University Hospitals of Leicester NHS

NHS Trust

Lone Worker Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

- Current policy template used
- Title Page – change of Trust Lead to Maryam Ghezelbash, Health and Safety Manager and Kim Hudson, Head of Security
- Title Page – change of Board Director Lead to Julie Hogg
- Revised Introduction and Overview
- Updated, Revised, Amended and Expanded Roles – Who Does What
- Updated and revised Education and Training Requirements
- Updated and revised Process for Monitoring Compliance
- Updated and revised Supporting References, Evidence Base and Related Policies
- Updated and revised Appendix 1,2,4,5, and 6
- Addition of Appendices 3 and 7 to the Appendices Section

KEY WORDS

Lone Working, Working Alone, Isolated, Alone, working unsupervised, working off-site

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1   INTRODUCTION AND OVERVIEW

1.1 This policy is concerned with University Hospitals of Leicester NHS Trust (UHL) employees and other persons under the Trust's control who 'work alone' either with or without patients, on or off-site during the course of their employment.

1.2   The Trust recognises that as an employer, it has a duty of care towards its staff and that reasonable steps should be taken to ensure their health, wellbeing and personal safety at all times.

1.3   It is also acknowledged that all employees are responsible for ensuring the safety and well-being of themselves, their work colleagues, patients and visitors.

1.4   The Trust will ensure so far as is reasonably practicable that employees who are lone working are protected through the process of hazard identification, risk assessment and elimination, or where elimination of the risks is not possible, to minimise the risks to an acceptable level.

1.5   This policy takes into account the following:

- Health and Safety at Work, etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- This policy should be deemed to complement all other UHL Trust Policies pertinent to Site Security and Health & Safety

1.6   This policy will achieve this by:

- increasing staff awareness of safety issues associated with lone working.
- ensuring that risk in relation to lone working is assessed in a proactive, systematic and ongoing way and that safe systems and methods of work are put in place to reduce the risk so far as is reasonably practicable.
- ensuring that appropriate guidance and training are provided to management and equip staff in all areas to recognise risk and provide practical advice on safety and available control measures when working alone.
- ensuring that the appropriate support is available to staff required to work alone.
- encouraging full reporting and recording of all incidents, accidents or near misses on the Datix system relating to lone working with the aim to reduce the number of incidents and injuries to staff related to lone working.
- providing managers with the tools to assess the risk to those staff and identify appropriate risk control and support measures that will keep them safe, so far as is reasonably practicable.

2   POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1   This Policy applies to all University Hospitals of Leicester NHS Trust employees including temporary and agency staff, contractors (e.g. contracted in consultants, locum practitioners), volunteers, students and those on work experience. It forms an integral part of the University Hospitals of Leicester NHS Trust Health and Safety Policy and will operate in conjunction with specific local guidance on lone working. The Policy applies to all situations involving lone working arising out of, or in connection with, the duties and activities of our employees

2.2   Individual CMGs may need to develop local guidelines, procedures and processes on lone working to address specific staff needs. Any local guidelines, procedures and processes must be developed in conjunction with this policy.

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3 DEFINITIONS AND ABBREVIATIONS

3.1 Lone Working is defined as:

- Employees whose working activities can involve periods of time during their working day where they are without any kind of close or direct supervision or in contact with other colleagues

3.2 Examples of Lone Working in the Trust are (this is not a definitive list):

3.2.1 Only one person working in a premises (could be a building, a floor or a department)

3.2.2 Staff working on their own, or in small groups, away from colleagues or outside normal working hours.

3.2.3 Staff who work away from their work base – off site working or domiciliary visits.

4 ROLES – WHO DOES WHAT

The UHL Health and Safety policy sets out the roles and responsibilities of all staff.

4.1 Chief Nurse / Director of Estates, Facilities and Sustainability

The Chief Nurse has overall liability for managing lone working within the Trust. The Director of Estates, Facilities and Sustainability will be the Executive lead and Board level representative for this policy.

The Director of Estates, Facilities and Sustainability has responsibility for Security Management matters, including Lone Working, by ensuring:

- arrangements are in place for identifying, evaluating, and managing risks associated with lone working.

- adequate resources are made available for staff who are lone working

- arrangements are in place for monitoring incidents linked to lone working and that the Security Management and UHL Police Liaison Committee (UHLPLC) regularly reviews the effectiveness of the policy

4.2 Head of Security

The Trust Head of Security shall be responsible for:

- ensuring (along with the health and safety team) that the trust has up-to-date policies and procedures for the safety of lone workers and (in liaison with line managers) ensuring that they get disseminated to all relevant lone working staff through INsite and training, including induction training.
- ensuring that appropriate security management provisions are made within the trust to protect lone working staff
- ensuring that measures to protect lone workers comply with all relevant health and safety legislation and take into account relevant guidance

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- Having overall responsibility for the protection of lone workers by gaining assurance that policies, procedures and systems to protect lone workers are implemented
- Having responsibility for raising the profile of security management work at the board level and getting their support and backing for important security management strategies and initiatives
- Having responsibility for the appointment of Security Leads and through continued liaison to ensure that security management work (including the protection of lone workers) is being undertaken to the highest standard
- Overseeing the effectiveness of risk reporting, assessment, and management processes for protecting lone workers. Where there are foreseeable risks, the Head of Security should gain assurance that all steps have been taken to avoid or control the risks.

4.3   Trust Security Leads (Prevention, Investigation, Violence Reduction & Training)

The Trust Security Leads shall be responsible for:

- advising the trust on systems, processes and procedures to improve the personal safety of lone workers and make sure that proper preventative measures are in place
- advising the trust on appropriate and proportionate physical security, technology and support systems that improve the personal safety of lone workers
- ensuring that this is appropriate, proportionate and meets the needs of the trust and lone worker.
- ensuring that any technology used to protect lone workers meets legal requirements
- playing an active part in identifying hazards and assessing and managing risks and providing advice on the proper security provisions needed to mitigate the risks and protect lone workers
- conducting a full post-incident review to see what lessons can be learnt and work with line managers to ensure that appropriate measures are implemented before staff enter a lone working situation.
- carrying out a full investigation of any incident and where necessary, liaising with the police to allow follow-up action to be taken
- providing support and advice to managers regarding security, violence and aggression and challenging behaviour issues relating to lone working.
- monitoring incidents relating to security and violence and aggression for lone working.
- escalating issues relating to lone working to relevant Trust meetings and boards including UHL Health and Safety Committee as appropriate.
- ensuring appropriate conflict resolution training is available for staff who carry out lone working
- providing support and advice to managers regarding security and violence and aggression issues relating to lone working.

4.4 Health and Safety Team

Health and Safety Team shall:

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- ensure (along with the Head of Security) that the trust has up-to-date policies and procedures for the safety of lone workers and (in liaison with line managers) ensure that they get disseminated to all relevant lone working staff
- provide advice guidance and information concerning lone working
- provide advice on any investigation following a serious incident involving the safety of lone workers
- carry out regular audits of the CMGs, (along with the Head of Security), to ensure that risk assessments, safe systems of work, and adequate control measures are in place and regularly reviewed.

4.5 Occupational Health Department

The Trust Occupational Health Department is responsible for providing advice to line managers on the medical suitability of the workers working on their own.

4.6 CMG and Corporate Directorate Senior Managers

4.6.1   All Trust Managers must ensure that a full Risk Assessment has been conducted, which identifies control measures, communication systems and training requirements for staff who work alone within the confines of the building while on visits in the community or otherwise on Trust business.

4.6.2   Senior Managers are responsible for:

- making sure that all staff are aware of the policy

- making sure that lone working and environmental risk assessments are carried out and reviewed regularly, at least annually

- putting procedures and safe systems of work into practice which are designed to eliminate or reduce the risks associated with working alone

- making sure 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

- making sure 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

4.7   Department Managers / Service Managers / Ward Sisters

4.7.1   All Department Managers / Service Managers / Ward Sisters must:

- identify all staff who are lone workers, based on recognised definitions

- ensure that all relevant policies and procedures are disseminated to lone working staff through INsite or in hard copy as applicable

- recognise that not all Trust working environments are the same, and each individual Ward or Department will present different problems for the successful management of Lone Workers.

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4.7.2 Department Managers / Service Managers / Ward Sisters are responsible for:

- making sure a relevant risk assessment is undertaken (using The Lone Worker Risk Assessment Form (Appendix 7)) to identify and assess the risks that lone working presents to their particular staff group and working environment. To assist managers with assessment of risk a pre-assessment checklist is provided for Working alone in buildings (Appendix Four) and Community visits (Appendix Five).

- developing and implementing local lone worker guidelines, procedures and processes pertinent to their working area as required.

- ensuring that any local lone worker guidelines, procedures and processes cover the necessary action to be taken should any individual's personal safety or wellbeing be compromised.

- ensuring all lone workers complete a 'Lone Worker Details' form (Appendix 6). These forms should be kept in an area where they are accessible to the duty manager outside normal working hours.

- ensuring physical measures are put in place and appropriate technology is made available to ensure the safety of lone workers.

- making sure that staff have received conflict resolution training where applicable and NHS Lone Worker Service training provided by the service supplier before being issued with any device.

- ensuring that all the relevant staff undertake regular reviews of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker.

- making sure that the employee completes an incident reporting form as soon as possible, where a security incident has occurred.

- de-breifing the individual properly where someone has been assaulted. The managers should ensure that the individual undergoes a physical assessment, any injuries are documented and receives access to appropriate post-incident support.

- ensuring that following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place. This is prior to a formalised review of lessons learnt following an incident.

- reviewing working practices regularly in order to ensure that all situations where staff are required to work alone are kept to a minimum, and appropriate risk control measures are in place.

- ensuring that staff have appropriate training (as identified through risk assessment and training-needs analysis) and maintaining a record of staff training (including refreshers) as identified in their appraisal processes.

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4.8   Trust Employees & staff working on behalf of the Trust

4.8.1 All Trust employees, whether permanent, temporary or contracted, students and contractors are responsible for ensuring that they are aware of the requirements of this policy and for ensuring that they comply with these on a day-to-day basis.

4.8.2 All staff are responsible for:

- being aware of UHL and / or departmental guidelines, procedures and processes for lone working

- taking reasonable care of themselves and others who may be affected by their actions

- co-operating by following their departmental / team lone working arrangements designed to provide a safe working environment. This may include calling their department to inform someone that they arrived at an appointment safely and calling again when they leave to say they are on their way back to the department.

- completing a Lone Worker details form and submitting it to their line manager, ensuring the information provided is kept up to date

- reporting all incidents, near misses or concerns that may affect the health and safety of themselves or others and requesting guidance as appropriate

- taking part in training designed to meet the requirements of the policy

- comply with policies and procedures, particularly relating to the prevention and management of violence and aggression

- informing their manager of any medical condition that arises that may present a risk to them as lone workers. In these instances advice will be sought from the trust's occupational health advisors.

- referring themselves to the staff counselling service (Amica) if they feel they need further help and support following a violent or aggressive incident or in coping with the pressures of lone working

- properly maintaining any lone worker protection devices issued to staff. Lone worker device should be charged and checked regularly, especially before a visit.

- properly utilising all appropriate technology which has been provided for their own personal safety, ensuring that they attend training in the use of the technology and associated support services

- conducting proper planning prior to a visit or other lone-working activity and utilising continual dynamic risk assessment during a visit or other lone-working activity

- seeking advice from their line manager, actioning guidance, procedures and instruction to avoid putting themselves or their colleagues at risk

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5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS – WHAT TO DO AND HOW TO DO IT

5.1 This policy is supported by the processes/procedures/standards found in the associated documents as detailed below, and which must be used in conjunction with this policy

Lone Worker Guidance – Note for Community and Home Visits	Appendix 1
Lone Worker Guidance – Note for Travel	Appendix 2
Lone Worker Guidance – Note for Effective and Dynamic Risk Assessments	Appendix 3
Lone Worker Checklist - Working Alone in Buildings	Appendix 4
Lone Worker Checklist – Community and Home Visits	Appendix 5
Lone Worker personal details proforma	Appendix 6
Lone Working Risk Assessment Form	Appendix 7

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 The Trust has a duty under the Health & Safety at Work Act to provide staff with information, instruction, supervision and training appropriate to their role. Line Managers must identify the training needs for their staff group. It is important that staff receive the correct type and amount of information, instruction and training to ensure competence for the duties undertaken. Information, instruction and training must be delivered in such a way that it is received and understood by the person receiving it. To effectively identify the training requirements of Lone Workers, it is recommended that managers conduct a Training Need Analysis (TNA).

Managers can access the Training Need Analysis (TNA) template by visiting UHL Connect or clicking on the following link:

https://uhlconnect.uhl-tr.nhs.uk/site/e2c8eb6b-26bd-411a-891c-6357c4732b24/page/6bfd5969-12e1-40b3-871a-92aa9e8820b0?utm_medium=internal&utm_source=site_content_tab&utm_term=index_latest

6.2 All staff identified as Lone Workers will be classified as front-line staff and are required to complete the Trust mandatory Conflict Resolution – Basic Awareness.

6.3 Department Managers are responsible for familiarising lone workers with their safe working procedures and reporting systems.

6.4 Managers requiring further guidance on Training for staff who are Lone working should contact conflictmanagementtr@uhl-tr.nhs.uk .

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7 PROCESS FOR MONITORING COMPLIANCE

7.1 The standards for monitoring this policy are shown in the policy monitoring table set out below.

POLICY MONITORING TABLE What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements Who or what committee will the completed report go to.**
Number of lone working incidents	Department/service/area managers Health and Safety Services Team Estates and Facilities Health, Safety and Compliance Team	DATIX reporting tool	Quarterly	UHL Health and Safety Committee
Ill health and injury due to lone working	Department/service/area managers	Occupational health statistical information	Quarterly	UHL Health and Safety Committee
Number of civil claims due to lone working	UHL Legal Services Team	Claims report	Quarterly	UHL Health and Safety Committee
Loan working risk assessment compliance	Department/service/area managers/Annual H&S team audit	Ensure that the lone working risk assessment is completed and regularly reviewed	Review annually of following concerns raised or incidents reported	Report concerns to CMG head of operations, Ongoing concerns to be reported to Health and Safety and UHL Security Leads. Noncompliance to be discussed in UHL Health and Safety Committee Meeting

8   EQUALITY IMPACT ASSESSMENT

8.1   The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2   As part of its development, this policy and its impact on equality have been reviewed, and no detriment was identified.

9   SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

This policy was developed with reference to the following Legislation and Guidelines:

Health & Safety at Work etc, Act 1974
https://www.legislation.gov.uk/ukpga/1974/37/contents

The Management of Health and Safety at Work Regulations 1999
https://www.legislation.gov.uk/uksi/1999/3242/contents

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
https://www.legislation.gov.uk/uksi/2013/1471/contents

Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)
https://www.legislation.gov.uk/uksi/1977/500/contents
https://www.legislation.gov.uk/uksi/1996/1513/contents

The Corporate Manslaughter and Corporate Homicide Act 2007
https://www.legislation.gov.uk/ukpga/2007/19/contents

Provision and Use of Work Equipment Regulations 1998
https://www.legislation.gov.uk/uksi/1998/2306/contents

Workplace (Health, Safety and Welfare) Regulations 1992
https://www.legislation.gov.uk/uksi/1992/3004/contents

Personal Protective Equipment at Work Regulations 1992
https://www.legislation.gov.uk/uksi/1992/2966/contents

Health and Safety (First-Aid) Regulations 1981 (as amended 2013)
https://www.legislation.gov.uk/uksi/1981/917/regulation/3

The Health and Safety (First Aid) Regulations 1981 and the Guidance on Regulations L74 (Third edition) published 2013 and related regulatory good practice guidance.
https://books.hse.gov.uk/product/9780717665600/First-Aid-at-Work-The-Health-and-Safety-First-aid-Regulations-1981-L74-Paperback/?FO=1356943

INDG73 (rev 4 2020) Working Alone in Safety
https://books.hse.gov.uk/gempdf/indg73.pdf

Improving the personal safety for lone workers, A guide for staff who work alone. (February 2018) – Health, Safety and Wellbeing Partnership Group

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https://www.nhsemployers.org/system/files/media/HSWPG-Lone-Workers-staff-guide-210218-FINAL_0.pdf

Workplace health and safety standards (Revised May 2022) – The NHS Staff Council Health, Safety and Wellbeing Partnership Group.
https://www.nhsemployers.org/system/files/media/HSWPG-Lone-Workers-staff-guide-210218-FINAL_0.pdf

Health and Safety Policy   B28/2024
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FHealth and Safety UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Preventing and Managing Violence and Aggression in UHL   B11/2005
https://uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FPreventing%20and%20Managing%20Violence%20and%20Aggression%20UHL%20Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Information Governance Policy   B4/2004
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FInformation Governance UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Agile Working (Including Home Working) Policy and Procedure   B46/2020
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FAgile Working %28Including Home Working%29 UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Fire Safety Policy   B25/2024
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FFire Safety UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

First Aid Policy   B23/2004
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FFirst Aid UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Incident and Accident Reporting UHL Policy   B30/2024
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FIncident and Accident Reporting UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Core Training (Statutory and Mandatory) UHL Policy   B21/2005
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FCore Training %28Statutory and Mandatory%29 UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Safer Handling Policy   B29/2023
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FSafer Handling UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Managing the Health, Safety and Welfare of Contractors   B24/2004
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FContractors Health Safety and Welfare UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Stress Management Policy and Procedure   B20/2005
uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FStress Management UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Security UHL Policy   B32/2024
https://uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FSecurity%20UHL%20Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

Work at Height UHL Policy   B67/2011
https://uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FWork%20at%20Height%20UHL%20Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be reviewed annually unless an earlier revision is required following internal audits and/ or external guidance. The UHL Health and Safety Manager will be responsible for initiating the regular review of this policy.

10.2 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.

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Lone Worker Guidance Note for Community and Home Visits	**NHS** University Hospitals of Leicester **NHS Trust**
	Health & Safety Team Estate and Facilities December 2023

To ensure the risk of attacks on Healthcare Professionals is kept as low as reasonably practicable, the following factors should be considered prior to and when carrying out community visits:

- ♦ Refer to local departmental guidelines for specific details on lone working processes applicable to your staff group. Systems may include letting someone know where you are going and return time (this will be addressed through the risk assessment).

- ♦ All staff must be aware of the need to be alert and mindful of their own safety during the course of their normal duties.

- ♦ Prior to visiting an unknown user/carer gather as much information as possible. Likely sources include colleagues, the referrer, discharge planner, GP, social worker etc.

- ♦ If there is any doubt or an element of risk surrounding the visit, ask someone to accompany you, if this is not possible contact your manager to discuss further

- ♦ If during the course of the visit you begin to feel uneasy or uncomfortable with the situation withdraw at once with as much tact as possible. Report the incident immediately to your line manager (or a colleague in their absence) and await further advice.

- ♦ When visiting high-rise flats be especially mindful of stairways and lifts, especially those which are unlit at night.

- ♦ If you are to make a home visit that commences or is likely to continue after normal working hours, you must inform your manager of your estimated time of return or inform the manager "on-call" when you are safely home.

- ♦ To ensure a safe and efficient visit, it is important to address any animal-related issues at a specific address or location beforehand. We recommend contacting the occupants and asking them to remove or secure their pets before your arrival. As clinical procedures can sometimes provoke a reaction from animals, it may be wise to request that they be placed in a different room during the visit. We can minimise any potential risks or disruptions by taking these precautionary measures

- ♦ If you come across an aggressive animal during your initial visit to a Patient or Service User's location, it is imperative that you abandon the visit immediately.

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- The appropriate local reporting procedures must be followed to report the incident without delay.

- If you feel uneasy with the presence of animals, it's best to politely request their removal. However, be aware that this could provoke a negative response. In the event of hostility, all efforts should be made to manage and deescalate the situation. If this proves impossible, consider alternative arrangements, such as rescheduling to be accompanied by another colleague or asking another colleague who is more at ease with animals to revisit.

- In cases where there is a known history of violence, particularly with patients identified through the Violent Patient Scheme or in high-risk locations, it is required that you be accompanied by a colleague or, in certain circumstances, by the Police. Where possible, the visit should take place at a neutral location or within a secure environment.

Always conduct yourself in a professional manner in order to minimise the possibility of over familiar behaviour being misinterpreted.

Appendix 2

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V5 approved by Policy and Guideline Committee on 16 August 2024 Trust Ref: B27/2008
Next Review: Nov 2027
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This guidance note is intended to provide advice on measures you can take to keep yourself safe when travelling during work. In all instances you should refer to local departmental

Lone Worker Guidance Note for Travel	**NHS** University Hospitals of Leicester **NHS Trust**
	Health & Safety Team Estate and Facilities December 2023

guidelines for specific details on lone working processes applicable to your staff groups.

1. Travelling on Foot

The following guidelines provide advice on staying safe while walking:

♦ Think ahead, stay alert, and be aware of your surroundings.

♦ Try to avoid walking alone at night.

♦ Stick to busy, well-lit areas and roads.

♦ Avoid shortcuts through poorly lit locations

♦ Walk facing on-coming traffic to avoid kerb crawlers

♦ If you must walk in the same direction as traffic and a driver stops, simply turn and walk the other way.

♦ If a driver stops, write down the registration number or take photograph with mobile phone if safe to do so.

♦ When you exit a car, walk confidently to deter potential attackers.

♦ Only carry medications for the patient you are about to visit.

♦ Carry a small torch, a personal attack alarm, and/or a mobile phone. Keep them handy in a pocket or a key ring, not at the bottom of a bag.

♦ Do not use your mobile phone (unless it is an emergency)

♦ Do not become distracted, for example, by wearing headphones whilst listening to music

♦ Always pay attention to your surroundings

♦ Cover any jewellery and only carry a small amount of money.

♦ Keep your purse or wallet in an inside pocket.

♦ When leaving a patient's home, ask if they can watch you until you get back to your car.

♦ If someone tries to snatch your possessions, let them go. Do not risk being hurt.

♦ If you are being threatened, raise the alarm and shout loudly to attract attention.

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◆ Use a personal attack alarm, preferably one that stays on once activated, even if you drop it.

2. Travelling on public transport

The following guidelines provide advice on keeping safe on public transport:

◆ Consider carrying a personal attack alarm and mobile phone if you have one

◆ Always sit near the bus driver

◆ If possible, wait for the bus at a busy stop that is well-lit

◆ Have your fare ready in your hand or pocket

◆ Try to avoid having your hands full with heavy bags

◆ Wear sensible shoes in case you need to move fast; be ready to kick your shoes off if necessary

◆ On trains, sit near the alarm pull or be aware where it is located

◆ Avoid empty upper bus decks or empty train compartments

◆ If someone pesters you tell the driver or other member of transport staff (e.g if travelling by train)

◆ In stations, note where the exits are

◆ Don't doze off; stay alert to what is going on

◆ Avoid if possible, travelling alone late at night

3. Using Taxis

◆ The following guidelines provide advice on keeping safe while using taxi's:

◆ Consider carrying a personal attack alarm and mobile phone if you have one.

◆ Make sure you have the phone number of a reputable taxi company

◆ When booking the cab, ask for the driver's name, call sign and type of car

◆ If you are telephoning from a public place, try and avoid being overheard

◆ Check the vehicle has a taxi licence plate and the driver has appropriate ID

◆ If you can, share a taxi

◆ Always sit in the back

◆ If you do chat with the driver don't give any personal details

◆ If you feel uneasy with the driver ask to stop at a busy place and get out

◆ Have your cash ready before you reach your destination

♦ Have your door keys ready and enter your home quickly

4. Travelling by private cars

The following guidelines provide advice on keeping safe while using private cars:

♦ Keep your car in good working order – regularly check, oil, water, tyres and fuel

♦ If you are hiring a car check it or have it checked

♦ Ensure the vehicle has sufficient fuel for the journey

♦ Join a break down / rescue organisation

♦ Consider carrying a personal attack alarm and mobile phone if you have one, make sure you have change and a phone card to use in an emergency

♦ Plan your route and ensure you have a local map

♦ Stay in your car as much as possible keep doors locked and windows closed

♦ All valuables which you do not require at your destination should be locked in the boot, before you depart. Bags kept in the car during transit should be kept on the floor, so as not to attract a snatch thief

♦ Lock your car even when you pay for petrol

♦ When you park in day light think what area you will be in after dark

♦ At night park in a well-lit area and one that is busy

♦ Before you get in the car check the back seat; carry a torch

♦ If you see someone in apparent difficulty or someone attempts to flag you down, try to assess the situation first. Remember that it could be a trap. Telephone the emergency services, do not leave the safety of your car unless you are absolutely sure

♦ If you think you are being followed, try to alert other drivers – use light and horn, keep driving until you reach a police station or a garage

♦ If anyone approaches you in your car when you are stationary stay in the car with the doors and windows locked. If the engine is not running start it and if in doubt drive off; if you can make as much noise as possible

♦ Avoid taking people or patients in your car alone

♦ If it is late and you are unfamiliar with an address you have to visit, ask the occupier to leave a main light on or to leave the curtains open

♦ Never pick up hitchhikers

♦ When in a traffic queue, always keep enough distance from the car in front so that you can see its wheels. You will then have enough room to pull out in an emergency.

5. Parking

The following guidelines provide advice on keeping safe while parking:

♦ Do not display a "Doctor/Nurse On Call" sign (or similar) unless it is necessary.

♦ If you have a green beacon do not leave it on display when the vehicle is unattended.

♦ Think about where you park, try to use busy, well-lit areas and avoid isolated areas.

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♦ When visiting patients who live in a cul-de-sac try to park near the open end or in a manner that you do not get blocked in by another vehicle.

♦ Do not get into tight spaces and always try to park so that you are facing in the right direction to drive away.

♦ Always lock your car.

♦ Find your keys and keep them in your hand before returning to your car. Not only can they help defend you; they will help you get quickly into your car.

6. On the Motorway

The following guidelines provide advice on keeping safe while on motorways:

♦ In an emergency, park the car on the hard shoulder and get out of the car by the passenger door.

♦ Put the hazard lights on.

♦ Phone for help. All emergency telephones are connected directly to the police. Tell them if you are alone or with family and children.

♦ Return to your car, leave the passenger side door unlocked and stand on the bank verge away from the car, this will help you out of danger from the traffic.

♦ If approached or feel threatened, get into the car and lock the passenger door.

♦ Never cross onto the opposing carriageway.

7. Breakdowns

The following guidelines provide advice on keeping safe after a breakdown:

♦ Keeping the car well maintained will help prevent breakdowns, although any vehicle can get a flat tyre or a flat battery.

♦ If your car does suffer a breakdown, other drivers may be only too willing to offer genuine assistance. You should talk to them through a partly opened window, ensuring the door is locked. If you have any doubts, use the same good judgement and common sense that you use in your everyday life.

♦ Make sure that you know how to change a flat tyre. It is better than being in the dark and rain, unsure of what to do.

♦ You may want to keep an emergency bag in the boot with a set of waterproofs (warm jacket and trousers), an old hat, and gloves together with a hi-viz vest or coat together with a pair of suitable walking shoes/boots.

♦ Make sure you have enough fuel

♦ If your car is fitted with a spare tyre, make sure that it is kept at the correct pressure.

NB: It is advisable to join a breakdown/recovery service

Lone Worker Guidance Note for Effective and Dynamic Risk Assessments	**NHS** **University Hospitals of Leicester** **NHS Trust** Health & Safety Team Estate and Facilities December 2023

Appendix 3

Effective Risk Assessments: Key Considerations

The success of any risk assessment hinges on identifying hazards, understanding the root causes of incidents in lone working situations, and using that knowledge to improve control measures and systems that reduce employee risk. To achieve this, the following factors should be considered and documented:

- ♦ Type of incident risk (e.g. physical assault or theft of property)

- ♦ Frequency and likelihood of incidents with impact on individuals, resources, and care delivery

- Severity of incidents in human and financial terms

- Confidence in the effectiveness of control measures and improvements

- The level of concern and rated risk

- Required actions to reduce risks and improve performance

Maintaining a written log may pose challenges if staff work from different locations. If implemented, the log should be kept in a safe location only accessible by managers and lone workers, such as on the Trust's shared folders on Teams.

Dynamic Risk Assessment

During lone working visits or site visits, a dynamic risk assessment focuses on reducing potential problems. This process involves:

- Minimising known or suspected risk factors

- Early intervention when violence is perceived to be imminent, occurring, or post-incident

- Continuous identification of hazards and the risk of harm

- Steps to eliminate or reduce risks in rapidly changing circumstances

Staff involved in dynamic risk assessment must be:

- alert to warning signs covered in conflict resolution training

- able to carry out a 10-second risk assessment and leave immediately if necessary

- positioned closest to an exit and aware of all entrances and exits

- aware of items, including personal tools, that could be used as weapons

- able to make judgments on the best course of action

- able to utilise appropriate physical security measures, such as panic buttons or alarms

- able to operate door locks in confined areas

- avoid walking in front of patients or positioning themselves in corners

- remain calm and focused during an incident

- aware of their body language and that of patients or service users to avoid exacerbating situations.

By following these guidelines, practical risk assessments can be conducted, and the risk of harm to employees in lone working situations will be reduced.

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<table>
<tr><td>**Lone Workers Checklist – Working Alone in Buildings**</td><td>**NHS**
University Hospitals of Leicester
NHS Trust

Health & Safety Team
Estate and Facilities
December 2023</td></tr>
</table>

Note: If you have identified a risk associated with this work activity, please complete theTrust's Lone Working Risk Assessment Form.

Staff exposed to the risk i.e. group & number: _____

Ward/ Department: _____   Site: _____

Checklist completed by: _____

Date completed: _____   Review Date: _____

This checklist is to be retained by the Ward / Department

Main Issues of Concern	Yes	No
Do staff work alone?		
Do staff work outside normal office hours?		
Do staff meet with clients or patients in isolated locations?		
Is there adequate security provision?		
Is there suitable access to the building?		
Do staff activities involve working in confined spaces?		
Do staff activities involve handling hazardous substances?		
Do staff activities involve working at height?		
Control Measures for Consideration	**Yes**	**No**
Do you provide joint working for high-risk activities (I.E. in confined spaces and with hazardous s substances)?		
Are regular checks by colleagues or supervisors carried out?		
Do you use entrance security systems (i.e. digital locks or swipe cards)?		
Is there security lighting around access points and parking areas?		
Have you installed panic buttons linked to manned locations?		
Do you use reporting checking-in systems?		
Do you use two-way radios or other communication systems?		
Do staff have information and training on basic personal safety?		
Are staff trained in strategies for preventing and managing violence?		
Are your existing control measures adequate? If No what modifications or additional actions are necessary?		
Do staff have access to Datix for reporting incidents or near misses and appreciate the need for this procedure?		

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Lone Workers Checklist – Community Visits / Domiciliary Visits for Managers	**NHS** University Hospitals of Leicester NHS Trust
	Health & Safety Team Estate and Facilities December 2023

Note: If you have identified a risk associated with this work activity please complete the Trust's Lone Working Risk Assessment Form.

Staff exposed to the risk i.e. group & number: _____

Ward/ Department: _____ Site: _____

Checklist completed by: _____

Date completed: _____ Review Date: _____

This checklist is to be retained by the Ward / Department

Main Issues of Concern	Yes	No
Do staff carry out visits in high-risk or isolated locations (i.e. areas with high crime rates or rural areas)		
Do staff visit unfamiliar clients or relatives?		
Do staff visit a high-risk, unstable, or unpredictable client group?		
Do staff carry out visits during unsocial hours?		
Do staff carry valuables or drugs?		
Do staff carry portable equipment containing individual personal/patient information?		
Control Measures for Consideration	**Yes**	**No**
Are staff adequately trained to handle violent situations?		
Do staff receive comprehensive briefings about the specific area(s) they are assigned to work in?		
Are staff given all available information about the client(s)? Has the importance of previewing cases been effectively communicated to the staff?		
Have staff left an itinerary?		
Have staff made any plans for maintaining communication with their colleagues?		
Do staff have a mobile phone or other means to contact you? Do you have your staff's home personal telephone number(s), and have they received yours?		
Do staff have the authority to arrange an accompanied visit, provide an escort, or utilise a taxi?		
Do staff know they have the authority to terminate a visit if unsafe prematurely?		
Do you include potential or known risk factors in referral documents and care plans?		
Are there systems for monitoring staff whereabouts and movements for regularly reporting to the base?		
Have you issued mobile phones and personal attack alarms?		
Do staff complete Datix forms for reporting incidents or near misses and appreciate the need for this procedure?		
Are your existing control measures adequate? If No, what modifications or additional actions are necessary?		

Appendix 6

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Confidential

The following information will only be accessed in the event of a lone worker failing to return from a

Lone Worker Details – Community Visits

University Hospitals
of Leicester
NHS Trust

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visit. All information sheets will be stored in a file in ……………………………………………… (place agreed in department / directorate) so it can be accessed out of hours if necessary.

It is the responsibility of the lone worker to ensure the information provided is accurate and up to date.

Name:	
Address:	
Home Phone No:	
Mobile Phone No: (work)	
Mobile Phone No: (personal)	
Emergency Contact: (Name, contact no, relationship)	
Car 1 – Make, Model, Colour, Registration	
Car 2 – Make, Model, Colour, Registration	
Description of member of staff (Provide photo if possible)	

Date First completed	1st review date	2nd review date	3rd review date	4th review date	5th review date	6th review date

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Lone Working Risk Assessment Form

NHS University Hospitals of Leicester **NHS Trust**

Appendix 7

CMG/Corporate Directorate	
Speciality	
Department/Section	
Activity Location	
Work Activity	
Persons affected	
Manager	
Overall risk rating	LOW MEDIUM HIGH

No	What are the Hazards?	Who might be harmed and how?	What are the existing control measures?	Risk (S x L = R)	What further action is necessary to reduce the risk
1	Personal issues, competencies and awareness	Define who is at risk If specific to individual lone workers then assess specific hazards, risks and control measures separately	All lone workers should be competent and able to undertake appropriate dynamic risk assessment (see Lone Worker Policy and Guidance Risk Assessment section). Control measures should be implemented to overcome any hazards and risks identified as a result of training deficiencies, inexperience, pregnancy,disability or other issue.		
2	Hazards identified through previous incident history	Define who is at risk	Identify previous history and decide control measures to reduce risk of it reoccurring		
3	Communications issues Lone workers must be able to communicate effectively at all times	Define who is at risk	Control measures could include measures to communicate movements and a workable escalation system if a problem is reported. Consider use of buddy system, mobile telephones, lone worker		

			devices, alarms, logging systems etc		
4	Day to day issues as arising and requiring immediate response from individual lone workers	Define who is at risk	Dynamic Risk Assessment and reference back to Lone Worker risk assessment, policy and Guidance		
5	Patient associated issues in practice rooms, community setting etc. taking into consideration patient history with regard to alcohol, drugs, smoking violence etc	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Identify agreed control measures for risks before 1st referral if possible or otherwise minimise the risks identified. Measures may include separate reference to patient notes and care plans, sharing information, availability of 2nd person at visits / in practice rooms, no home visits etc		
6	Environmental and Geographical Issues, known trouble areas, dangerous landscapes or routes / roads, dangerous or difficult access / egress, working environment	Define who is at risk	Identify control measures, 2nd person, other routes, assistance from police or security, discussions and agreement with clients for change to room layout etc.		

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7	Equipment deficiencies, is other equipment required to assist the lone worker	Define who is at risk	Consider provision of torch, maps, emergency numbers including local police, first aid kit, moving and handling requirements etc.		
8	Equipment carried & uniform, does equipment, uniform & resources carried render the worker more liable to be targeted for theft. E.g. prescriptions, medicines, drugs etc	Define who is at risk	Consider how equipment and resources required are best carried / concealed, uniform options, other options for drugs dispense		
9	Time of visit, night? Start or end of shift	Define who is at risk	Identify control measures for this element alongside other risk assessment issues. Poor lighting, difficult parking opening or closing of premises and safe procedures etc		
10	Conveying bad or sensitive news or other unwelcome information	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Control measures may include need for additional staff training or 2nd person being present at certain times when news is being transmitted		

11	Other persons / pets, clients family, friends, dogs etc	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Control measures for back care and other issues affecting staff members and clients		
12	Clinical / Medical Practices, can they be carried out safely for the patient and the carer?	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Control measures for back care and other issues affecting staff members and clients		
13	Other lone working issues including driving, office related etc	Define who is at risk	Control measures from lone worker policy and guidance and / or other policies such as Driving at Work etc.		