

Reference Number: UHB 362 Version Number: 3	Date of Next Review: 08/09/2029 Previous Trust/LHB Reference Number: N/A
Lone Worker Procedure	
<p>Introduction and Aim</p> <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently we will ensure, so far as is reasonably practicable, that staff and others who are required to work alone or unsupervised for significant periods of time are protected from risk to their health and safety.</p> <p>The aim of this procedure is to provide a structure for the management of staff who undertake lone working. Lone working exposes staff and others to certain hazards. The intention is, where practicable, to entirely remove the risk from these hazards or, where complete elimination is not practicable, to reduce the risk to an acceptable level.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • 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. • To increase staff awareness of safety issues associated with lone working. • To ensure that risk in relation to lone working is assessed in a systematic and ongoing way and that safe systems and methods of work are put in place. • To encourage reporting and recording of all adverse incidents relating to lone working. 	
<p>Scope</p> <p>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.</p> <p>Review</p> <p>This Procedure will be reviewed within three years of approval or as the Health Board changes and/or when legislation, codes of practice and official guidance dictate, by the Head of Health and Safety in collaboration with the Chief Executive.</p>	
Equality Health Impact Assessment	<p>An Equality and Health Impact Assessment (EHIA) has not been completed for this procedure, as it supports the implementation of the Health and Safety Policy, for which an EHIA has been undertaken and identified a positive impact on the safety and wellbeing of UHB staff, patients, and visitors...</p>

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Documents to read alongside this Procedure	<ul style="list-style-type: none"> • Health and Safety Policy • Violence & Aggression (Personal Safety) Procedure • Incident Hazard and Near Miss Reporting Policy and Procedure • Security Services Policy • Violent Warning Marker Procedure • Procedure for Managing Violent, Abusive and Unacceptable Behaviour • Microguard Lone Worker Device Procedure • Lone Worker Risk Assessment Guidance
	Health and Safety Operational Group

Accountable Executive or Clinical Board Director	Executive Director of People and Culture
Author(s)	Violence Prevention Case Manager
<p style="text-align: center;"><u>Disclaimer</u></p> <p style="text-align: center;">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.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	25/04/2017	08/09/2017	New Procedure
2	05/09/2023	04/10/2023	Review of existing Procedure. Review date extended as a result of the pandemic.
3	08/09/2026	22/10/2026	In line with review date and updated to reflect organisational changes – Appendices Updated

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1.0 LEGISLATIVE 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. The Health and Safety at Work etc Act 1974 provides the legislative framework to promote, stimulate and encourage high standards of health and safety at work. Under health and safety laws, employers have a range of legal duties including keeping employees safe at work; providing a safe working environment; assessing any risks to employee health and safety and taking reasonable steps to eliminate or reduce those risks

2.0 ROLES AND RESPONSIBILITIES

The **Chief Executive** is ultimately responsible for ensuring compliance with the Health & Safety at Work Act 1974 and associated legislation, and that this procedure is implemented and effective within the UHB.

The **Executive Director for People and Culture** is the Health Board Champion for violence and aggression and lone working and has board level responsibility for health and safety.

The **Clinical/Service Board Directors, Clinical Board Nurses and Head of Operations and Delivery** are responsible for ensuring that relevant staff within their Board are briefed on their individual and collective responsibilities for ensuring arrangements are in place to implement the Lone Worker Procedure.

Directorate Managers and Department/Line Managers are responsible for cascading this procedure to staff. They 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. They must ensure local procedures are introduced and safe systems of work are adopted.

Managers should review lone worker device usage to ensure staff are utilising the equipment as intended. Any instances of non-use should be investigated to establish whether additional training, support, or alternative control measures are required

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All **employees** who are issued with a lone worker device are responsible for properly utilising their lone worker equipment which has been provided for their own personal safety and ensuring that they are trained in the use of the equipment and associated support services. Staff must follow the procedures of the Health Board for the use of this equipment in particular the Microguard Lone Worker Device Procedure.

All incidents or near misses, even those considered to be minor, should be reported using the Health Boards incident reporting system. to enable appropriate follow up action to be taken. All employees have a responsibility to do all they can to ensure their own safety and that of their colleagues and adhere to the control measures implemented to minimise or mitigate the risks before entering a lone working situation.

3.0 IDENTIFICATION OF LONE WORKERS

Lone workers are likely to be found in a wide range of situations. The HSE definition of lone workers is:

‘A lone worker is someone who works by themselves without close or direct Supervision’

Health and Safety Executive (2013)

The following table contains examples of staff groups:

Staff Working Arrangements	Examples
Work alone at a fixed base	1. Reception staff 2. Facilities/Maintenance staff 3. Laboratory staff 4. Security Staff
Work separately from other people on the same premises or outside normal working hours	1. Housekeeping staff 2. Waste Management staff 3. Nursing and Medical staff
Work at home	1. Administrators 2. Managers
Mobile workers working away from their fixed base:	1. Community nursing/specialist nursing/midwifery staff/ health visitors 2. Podiatry staff 3. Speech and language therapy staff 4. Occupational Therapists 5. Pharmacists

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	6. Physiotherapists 7. Mental Health Nursing
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4.0 INCIDENT HAZARD AND NEAR MISS REPORTING

Reporting incidents helps us to understand how and why things go wrong, and how we can make our systems safer. Any adverse incident and/or near miss should be reported through the line management structure and reported through the recognised UHB incident reporting mechanisms, this being the DatixCymru system available on the CAVUHB Sharepoint. It is important to ensure that if an adverse incident involves a lone worker, specific reference should be made to that fact when completing the report.

Where someone has been assaulted, the line manager should ensure that the staff member is properly de-briefed, undergoes a physical assessment where necessary, any injuries are documented and that they receive access to appropriate post incident support. Where appropriate, the UHB Violence Prevention Case Management Team should be informed and involved in the follow up of the case.

Where a lone worker device is activated during an incident, the Violence Prevention Case Management Team must be informed without delay to facilitate the retrieval and preservation of any audio recordings that may be required for evidential purposes. Please click [here](#) for the Teams details.

Following an adverse incident or near miss where an investigation must be undertaken where appropriate. Risk assessments should be reviewed or completed as soon as reasonably practicable and any immediate control measures put in place. This is prior to a formalised review of lessons learnt following an incident.

5.0 RISK ASSESSMENT

Lone working is not prohibited by law. HSE guidance states that employers must assess the risks associated with lone working and implement appropriate control measures before staff are permitted to work alone. There should be a clear documented departmental risk assessment 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;

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- What arrangements are required to ensure, so far as is reasonably practicable, the lone worker is at no more risk than employees working together.

Click [here](#) for guidance on risk management and assessment for lone workers.

Whilst formal risk assessments provide the foundation for safe lone working, staff must continually undertake dynamic risk assessments to identify and respond to changing risks throughout their work activity. Whilst formal risk assessments provide the foundation for safe lone working, staff must continually undertake dynamic risk assessments to identify and respond to changing risks throughout their work activity.

6.0 LOCAL PROCEDURE / GUIDANCE

Each department with identified lone workers should develop and adopt local Procedure / Guidance to inform lone workers about the arrangements in place to protect them. [Appendix 1](#) provides an example template and guidance on the information that should be included within a local procedure.

It is vitally important that lone worker procedures are kept under review to take account of changes in the external environment, introduction of new technologies and the lessons learnt from the investigation of incidents that occur, where they cannot be deterred or prevented from happening. Lone working procedures must offer a framework for the assessment of risks that staff may face.

7.0 TECHNOLOGY

UHB Approved Lone Worker Alert System

Staff that have been identified as high-risk lone workers should have effective means of calling for assistance and where identified will receive a lone worker device. 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*

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- *Unplanned visits Wales wide*

The Lone Worker device is a discreet two-way communication device. When the SOS button is activated an alarm containing the device's location is sent to the Alarm Receiving Centre / Incident Management Centre. Trained controllers 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 and Safety Unit. All employees who are issued with a lone worker device are responsible for properly utilising their device which has been provided for their own personal safety.

Further information regarding the use of the lone worker device is available within the current [Microguard Lone Worker Device Procedure](#), which should be read in conjunction with this procedure.

8.0 HOME WORKING

Home workers are also considered lone workers and managers must ensure that suitable arrangements are in place to manage their safety. Please find further guidance in the [Cardiff and Vale Agile Working Framework](#).

9.0 TRAINING AND COMPETENCY

Training is particularly important where there is limited supervision available to control, guide and support staff in situations of uncertainty. Lone workers must receive adequate information, instruction and training to ensure they understand the risks associated with their work, the control measures required to mitigate those risks, the safe use of any equipment provided, and the actions they should take in an emergency. Departmental lone worker arrangements must be communicated as part of local induction.

Training should be sufficient to ensure that staff are competent to manage circumstances that are new, unusual or beyond the scope of their normal duties, including recognising when work should cease and

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additional advice or support should be sought from a line manager or supervisor. Training should also provide staff with the skills and knowledge required to manage conflict, aggression and other situations that may present a risk to their personal safety.

Where identified through risk assessment, staff should complete Violence and Aggression training, together with any refresher training required by the UHB training framework. Line Managers are responsible for ensuring that appropriate training arrangements are in place, that staff complete the required training, and that compliance is monitored and maintained. Training records are held on the Electronic Staff Record (ESR) and provide evidence of training undertaken.

Managers and staff should refer to the UHB Health and Safety Training Information for details of current training, refresher periods and available learning resources.

[Health and Safety Training Information](#)

Competence is defined as the combination of training, knowledge, skills and experience, together with the ability to recognise personal limitations and seek additional or specialist advice when required. It is the responsibility of the Line Manager to assess, monitor and maintain the competence of staff undertaking lone working activities.

10.0 RESOURCES

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

11.0 REFERENCES

Legislation - Health and Safety at Work etc Act 1974

Website - [Lone working - HSE](#)

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Appendix 1 - Example Departmental Lone Worker Procedure

Guidance: This template is intended as an example of the information that may be included within a departmental lone worker procedure. Departments should adapt the content to reflect their specific service, staff group, risks and local working arrangements. The examples below are not exhaustive and additional controls may be required following local risk assessment.

DEPARTMENTAL LONE WORKER PROCEDURE	
DIRECTORATE	
DEPARTMENT	
STAFF GROUP	
1. Training	
<p>Details on training requirements for the position to included in this section. For example:</p> <ul style="list-style-type: none"> <i>All staff must undertake the violence and aggression training modules identified for their role and complete refresher training as required.</i> <i>Staff issued with a lone worker device must complete user training and be competent in its use before undertaking lone working activities.</i> <i>Staff must read and understand the Departmental Lone Worker Procedure and be familiar with local communication, escalation and emergency arrangements.</i> <i>Managers are responsible for ensuring staff maintain compliance with mandatory training requirements and receive appropriate lone working induction before working alone.</i> 	
2. Contact with Base	
<p>Information on how staff are expected to maintain contact with their designated base or manager should be included in this section.</p> <p><i>Examples may include:</i></p> <ul style="list-style-type: none"> <i>A list of staff mobile phone contact numbers should be maintained by the line manager and updated when details change.</i> <i>For community staff, vehicle details may be held by the line manager and updated when necessary.</i> <i>Staff should inform their designated contact of changes to planned appointments, locations or working arrangements.</i> <i>Departments should identify arrangements for routine check-ins and escalation where expected contact is not received.</i> <i>Arrangements for staff working outside normal office hours should be clearly</i> 	

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defined where applicable.

- Include clear arrangements for escalation when a lone worker cannot be contacted after repeated attempts.

3. Daily Movements

Information on how staff record and communicate their daily movements should be included in this section.

Examples may include:

- *Staff should ensure details of appointments, visit locations and expected timings are available to their designated contact.*
- *Changes to planned schedules should be communicated as soon as reasonably practicable.*
- *Departments should define how lone workers are required to notify their designated contact at the end of their shift or upon completion of lone working activities.*
- *The procedure should identify actions to be taken if a staff member fails to sign in, sign out or make expected contact.*

If you change your schedule, it is your responsibility to notify your line manager of this change.

4. Motor Vehicles - For Community Staff

Information regarding vehicle safety arrangements should be included where staff undertake community-based activities.

Examples may include:

- *Staff are responsible for ensuring their vehicle is roadworthy, appropriately maintained and has sufficient fuel or charge for the planned journey.*
- *Mobile phones and lone worker devices should be adequately charged before commencing work.*
- *Vehicles should be parked in safe, accessible and, where possible, well-lit locations.*
- *Keys should be readily available when returning to a vehicle.*
- *Staff should remain aware of their surroundings when approaching or entering vehicles.*
- *Valuables, equipment and confidential information should not be left visible within vehicles.*

5. Individual Environmental Risk Assessments – For Community Staff

Information regarding environmental risk assessments should be included for services undertaking visits away from their normal base.

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Examples may include:

- *Environmental risk assessments should be completed where required and reviewed when circumstances change.*
- *Identified risks and control measures should be communicated to other staff who may attend the location.*
- *Staff should undertake dynamic risk assessments before, during and after visits and take appropriate action where concerns arise.*
- *Where significant risks are identified, consideration should be given to additional controls such as joint visits, alternative venues or other support arrangements.*
- *Staff should not enter or remain in situations where they reasonably believe there is a significant risk to their safety.*

6. In The Event of an Emergency

Information on emergency arrangements should be included in this section.

Examples may include:

- *Emergency Services (999/112) should be contacted where immediate assistance is required (if no access to lone worker device mobile phone to be used).*
- *Lone worker devices should be utilised in accordance with training and local procedures.*
- *Staff should remove themselves from danger where safe to do so.*
- *Line management should be informed as soon as practicable following an emergency situation.*
- *Local escalation arrangements should be followed where concerns arise regarding a lone worker's safety or whereabouts. Ensure staff are aware of escalation arrangements.*
- *Relevant evidence such as witness details, incident notes should be secured where possible. Managers should ensure evidential material is retained in accordance with local procedures.*
- *Where a lone worker device has been activated, the Violence Prevention Case Management Team should be notified promptly to enable preservation of any audio recordings*

7. Incident Reporting

Information regarding local reporting arrangements should be included in this section.

Examples may include:

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- *All incidents, near misses, threats, verbal abuse and acts of violence or aggression should be reported in accordance with the organisation's incident reporting and near miss procedures.*
- *Managers should review incidents and ensure appropriate follow-up actions are implemented.*
- *Risk assessments and control measures should be reviewed following incidents where appropriate.*
- *Lessons learned should be shared within the team to support continuous improvement in lone worker safety.*

PROCEDURE PREPARED BY:

DESIGNATION:

REVIEW PERIOD:

DATE:

REVIEW DATE: