements i.e. alarm systems and response to personal alarms
- level and adequacy of on/off site supervision

5.1.7 Risk assessments for mobile lone workers must include:

- travelling between appointments
- reporting and recording arrangements
- communication and trace ability
- personal safety/security

5.1.8 The Risk Assessment should also consider whether the individual is medically fit and suitable to work alone, taking into account medical conditions which might make them unsuitable for

working alone.

- 5.1.9 Following completion of the Risk Assessment, consideration should be given to any appropriate action that is required. Managers must ensure that risk assessment systems are in place to meet the specific needs of all lone workers within their area of control.

## **5.2 Lone Worker Risk Assessments**

- 5.2.1 Within Commisceo PCS there are three main categories of staff that have been identified for Lone Worker Risk Assessments. These are:

- Category A: Employed staff (Reception/admin)
- Category B: Employed staff (Nurse/ HCA)
- Category C: Sessional Duty Doctors

- 5.2.2 Staff have been grouped in this way because of similarities in the way in which they work. Overarching lone worker risk assessments have been carried out for each of these staff groups and are included at Appendix B.

- 5.2.3 The nature of Commisceo PCS business is provision of GP services in a designated GP Unit of meaning that category A, B and C staff groups always work at a time where there are accompanying staff.

- 5.2.4 The lone worker risk assessments at Appendix B consider the circumstances in which each staff group work and assess the risks associated with those patterns as described in this policy.

- 5.2.5 Each staff member must have a risk assessment carried out by managers as part of the induction process. This will categorise staff within the three main risk areas for lone workers or as an exception, this will be recorded on staff induction checklists.

- 5.2.6 Adequate safeguards will be implemented in accordance with the risk assessments carried out and are highlighted in Appendix B. Where staff are an exception a separate assessment will be carried out.

- 5.2.7 The assessments must be recorded, re-examined at regular intervals and communicated to all who could be affected or identified by the risk assessment. Re-assessment must take place annually as a matter of routine; more frequently in the event that there is a significant change in the individual's role and responsibilities, workbase or disability / health status.

- 5.2.8 Measures to control the risks should take account of normal working conditions and foreseeable emergency situations such as fire, equipment failure, illness and accidents. When considering safe working arrangements, line managers should follow a hierarchical system based on the following:

- Identify who is operating as a lone worker;
- Identify any possible risk(s);
- Assess the likelihood and consequences of each risk;
- Avoidance of the risk where possible;
- Control of the risk as far as reasonably practicable;
- Evaluation and review of the effectiveness of control measures.

## **5.3 Managing the Risks: Lone working in office premises**

- 5.3.1 Wherever possible, employees should avoid remaining alone in their workplace after the

premises is officially closed (this is 23:00 Monday to Sunday for the GP Unit at Southend Hospital). In situations where lone-working is unavoidable, the following measures must be implemented:

- Ensure that only the lone worker and their immediate colleagues have access to the building or room
- Only providing access to others if the lone worker is sure who they are
- Check their access to a telephone (mobile or landline)
- Check on the means of escape from the building in an emergency, such as fire escapes
- Arrange appointments / meetings to minimise the length of time when the individual is alone
- Keep valuables out of sight
- Move their car closer to the building if necessary during the course of the day in order to minimise the risks of leaving the building on their own
- Avoid using lifts whilst working alone as they may become trapped inside and unable to summon assistance
- If the lone worker will be leaving the building in the dark, carry a torch and a personal attack alarm (to be provided by Commisceo PCS for anyone assessed to be at high risk).

In an emergency, Commisceo PCS operates a 24 hour on-call system, and contact can be made through calling the **Service Manager: 07885 697002**

#### **5.4 Managing the Risks: Lone working when visiting members of the public**

5.4.1 Sessional Duty Doctors visiting patients and the public should generally be accompanied by another staff member. In some cases, this may not be possible, if so lone workers who are visiting patients and the public away from the workplace unaccompanied should put in place the following measures:

- Carry appropriate identification
- Ensure mobile phone is turned on and sufficiently charged
- Ensure systems are developed and implemented to record each lone worker visit including mode of contact, names and addresses of the individual being visited, times of appointment and the expected time of return
- Advise the office of any changes that arise to these plans
- Lone workers should carefully consider where their cars are parked, taking into account lighting, isolation, passageways, crime “hot spots” and avoidance of remote locations
- If travelling by public transport, lone workers should time leaving the office to minimise the length of time waiting at bus stops and railway stations (particularly outside peak hours)
- Report back to the office once the visit is concluded
- Withdraw immediately from the visit if the lone worker feels at risk and complete an incident report form at the earliest opportunity thereafter
- Ensure that the lone worker acquaints themselves with the entry and exit points in the place they are visiting as soon as they arrive
- When the lone worker enters the premises, he or she should close the front door behind them and make themselves familiar with the door lock in case a quick exit is needed

- Where possible, position oneself such that the patient is not between the lone worker and the exit
- Carry a personal attack alarm (to be provided by Commisceo PCS for anyone assessed to be at high risk)

## **5.5 Incident Reporting**

- 5.5.1 An incident can be defined as an unplanned or uncontrolled event or sequence of events that has the potential to cause injury, ill health or damage.
- 5.5.2 In order to maintain an appropriate record of incidents involving lone workers it is essential that all incidents be reported through the companies Incident Reporting Form. On completion the form should be forwarded to the Service Manager.
- 5.5.3 Staff should ensure that all incidents where they feel threatened or 'unsafe (even if this was not a tangible event/experience) are reported – this includes incidents of verbal abuse.

## **5.6 Contacting/Involving The Police**

- 5.6.1 If a situation arises which precipitates the need for Police attendance, the employee at risk should contact the Service Manager. The Service Manager will take the details of the situation and will alert the Police and/or our own internal Security.
- 5.6.2 Employees who need assistance from the police whilst out and about or travelling should dial 999.
- 5.6.3 Commisceo PCS is actively committed to protecting staff from violence and assault and will support criminal proceedings against those who carry out assault. All staff are encouraged to report violent incidents to the police and will be supported by their manager throughout the process.
- 5.6.4 Except in cases of emergency, employees should inform their manager of any incidents immediately. The employee's manager will thereafter take responsibility for contacting the Police to report the details of the incident.

## **5.7 Support for Staff**

- 5.7.1 All new staff to Commisceo PCS will receive an induction handbook, included in which will be reference to the Lone Workers Policy, and this will be highlighted as part of the induction.
- 5.7.2 Employees and Clinical Contractors working for Commisceo PCS should know that their safety comes first.
- 5.7.3 Staff should be aware of how to deal with situations where they feel they are at risk, or unsafe.
- 5.7.4 Staff should also be able to recognise how their own actions could influence or even trigger an aggressive response. The Service Manager will therefore ensure that all lone workers training needs are assessed and that they receive appropriate training.

## **5.8 Immediate Support Following a Violent Incident**

- 5.8.1 In the event of a violent incident involving a lone worker, the Service Manager should immediately ensure that the employee(s) receive any necessary medical treatment and/or



advice.

- 5.8.2 If an incident occurs out of hours the Service Manager should be contacted the following day (or immediately if urgent).
- 5.8.3 The Service Manager should be sensitive to the employee's need to talk about the incident and take care to avoid any impression that this is not accepted or expected. Discussions should involve identifying any significant learning points for the employee and other colleagues if necessary.
- 5.8.4 The Service Manager should also consider whether the employee needs specific information or assistance relating to legal or insurance aspects.
- 5.8.5 If the staff member is a member of a Union or Professional Association he/she may find this an appropriate source of practical and emotional support.
- 5.8.6 The importance of colleague support should never be underestimated. Colleagues are likely to be seen as primary emotional supports.
- 5.8.7 The Service Manager should ensure appropriate written and verbal reporting of any violent incident.

## **5.9 External Notifications**

- 5.9.1 Any incident that involves a Lone Worker that falls with the category of Serious Untoward Incident will be reported to the Health & Safety Executive (HSE) and other bodies as necessary, and recorded accordingly.
- 5.9.2 The Care Quality Commission will also be notified as necessary within 28 days using the appropriate form.

## **5.10 Record-keeping**

- 5.10.1 Comprehensive written records of the lone worker assessment (including identified hazards that could create a serious risk to the employee before the safeguards were in place) and the actions taken will be maintained by Commisceo PCS.
- 5.10.2 A copy of all assessments and relevant paperwork will be kept on the individual's personal

## **file. 5.11 Lone Worker Details**

- 5.11.1 The following information should be readily available or easily retrieved for all employees who are lone workers in the community:
  - Staff member's full name and title
  - General description of staff member
  - Mobile phone number
  - Home address and telephone number
  - Next of kin and any alternative contact phone number (e.g. work)
  - Car make and registration number
  - Last patient address or last location visited
  - Last seen or spoken to

## **5.12 Legal action**

- 5.12.1 Commisceo PCS will consider legal action in cases where its staff are subject to physical or verbal aggression/abuse, in line with the Secretary of State Directions to Health Bodies on Measures to Deal with Violence Against Staff (2003) and Directions to Health Bodies on Security Measures (2004), issued by NHS Protect.

## **6 MONITORING COMPLIANCE**

- 6.1 The completion and updating of Lone Worker risk assessment will be checked annually (outside of the normal induction process).
- 6.2 Reported incidents and serious events will be monitored to ensure that appropriate action is being taken to address any issues or potential problem areas.

## **7 STAFF TRAINING**

- 7.1 Commisceo PCS will provide or commission relevant training to all those who fall within the Lone Worker definition, following completion of a formal risk assessment. This will primarily be conflict resolution training including an element of personal security awareness. More specific training will be provided where indicated through a risk assessment.

## **8 ASSOCIATED DOCUMENTATION**

- Incident Reporting Register
- Induction Checklists

### **Associated Policies**

- Induction Policy
- Health & Safety Policy
- Risk Management Policy
- Training Policy
- Serious Incident Management Policy

## APPENDIX A

### Equality Impact Assessment

To be completed and attached to any policy/procedural document when submitted to the appropriate committee for consideration and approval.

|    |  | Yes/No | Comments |
|----|--|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of:        |        |          |
|    | Race   | No     |          |
|    | Ethnic origins (including gypsies and travellers)  | No     |          |
|    | Nationality  | No     |          |
|    | Gender   | No     |          |
|    | Culture  | No     |          |
|    | Religion or belief   | No     |          |
|    | Sexual orientation including lesbian, gay and bisexual people  | No     |          |
|    | Age  | No     |          |
|    | Disability - learning disabilities, physical disability, sensory impairment and mental health problems | No     |          |
| 2. | Is there any evidence that some groups are affected differently?                                       | No     |          |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?   | N/A    |          |
| 4. | Is the impact of the policy/guidance likely to be negative?  | N/A    |          |
| 5. | If so can the impact be avoided?   | N/A    |          |
| 6. | What alternatives are there to achieving the policy/guidance without the impact?                       | N/A    |          |
| 7. | Can we reduce the impact by taking different action?   | N/A    |          |

## **APPENDIX B**

### **Lone Worker Risk Assessments Category A, B and C**