

Reference Number: UHB 362 Version Number: 1	Date of Next Review: 25 April 2020 Previous Trust/LHB Reference Number: N/A
Lone Worker Procedure	
Introduction and Aim	
The aim of this Procedure is to support the Lone Worker Policy in providing a structure for the management of staff who undertake lone working.	
Objectives	
To ensure the safety of lone workers or staff who work alone, by minimising the risks that they face and putting in place appropriate measures to improve their safety.	
Scope	
This Procedure includes all people acting as lone workers, working or acting directly or indirectly, for or on behalf of, the organisation. For ease of this procedure, from now on all these groups will be referred to as staff.	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.
Documents to read alongside this Procedure	Lone Worker Policy Health and Safety Policy Risk Management Policy and Strategic Framework Equal Opportunities Policy Violent Warning Marker Procedure
Approved by	Security and Personal Safety Strategy Group

Accountable Executive or Clinical Board Director	Director of Corporate Governance
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If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	25/04/2017	08/09/2017	New Procedure in line with new UHB Policy arrangements

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Appendix A – Guidance on Risk Management and Assessment for Lone Workers

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1.0 INTRODUCTION

Lone working may be undertaken as part of a person's normal work duties or because circumstances so dictate. Authoritative bodies have increasingly recognised that the risk of injury to NHS staff, not just lone workers, from members of the public has substantially increased in recent years, often due to the raised level of aggression shown by the public at large. It is widely recognised that lone workers may face increased risks because they do not have the immediate support of colleagues or others, such as security staff, if an incident occurs. For example, they may not be able to escape easily from a situation, particularly if they are in someone's home; they may be working in a high crime area or an isolated rural location; or they may be working at night, away from a main building, or where no one is around. Additionally, they may be in possession of equipment or drugs that might be attractive to thieves and who, in some cases, might use violence to achieve this. Other risks faced by lone workers include illness, accidents and vehicle breakdowns, which are increased due to their remoteness. Whilst recognising these risks are aimed at lone workers, the majority of practice can apply to other situations where staff work remotely.

This Procedure will deal with generic aspects of management of the risks associated with lone working and give advice on the efficacy of various control measures that may be utilised to reduce the level of risk.

This procedure intentionally sets out not to identify specific groups of staff thought to be lone workers, or to delineate a specific time when lone working is deemed to occur. The overarching principle must be that lone working can occur anywhere, at anytime, and within any group of staff. In support of this, the Cardiff and Vale University Local Health Board (UHB) has adopted the Health and Safety Executive definition of lone working which is:

“those who work by themselves without close or direct supervision”.

2.0 LEGISLATIVE AND NHS REQUIREMENTS

Health and safety legislation currently in force does not prohibit lone working, except in a few specific circumstances e.g. working in confined spaces. However, the employer has a general duty under Section 2(1) of the Health and Safety at Work etc Act 1974 to ensure the health, safety and welfare at work of employees, to maintain their physical and mental well-being.

Section 7 of the Health and Safety at Work etc Act 1974 states that it is the responsibility of employees to take reasonable care of their own health and safety at work and that of other persons who may be affected by their acts or

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omissions. All staff must comply with all safety procedures/safe systems of work and approved codes of practice pertaining to their particular work activities and report all incidents that have led or may lead to injury, ill health or damage.

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires employers to carry out a risk assessment of the hazards to which their employees are exposed. Where there is a significant risk and more than five employees, the risk assessment must be kept as a permanent record and updated regularly. The risk assessment needs to consider options to remove, substitute or control a hazard in order to decrease the degree of risk, as far as is reasonably practicable. Further, the assessment needs to consider the suitability of the member of staff who is required to undertake lone worker duties.

The Corporate Manslaughter and Corporate Homicide Act 2007 creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation in is Cardiff and Vale University Local Health Board Lone Worker Policy Page 5 of 21 Reference No: UHB 034 Version No: UHB 2 gross breach of health and safety standards and the duty of care owed to the deceased.

3.0 ROLES AND RESPONSIBILITIES

3.1 Chief Executive

The **Chief Executive** has overall responsibility for making sure that arrangements are in place for:

- ensuring that the UHB's Lone Worker Procedure is implemented;
- ensuring that the Procedure is reviewed 3 yearly or when appropriate by the Committee;
- appointing an Executive Director to lead on the Management of Violence and Aggression, Lone Working.

3.2 Director of Corporate Governance

The **Director of Corporate Governance** has the executive lead and shall be responsible for:

- ensuring that the Board and the Health and Safety Committee are informed, as required, on lone worker matters;

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- ensuring that regular progress reports are presented to the Board and the Health and Safety Committee.

3.3 Clinical Board Directors

Clinical Board Directors and Directors of Corporate Functions have overall responsibility for making sure that arrangements are in place for:

- the monitoring of Lone Worker performance within Clinical Board and Directorates;
- ensuring that risk assessments have been undertaken in accordance with the Risk Assessment and Risk Register Procedure or more specific procedures;
- ensuring that lone worker related risk assessments where appropriate have been passed to the relevant Health and Safety Adviser;
- ensuring that risks are entered onto the Clinical Boards Risk Register as appropriate.

3.4 Directorates/Localities/Departments

Directorate Managers and/or Heads of Department have overall responsibility for making sure that arrangements are in place:

- for identifying hazards and carrying out risk assessments in line with current legislation and the Risk Assessment and Risk Register Procedure (see appendices);
- to ensure that where matters arise outside the Directorate/Locality Manager's remit or control, this is notified to the Clinical Board and the Health and Safety Adviser;
- to facilitate the provision of information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health, safety and welfare at work of staff within the Directorate/Department;
- to ensure local policies and procedures are introduced and safe systems of work are adopted;

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- to ensure statutory compliance; accident/incident reporting; communication; support; liaison; and audit within their service.

3.5 Department/Line Managers

Department/Line Managers are responsible for establishing and supervising safe systems of work; ensuring staff have received appropriate training; and ensuring that other policies and procedures are observed. They should ensure that a proper risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks from lone working are identified and that proper control measures have been introduced to minimise, or mitigate the risks before staff enter a lone working situation.

3.6 Individual Employees

All employees are required to:

- comply with the UHB's Risk Management policies and undertake relevant training before entering a lone worker situation;
- use all safety/communication equipment at the appropriate time, and in the appropriate manner, and follow the procedures of the Health Board for the use of this equipment;
- report unsafe activities or faulty equipment to their Line Manager;
- report all potential and actual adverse incidents or near misses, using the Health Boards incident reporting system.

All employees have a responsibility to do all they can to ensure their own safety and that of their colleagues.

4.0 ADVERSE INCIDENTS AND NEAR MISS REPORTING

Any adverse incident and/or near miss should be reported through the line management structure and recorded on a Health Board incident form. It is important to ensure that if an adverse incident involves a lone worker, specific reference should be made to that fact on the incident form.

Where someone has been assaulted, the line manager should ensure that the staff member is properly de-briefed, undergoes a physical assessment, any injuries are documented and that they receive access

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to appropriate post incident support. Where appropriate, the UHB Case Manager should be informed and involved in the follow up of the case.

Following an adverse incident or near miss an investigation must be undertaken, as appropriate, and risk assessments should be carried out as soon as possible and immediate control measures put in place. This is prior to a formalised review of lessons learnt following an incident.

There should be a clear documented risk assessment process in place which identifies and assesses risks faced by lone workers, implements measures to reduce those risks and evaluates control measures. The key to maximising safety wherever lone work is being considered is the performance of a satisfactory risk assessment, which should address two main features:

- Whether the work can be done safely by lone workers;
- What arrangements are required to ensure, so far as is reasonably practicable, the lone worker is at no more risk than employees working together.

5.0 TECHNOLOGY

5.1 Sky Guard Lone Worker Alert System

It is a mandatory requirement of the Welsh Assembly Government that a lone worker protection device is issued to high risk lone workers. The criteria for identifying high risk lone workers are:

*Those staff who work alone in the community or away from their hospital/clinic base and have regular direct patient/client contact **where the level of incidents demonstrates** a continued need to control the risk of violent and aggressive attacks AND any of the following:*

- *Visit patients without prior knowledge of the patient or venue e.g. first visits*
- *Visit patients/families with a history of violence, drug or alcohol abuse or clinical conditions which may heighten the risk*
- *Work alone in darkness hours*
- *Visit areas of social deprivation or that are geographically isolated*
- *Unplanned visits Wales wide*

The Sky guard lone worker device is a discreet one-way communication device. When a 'red alert' is activated a channel is

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opened to the Sky guard Alarm Receiving Centre. Trained operatives listen to the call and determine the appropriate action to take, including the deployment of emergency services if needed. In addition to this, audio evidence can be secured and used in cases that are progressed through the criminal justice system.

Lone worker protection devices will not stop incidents from occurring, nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

Training and allocation of devices is arranged through the Health, Safety and Environment Unit.

5.2 Voice Connect

Within the UHB there is an automated communication system which has been installed on UHW switchboard for a few years, 'Voice Connect'. This system is an automated lone worker management system, which has an alert function, and is an alternative to a buddy system. Staff, who are lone workers in the community, use the system via mobile phones. The users log-in and log-off before, and on completion of, home visits. Some staff are using the system e.g. community podiatrists.

During the day, if the system registers an alert (after two attempts to contact lone worker) then the line manager deals with the situation. If the line Manager is unable to contact the lone worker, they decide whether the police are notified. The system relies on internal management.

Out of hours, the alert is registered to UHW switchboard who informs security who will firstly attempt to contact the member of staff and in failing to do so will alert the site manager. The site manager is then responsible for deciding further response i.e. informing the Home Assessment Manager and notifying the Police.

This system can be used in conjunction with the sky guard lone worker alert system.

6.0 RESOURCES

This Procedure provides an update of current practices and is therefore an on-going resource.

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7.0 TRAINING AND INSTRUCTION

Training and instruction is crucial for all groups of staff that work alone or those who manage staff who work alone.

This training must be relevant and its content will depend on the work-related hazard.

Where a training need has been identified that training is mandatory, the Health Board must provide it. This, therefore, represents a contractual requirement on the individual member of staff to undertake the training.

Training can bring about:

- a reduction in the number of incidents;
- a reduction in the seriousness of incidents;
- a reduction in the psychological effects of incidents;
- an improved response to incidents;
- an improvement in staff morale.

Training programmes and local induction should typically cover the following areas and should be identified through the risk assessment process:

- lone worker policy (including individual responsibilities);
- risk identification and assessment in relation to lone working;
- prevention and control of risks to lone workers;
- lone working procedures;
- personal attack alarms;
- theory: understanding aggression and violence;
- prevention: assessing danger and taking precautions;
- post-incident action: reporting, investigation, counselling and other follow-up.

The aims and objectives of Violence and Aggression training will be determined by the All Wales NHS Violence and Aggression Training Passport and Information Scheme.

Line managers are required to make adequate arrangements to ensure that staff complete training and that training is regularly updated. Training records will provide evidence that training has taken place and training should be recorded in accordance with the recording provisions of the Health Boards training policy.

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8.0 IMPLEMENTATION

The Health and Safety Committee will ensure that the Procedure is implemented and disseminated via the Clinical Boards and is available on the Cardiff and Vale Intranet site. For those staff without access to the intranet, it will be the responsibility of the local manager to post a hard copy of the Procedure in a prominent location.

In accordance with the Policy for the Management of Policies, Procedures and Other Written Control Documents the procedure will also be available to members of the public via the organisations Internet website.

Local Procedures and Protocols will be approved at the relevant Clinical Board Health and Safety Group, and a controlled copy of which will be submitted to the Health, Safety and Environment Department.

All employees should assume responsibility to read and understand the relevant sections.

9.0 EQUALITY

The UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation.

Should a member of staff or any other person require access to this procedure in another language or format (such as braille or large print) they can do so by contacting the Health, Safety & Environment Department. The UHB will do its utmost to support and develop equitable access to all policies and procedures.

The procedure will reflect Healthcare Standard 2 which requires Boards to actively promote equality and human rights and to challenge discrimination. The Policy will also consider the Equality Act 2010.

This procedure has had an equality impact assessment and has shown there will be no adverse effect or discrimination made on any particular or individual group.

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10.0 AUDIT

Regular local monitoring must be undertaken by the Health Board to ensure:

- Lone worker incidents are being reported;
- Safe systems are in place; and
- Staff have received adequate training.

11.0 PROCEDURE REVIEW

This procedure will be reviewed every 3 years, or more frequently if required, to ensure continued compliance with risk management guidance and health and safety legislation. It will be reviewed within the three year period if:

- There are significant changes in work practices;
- There are changes in legislation; and or
- An incident occurs that requires improvement in practice.

12.0 REFERENCES

Legislation -Health and Safety at Work etc Act 1974

HSC Management of Health and Safety at Work Regulations 1999
Approved Code of Practice L21

Welsh Assembly Government mandate for Lone Workers

NHS Security Management Service “Not Alone – A guide for the better protection of lone workers in the NHS”

NHS Security Management Service “Developing policy for the protection of lone workers”

Health and Safety Executive website

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Appendix A – Guidance on Risk Management and Assessment for Lone Workers

It must be made clear to staff that they should not enter into lone working situations where they feel their safety or the safety of their colleagues could be compromised. A commonsense approach should be adopted and encouraged. Staff who carry out an assessment of the risks that they face should not be penalised for not performing their duties if they perceive that their personal security and safety, or that of others, may be in jeopardy. However, this needs to be balanced against providing a good standard of care for patients/service users. Where there are perceived or real risks, alternative provision should be made such as arranging treatment in secure premises or organising accompanied visits.

RISK ASSESSMENT

The key to maximising safety wherever lone work is being considered is the performance of a satisfactory risk assessment, which should address two main features:

- Whether the work can be done safely by lone workers
- What arrangements are required to ensure, so far as is reasonably practicable, the lone worker is at no more risk than employees working together

There should be a clear documented risk assessment process in place which:

- Identifies risks in relation to lone working
- Assess the risks to lone workers
- Implements measures to reduce the risks to lone workers
- Evaluates the control measures and ensures that risks to lone workers are properly managed
- Feeds in to the risk register

The risk identification process should be carried out to identify the risks to lone workers and any others who may be affected by their work. It is important that these individuals are made aware of the outcome of the risk assessment and informed of all necessary control measures. The risk assessment process must document the action required to control the risks. Risk assessment is a dynamic process and risks need to be re-assessed as conditions change.

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Step 1 – Identifying Hazards

A positive, proactive and planned approach is required so that looking for hazards becomes a working habit – a natural, normal part of managing, supervising and undertaking one’s job.

Risk identification - Look for the Hazards

Some of the hazards you may wish to consider may include:

Workplace/Working conditions:

Identify hazards specific to the workplace / environment, which may create particular risks for lone workers, e.g. remote areas, laboratories, workshops, confined spaces. Consider access requirements, transport and parking arrangements, etc. Consideration must be given to working conditions: normal, abnormal and hazardous conditions such as dangerous steps, unhygienic or isolated conditions, poor lighting.

Process:

Identify hazards specific to the work process, which may create particular risks for lone workers, e.g. work on electrical systems, confined spaces, hazardous substances, work in the community, interaction with people with a known history of violence or aggressive behavior.

Equipment:

Identify hazards specific to the work equipment, which may create particular risks for lone workers, e.g. manual handling, operation of essential / emergency controls, carrying equipment that makes them a target for theft or makes them less able to protect themselves

Individual:

Identify hazards specific to the individual, which may create particular risks for lone workers e.g. medical conditions, disabilities, female employees, expectant mothers, age, being inexperienced. Is there access to adequate rest, hygiene, refreshment, welfare and first aid facilities, etc?

Work Pattern:

Consider the lone worker's work pattern and how it relates to those of other workers, in terms of both time, particularly outside normal hours, and geography.

The risk identification should also consider:

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- 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 diffuse potentially violent situations.
- The possibility of an increased risk of violence from patients/service users due to alcohol abuse, or 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

Step 2 – Assessing the Risk (please refer to the All Wales Passport Scheme for Violence and Aggression Risk Assessment Form)

The key to risk assessment is to identify hazards, understand how and why incidents occur in lone working situations and learn from that understanding to make improvements to controls and systems to reduce the risk to the employee. Control measures must be achievable, realistic and importantly proportionate.

The persons affected will range from those involved in the task - the operator, patients, students etc. or those who may not be in the work place at the time e.g. domestic staff, employees walking through the area, contractors, visitors, maintenance staff or members of the public etc. The effect of a hazard can depend on a number of factors such as individual characteristics e.g. age, sex, health, etc;

Account should also be taken, in particular to:

- young workers/trainees;
- agency or bank staff
- level of training;
- knowledge;
- attitude;
- people sharing the workplace;
- visitors
- contractors;
- patients

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To determine the level of risk, the following should be considered. Are there appropriate policies, procedures, good practice standards and guidelines in place and are they?

- Suitable?
- Used?
- Up-to-date?
- are there standards for record keeping?
- are there informed consent arrangements?
- are standards of care delivered?
- what measures are currently in place to prevent or control risk?
- is there a system of monitoring recurring problems?
- have staff been trained, is information available and up to date, so that staff have the knowledge to complete a task safely?
- are legal requirements being met?

Other points to be considered:

Are your staff...

- Fully trained in strategies for the management for the prevention of violence and aggression?
- Briefed about the areas where they work?
- Aware of attitudes, traits or mannerisms which can annoy clients etc?
- Given all available information about the client from all relevant agencies?

Have they...

- Understood the importance of previewing cases?
- Left an itinerary?
- Made plans to keep in contact with colleagues?
- The means to contact you - even when the switchboard may not be in use?
- Got your home telephone number (and you theirs)?
- A sound grasp of your organisation's preventive strategy?
- Authority to arrange an accompanied visit, security escort, or use of a taxi?

Do they...

- Have access to forms for reporting adverse incidents or near misses?
- Appreciate the need for this procedure?
- Use them?
- Feel confident to terminate an interview prematurely?
- Know how to control and defuse potentially violent situations?

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- Appreciate their responsibility for their own safety?
- Understand the provisions for their support by your organisation?

Step 3 – Preventing, Eliminating, Reducing or Controlling the Risk

Once risks have been identified and analysed, it is necessary to consider how they can be:

- eliminated?
- controlled?
- avoided?
- reduced?
- made less costly?

A range of precautionary measures needs to be considered:

- Supervision. The extent of supervision required will depend upon the level of risks involved and the ability and experience of the lone worker. A few examples of supervisory measures which may be useful in some circumstances, include:
 - Periodic telephone contact with lone workers,
 - Periodic site visits to lone workers,
 - Regular contact (telephone, radio, etc),
 - Manual warning devices, e.g., panic alarms, etc.,
 - End of task / shift contact (i.e. returning keys)
- What to do in an emergency
- Training - identify the level and extent of training required, taking into account the nature of the lone working activity. Consider the knowledge and experience of individuals, particularly young and new workers. Lone workers should be given information to deal with normal everyday situations but should also understand when and where to seek guidance or assistance from others, i.e. unusual or threatening situations, etc.
- Identify any equipment requirements; duress alarms, mobiles phones etc.
- In the case of lone workers working at UHB premises; carry out site surveys to look at the physical security of the lone working area and recommend any improvements.
- Managers could identify unsafe areas by using a questionnaire to lone workers.
- Establish close working links with the Police, Social Services and Local Authorities. By sharing information potential risks to staff can be identified, reduced and incidents can be avoided. Under the Crime & Disorder Act lead authorities have a duty of care to provide information

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that may prevent the commission of an offence, in particular, offences of violence.

- Negotiate agreement between the police, social services, mental health and ambulance Trusts on effective and consistent procedures for the detention of patients under the Mental Health Act that ensure the safety of all staff. This is vital to prevent staff from different agencies clashing during emergencies because of different procedures or priorities.
- Providing a Health Board driver, police escort, or a taxi if appropriate, in areas where cars might be vandalised, or staff have to go through unsafe areas to make visits.
- Arrange for patients or clients to be seen at clinics rather than at home, where possible.
- Indicate on Electronic Patient Management System if a potential problem exists. This enables other health care staff to prepare and assists with risk assessment. Arranging for another member of staff or a reliable relative of the patient or client to be present during the visit, e.g. if a member of staff is vulnerable to sexual harassment while visiting a member of the opposite sex.
- Someone should always be aware of a lone workers whereabouts and movements - it is vital that there are procedures in place so members of a team can be traced. Other procedures that complement this include phone-in arrangements and buddy systems;
- An escalation process should be in place outlining who should be notified if a lone worker cannot be contacted or if they fail to contact the relevant individual within agreed or reasonable timescales
- Organising support across different Health Boards or agencies. Such arrangements exist, for example, between midwives and ambulance services or police, and between Community Health Workers and social services.
- Maintaining, and adhering to, a list of types of incident that community staff working on their own are not allowed to attend, unless there is adequate support e.g. presence of police. These would include, for example, pub fights, domestic violence, overdoses and certain problem locations.
- increased security (e.g. cctv, secure access, personal alarms)
- increased lighting at entrances, exits, car parks

Other safeguards to consider are;

- Provision of suitable items, dependent on the level of risk, such as mobile phones, lone worker alert devices and personal alarms.
- Awareness of driving/parking in built-up areas and suitability of vehicles. For example, parking in well-lit areas, close to premises being visited, and in such a position as to allow quick departure. Not leaving

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items on display in the car e.g.” Nurse on Call” sign, sharps box. Personal awareness including what belongings are being carried/worn, e.g. jewellery;

- Appropriate training, for example, personal safety training including recognising and defusing potentially difficult situations;

It is a mandatory requirement of the Welsh Assembly Government that a lone worker protection device is issued to high risk lone workers. The criteria for identifying high risk lone workers are:

*Those staff who work alone in the community or away from their hospital/clinic base and have regular direct patient/client contact **where the level of incidents demonstrates** a continued need to control the risk of violent and aggressive attacks AND any of the following:*

- *Visit patients without prior knowledge of the patient or venue e.g. first visits*
- *Visit patients/families with a history of violence, drug or alcohol abuse or clinical conditions which may heighten the risk*
- *Work alone in darkness hours*
- *Visit areas of social deprivation or that are geographically isolated*
- *Unplanned visits Wales wide*

Step 4 – Recording

It is essential that appropriate control measures are in place and maintained. It is therefore necessary to record all significant findings of a risk assessment. This involves completing a risk assessment form and preparing an action plan.

The main findings of the risk assessment must be recorded including:

- hazards;
- staff groups affected;
- existing preventive measures;
- evaluation of remaining risks;
- additional measures needed.

It is important that the following is implemented within each area, department and directorate. The risk assessment:

- should be kept in the immediate workplace;
- should be brought to the attention of staff and available at all times;

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- must be kept for future reference, as they may be required by external agencies such as solicitors, health and safety inspectors or internally by safety representative and managers;
- must be dated and signed at time of assessment and when updated;
- must be updated when any change occurs.

As a result of risk assessment an action plan/profile must be generated providing a register of risk assessments and the action required to reduce or eliminate the associated risks. Staff must be informed of the risks and the action required.

The risk management plan should clearly identify the priority order in which the risk treatment options/action plans should be implemented. Factors influencing the priority order might include:

- the assessed level of risk
- the influence of any external factors e.g. statutory requirement, NHS Executive requirement, political pressure;
- the result of any cost benefit analysis in relation to implementing the treatment option;
- the potential for causing injury or ill health to people;
- the potential for a claim for compensation;
- the potential for serious loss of reputation;
- the potential for serious delays in service delivery.

A training needs assessment must be undertaken for all staff and training records must be maintained.

Step 5 – Monitoring and Review

It is necessary to continue to reduce risks to their lowest level through monitoring and review. Ongoing monitoring is essential. It is best conducted through normal but vigilant day-to-day management. The review should be consciously carried out as part of any and every change activity, whether to arrangements, processes, systems or services.

A formal review of risk assessments must be undertaken to ensure that existing control measures are effective and should identify and additional control measures required.

Risk assessments will need to be reviewed and updated if it is suspected that the risk assessment is no longer valid or there has been a significant change. This will be required when equipment, machinery, substances, technology,

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legislation, evidence based research practices and procedures etc. are changed. The appropriate health and safety legislation should be consulted with regard to the frequency of reviewing the health and safety risk assessments.

Control measures will not ensure adequate control unless their effectiveness is monitored. This involves paying attention to the maintenance of the control measures and ensuring that the selected control measures are properly and consistently used. This can be done by:

- routine inspection of control measures;
- ensuring correct use of control measures;
- ensuring full implementation of systems and policies;
- ensuring staff are fully aware of risks.
- monitoring - to measure performance;
- reviewing incident statistics;
- undertaking regular environmental safety inspections, clinical audits and quality audits;
- implementing appropriate training programmes.

The relevant line manager will need to continuously monitor and review control mechanisms. Monitoring methods will vary depending on the type of risk assessment. As monitoring continues and as information on the action and results of a risk assessment are fed back to staff, they will be able to see the positive effect of the control measures introduced. This should promote a positive attitude towards the concept of risk management throughout the Health Board.

RISK MANAGEMENT

Where appropriate, a violent marker should be placed on the patient's electronic record. Information concerning risks of individuals and addresses should be communicated internally to all relevant staff who may work with the same patient /service user. Information should also be shared with external organisations such as health, social care and other public sectors, where appropriate (refer to information sharing protocol for guidance on what information can be shared, how and to whom).

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

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As part of the planning process, the emergency equipment that may be required should be assessed. This might include a torch, a map of the area, telephone numbers for emergencies, a first aid kit etc.

Lone workers should always ensure that someone is aware of their movements in line with local arrangements. This means providing the address where they will be working, details of the people they are visiting or working with, telephone numbers if known and expected arrival and departure times. Arrangements should be in place for ensuring that a lone worker has returned safely or completed their duties for that day. Contact arrangements should be made for visits/appointments that are delayed or have to be cancelled. Local escalation processes should be in place for staff to follow in the event of a lone worker not attending a visit or arranged appointment within an agreed time, or to make contact as agreed. This should include risk assessment and identification of contact points at appropriate stages, including a line manager, senior manager and, ultimately, the police. Any individual nominated as an escalation point should be fully aware of their role and its responsibilities.

A buddy system can be implemented where practical – this involves nominating a buddy (colleague or other appropriate person) who is the nominated contact for the period in which they will be working alone. The nominated buddy should:

- be fully aware of the movements of the lone worker
- have all the necessary contact details for the lone worker, including next of kin
- have details of the lone workers known breaks or rest periods
- attempt to contact the lone worker if they do not contact the buddy as agreed
- follow the local escalation procedure if the lone worker cannot be contacted or if they fail to contact their buddy within agreed and reasonable timescales.

The nominated buddy must be aware of their role and responsibilities and contingency arrangements should be in place for someone else to take over the role of the nominated buddy if they are not available e.g. annual leave.

It is essential that staff are given appropriate training in identifying, preventing, managing and de-escalating potentially violent situations. All community staff should attend Violence and Aggression Module B & C training. Lone workers should be given the necessary training and awareness to enable them to carry out their duties in a positive, confident and caring manner. In all situations, they should try to attend to the needs of the individual involved and

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recognise their particular sensitivities and concerns. Training should be delivered for any specific equipment or devices that may be issued to lone workers.

A dynamic risk assessment focuses on reducing the prevalence of a problem. This is a continuous process of identifying hazards and the risk of them causing harm, and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. The dynamic risk assessment involves staff:

- being alert to warning signs
- carrying out a '10-second risk assessment'; if staff feel there is a risk of harm to themselves they should leave immediately
- placing themselves in a position to make a quick escape
- being aware of all entrances and exits
- being aware of the positioning of items that could be used as a weapon
- making a judgement as to the best course of action – to continue working or withdraw
- utilising appropriate physical security measures e.g. lone worker alert devices
- ensuring they can operate door locks in case of the need for an emergency exit
- avoiding walking in front of a patient/service user and not positioning themselves in a corner or in a situation where it may be difficult to escape
- remaining calm and focussed during an incident in order to make rational judgments
- being aware of their body language.

Line managers should discuss with staff what actions they should take in the event of an incident. A UHB incident form should be completed following an incident.

If there is a known problem with animals at a particular address or location, the occupant should be contacted and politely requested to remove or secure the animals before staff arrive. If the lone worker is confronted by an aggressive animal on a visit, they should not put themselves at risk – if necessary they should abandon the visit and report the incident. This information should be shared with other relevant internal or external parties.

Lone workers should always try to park close to the location that they are visiting in a well lit area facing the direction in which they will leave.

