CWP Staff Lone Worker policy

Lead executive	Director of Nursing, Therapies Patient Partnership
Authors details	CWP Security Services Manager Corporate Services

Type of document	Policy
Target audience	All CWP staff
Document purpose	The purpose of this policy is to ensure that where services are provided by lone employees within the Trust's premises or local community, the risks associated are assessed and that effective management action is taken to ensure that measures to manage the risks are implemented and maintained.

Approving meeting	Health and Safety Sub-Committee	Date 17-Oct-19
Implementation date	22-Oct-19	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
CP6	Management of violence and aggression policy (incorporating verbal threat to staff and offensive weapons) Incident reporting and management policy
GR1	Incident reporting and management policy
GR8	Security policy
GR35	Safe vehicular transport of service users and others
EP1	Business continuity policy and procedures

Document change history	
What is different?	Whole policy amended to reflect new NHS Protect guidance New policy title to reflect staff only policy Flowchart1&2 amended The term 'Identified Lone Worker' removed Risk management classification Post incident support included
Appendices / electronic forms	Have appendices been added, or changed since the last issue, if so explain the reasons why?
What is the impact of change?	Will this new document change the way we do things currently

Training requirements	Select - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Who within this service have you spoken to
Corporate services	Who within this service have you spoken to
External agencies	Who within this service have you spoken to

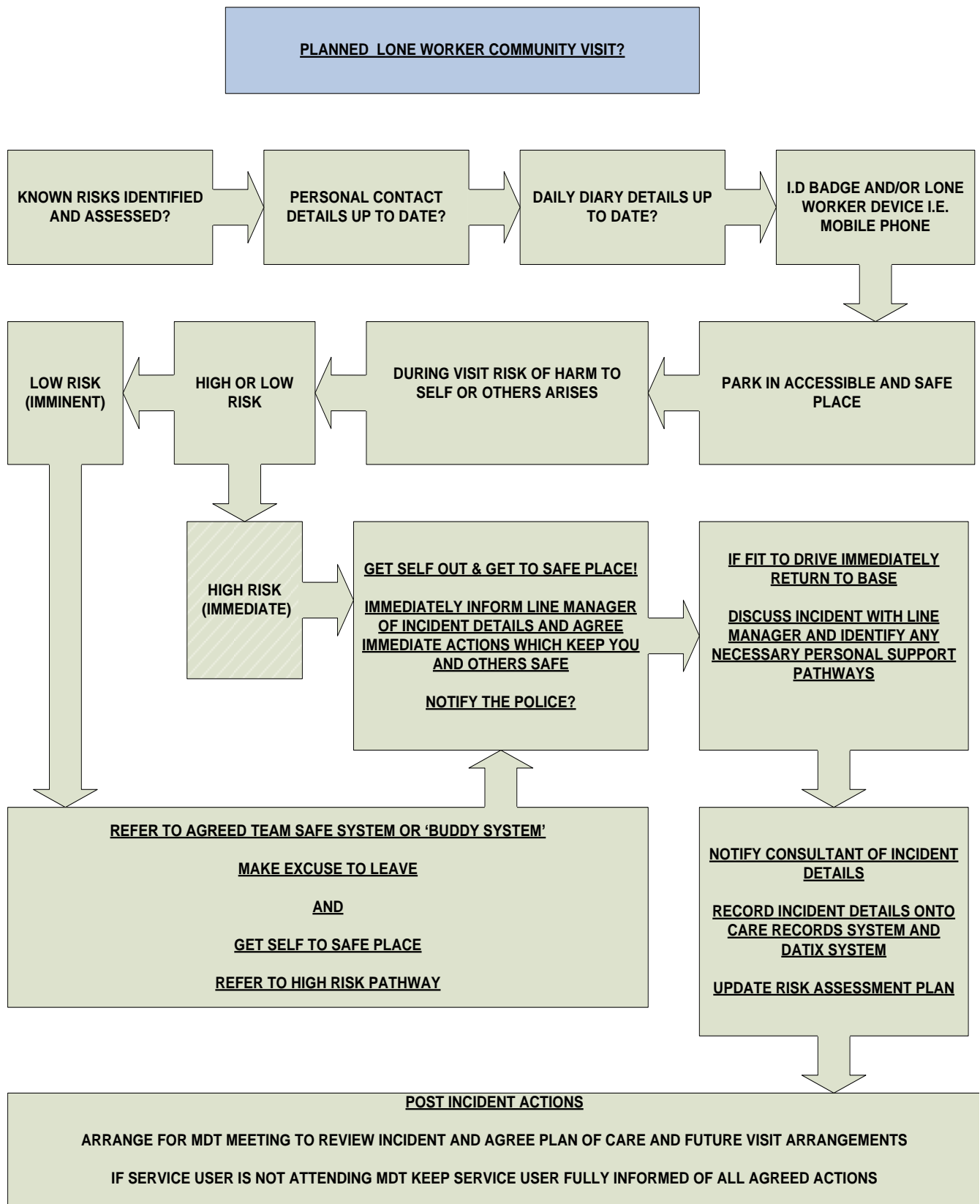| Financial resource	None

implications	

External references
1. NHS Protect 'A guide for the better protection of lone workers' (2017
2. Data Protection Act 1998
3. HSE 'Five steps to Risk Assessment' (2014)
4. NHSBSA Security Management Standards for providers (2016-17)
5. NHS England Standard Contract (2013/14)
6. NHS Security Management Service (2007), Prevention and management of violence where withdrawal of treatment is not an option.
7. NHS Protect (2013), Meeting needs and reducing distress: guidance on the prevention and management of clinically related challenging behaviour.
8. UNISON (2009): Working Alone - A health and safety guide on lone working for safety representatives guide to lone working in the health service
9. The Royal College of Nursing (2017), Personal safety when working alone (2017)

Equality Impact Assessment (EIA) - HSE hse Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	No	
- What alternatives are there to achieving the document without the impact?	No	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department. | | |
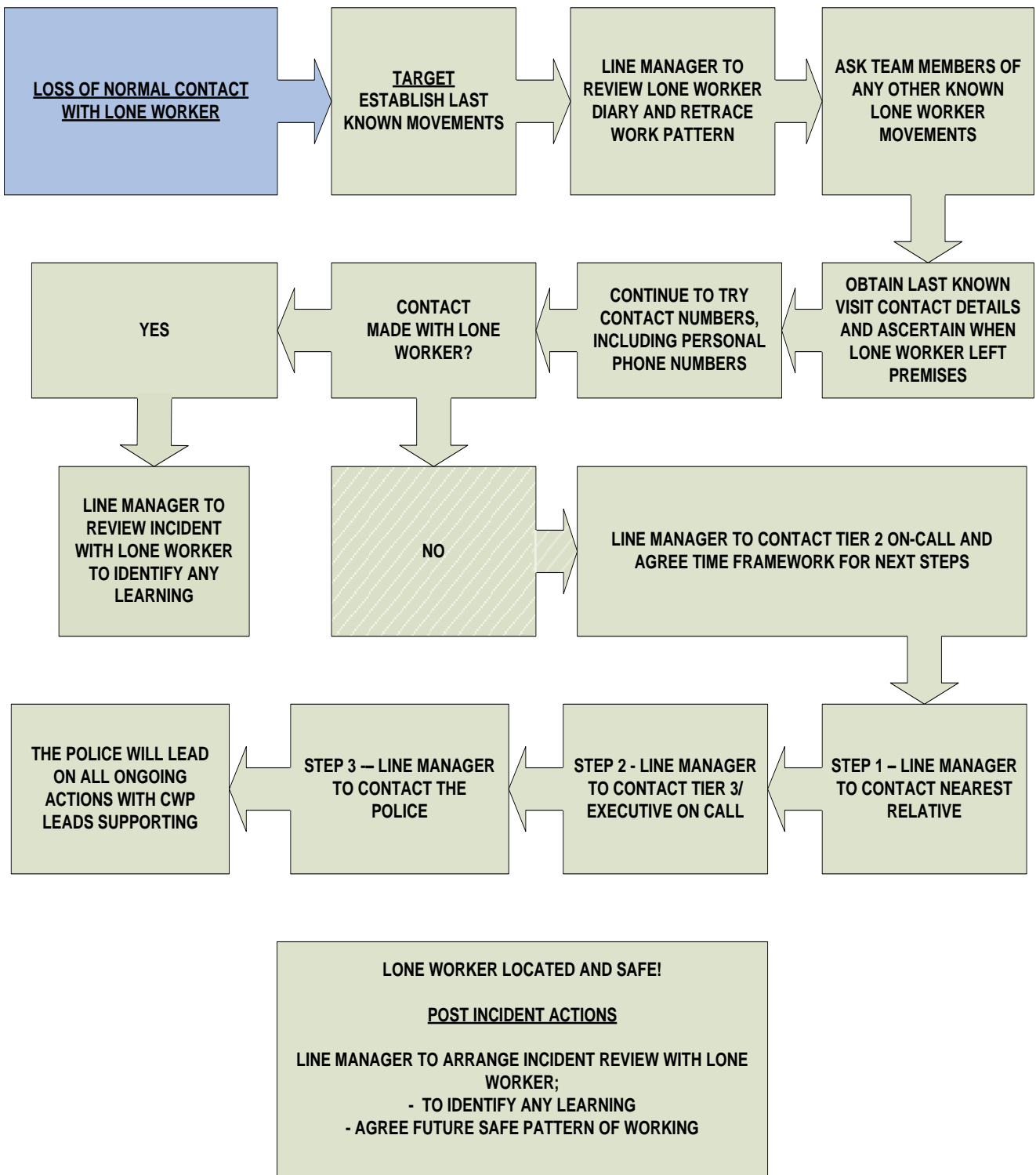| Was a full impact assessment required? | No | |
| What is the level of impact? | Low | |

Contents

Quick reference flowchart 1

PLANNED LONE WORKER COMMUNITY VISIT?

| KNOWN RISKS IDENTIFIED AND ASSESSED? | → | PERSONAL CONTACT DETAILS UP TO DATE? | → | DAILY DIARY DETAILS UP TO DATE? | → | I.D BADGE AND/OR LONE WORKER DEVICE I.E. MOBILE PHONE |

LOW RISK (IMMINENT) ← HIGH OR LOW RISK ← DURING VISIT RISK OF HARM TO SELF OR OTHERS ARISES ← PARK IN ACCESSIBLE AND SAFE PLACE

HIGH RISK (IMMEDIATE) →

GET SELF OUT & GET TO SAFE PLACE!

IMMEDIATELY INFORM LINE MANAGER OF INCIDENT DETAILS AND AGREE IMMEDIATE ACTIONS WHICH KEEP YOU AND OTHERS SAFE

NOTIFY THE POLICE?

→

IF FIT TO DRIVE IMMEDIATELY RETURN TO BASE

DISCUSS INCIDENT WITH LINE MANAGER AND IDENTIFY ANY NECESSARY PERSONAL SUPPORT PATHWAYS

REFER TO AGREED TEAM SAFE SYSTEM OR 'BUDDY SYSTEM'

MAKE EXCUSE TO LEAVE

AND

GET SELF TO SAFE PLACE

REFER TO HIGH RISK PATHWAY

NOTIFY CONSULTANT OF INCIDENT DETAILS

RECORD INCIDENT DETAILS ONTO CARE RECORDS SYSTEM AND DATIX SYSTEM

UPDATE RISK ASSESSMENT PLAN

POST INCIDENT ACTIONS

ARRANGE FOR MDT MEETING TO REVIEW INCIDENT AND AGREE PLAN OF CARE AND FUTURE VISIT ARRANGEMENTS

IF SERVICE USER IS NOT ATTENDING MDT KEEP SERVICE USER FULLY INFORMED OF ALL AGREED ACTIONS

Quick reference flowchart 2 - Loss of contact with Identified Lone Worker

LOSS OF NORMAL CONTACT WITH LONE WORKER → **TARGET ESTABLISH LAST KNOWN MOVEMENTS** → **LINE MANAGER TO REVIEW LONE WORKER DIARY AND RETRACE WORK PATTERN** → **ASK TEAM MEMBERS OF ANY OTHER KNOWN LONE WORKER MOVEMENTS**

↓

OBTAIN LAST KNOWN VISIT CONTACT DETAILS AND ASCERTAIN WHEN LONE WORKER LEFT PREMISES → **CONTINUE TO TRY CONTACT NUMBERS, INCLUDING PERSONAL PHONE NUMBERS** → **CONTACT MADE WITH LONE WORKER?**

CONTACT MADE WITH LONE WORKER?

- **YES** → **LINE MANAGER TO REVIEW INCIDENT WITH LONE WORKER TO IDENTIFY ANY LEARNING**
- **NO** → **LINE MANAGER TO CONTACT TIER 2 ON-CALL AND AGREE TIME FRAMEWORK FOR NEXT STEPS**

↓

STEP 1 – LINE MANAGER TO CONTACT NEAREST RELATIVE → **STEP 2 - LINE MANAGER TO CONTACT TIER 3/ EXECUTIVE ON CALL** → **STEP 3 — LINE MANAGER TO CONTACT THE POLICE** → **THE POLICE WILL LEAD ON ALL ONGOING ACTIONS WITH CWP LEADS SUPPORTING**

LONE WORKER LOCATED AND SAFE!

POST INCIDENT ACTIONS

LINE MANAGER TO ARRANGE INCIDENT REVIEW WITH LONE WORKER;
- TO IDENTIFY ANY LEARNING
- AGREE FUTURE SAFE PATTERN OF WORKING

1.   Introduction

The aim of this policy, as set out in the national strategy, is to deliver an environment for those who work in or use the NHS that is properly secure so that the highest possible standards of clinical care can be made available to patients / service users. It is essential that staff feel safe and secure, and that they can perform their duties of delivering the highest quality care free from the fear of violence and aggression. Lone workers must be confident that CWP is committed to taking effective action and providing support if they find themselves in a threatening environment and need help.

Under the NHS Standard Contract 2016-17 NHS organisations have to make proper provisions for security management. The Standards for Providers 2016-17 recognises the need for organisations to support lone workers who are particularly vulnerable due to the nature of their work. The organisation needs to assess the risks of violence to its lone workers and take steps to avoid or control the risks. Where services are provided by lone workers within CWP premises or local community, the risks associated with lone working are assessed and that effective management action is taken and that the Trust recognises and accepts its responsibilities, in accordance with the Health and Safety at Work Act 1974 and The Management of Health and Safety at Work Regulations (1999).

2.   Definitions

Lone working may be defined as - 'any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague', NHS Protect 2017

The term 'lone worker' describes loner workers and a wide variety of staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. Lone working is not unique to any particular staff group, working environment or time of day. It may apply to:

- people who undertake shifts or work outside normal working hours

- people who work in direct contact with the public

- people who work alone from or within a central office

- people who are alone from access to standard emergency services

- people who work remotely from home

A **'Buddy'** is defined as - 'a person who is their nominated contact for the period in which they will be working alone', NHS SMS Lone Worker guidance (2009).

3.   Procedure

According to NHS Protect guidance lone working procedures should underline safety issues and contribute to a safer working environment, addressing all identified risks and providing staff with clear lines of communication place for the dissemination and use of these procedures, which should be subject to regular monitoring and review;

- Lone workers should always ensure that someone else (a manager or appropriate colleague) is aware of their movements. This means providing them with the address of where they will be working, details of the people they will be working with or visiting, telephone numbers if known and expected arrival and departure times.

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

- Arrangements should be in place to ensure that if a colleague with whom details have been left leaves work, they will pass the details to another colleague who will check that the lone worker arrives back at their office/base or has safely completed their duties. For office-based staff, if details have been left on a whiteboard, they must not be erased until it has been confirmed that the lone worker has returned safely or completed their duties for that day.

- Details of individual staff vehicles used by lone workers should also be left with a manager or colleague, for example, registration number, make, model and colour.

- Procedures should also be in place to ensure that the lone worker is in regular contact with their manager or relevant colleague(s), particularly if they are delayed or have to cancel an appointment.

- Where there is genuine concern, as a result of a lone worker failing to attend a visit or an arranged meeting within an agreed time, or to make contact as agreed, the manager should use the information provided in the log to locate them and ascertain whether they turned up for previous appointments that day. Depending on the circumstances and whether contact through normal means (mobile phone, pager, etc) can be made, the manager or colleague should involve the police, if necessary

- If it is thought that the lone worker may be at risk, it is important that matters are dealt with quickly as situations and circumstances can change rapidly, after considering all the available facts. If police involvement is needed, they should be given full access to information held and personnel who may hold it, if that information might help trace the lone worker and provide a fuller assessment of any risks they may be facing.

It is important that contact arrangements, once in place, are adhered to. Many such procedures fail simply because staff forget to make the necessary call when they finish their shift. The result is unnecessary escalation and expense, which undermines the integrity of the process.

4.   Risk management process
All NHS health bodies are required to assess the risks and implement measures to manage, control and mitigate risks to lone workers. The level of follow-up action should be proportionate to the level of concern highlighted in the risk assessment. These measures should be SMART: Specific, Measureable, Agreed Upon, Realistic, and Time-related.

Understanding how and why incidents occur in lone working situations is a key factor to risk assessment and ensure robust improvements to controls and systems to reduce risk to the CWP staff are implemented. A clearly documented risk assessment process should be considered in relation to CWP lone workers and the following factors should be considered:

- to identify types of risks (e.g. physical assault, harassment, stalking, theft of property or equipment)

- to assess these risks to lone workers based on their role and responsibilities (i.e. the frequency/likelihood of incident reoccurring and the cost impact on the NHS organisation, staff, resources and delivery of patient care) and grade the risks accordingly

- to review existing controls and implement any additional measures to reduce the risks to lone workers. It is important to include appropriate staff training to minimise these risks

- to evaluate the control and system measures and ensure that risks to lone workers are appropriately managed and improvements are made to reduce risks

- to feed into the local or corporate risk register and quality assurance framework where appropriate

- particular work activities that might present a risk to lone workers, such as prescribers carrying prescription forms and medicines on their person, particularly controlled drugs

- staff delivering unwelcome information or bad news; whether they have received suitable and sufficient training to deliver sensitive or bad news and defuse potentially violent situations
- patient/service users alcohol or drug abuse, drug misuse or non-compliance in relation to their clinical condition or response to treatment, any history of violence and or the associated risk of violence from their carers or relatives

- unsafe environments, travelling between certain environments or settings and visiting the same destination over a number of occasions, wearing a uniform etc.

- lone workers carrying equipment that makes them a target for theft or makes them less able to protect themselves

- evaluation of capability to undertake lone working – for example, being inexperienced

4.1 Identification of risk for lone workers

The risk to lone workers and any others who may be affected by their work should take into account all reported incidents, including near misses, adverse incidents, feedback from staff, debriefs and outcome of investigations. This information is required to make risk management decisions, learn from operational experience of previous incidents and use feedback obtained from staff and stakeholders to, ensure that the risk of future incidents can be minimised.

Lone worker risk factors might include:
- staff groups exposed to a particular risk

- working conditions: shift patterns, normal, abnormal and hazardous conditions, such as an isolated work place, poor lighting and access, etc.

4.2 Risk assessments (please see CP5 Clinical Risk Assessment policy)

Accurate and comprehensive assessments of all risks associated with service users and all environments should be undertaken in accordance with CWP Clinical Risk Assessment policy to ensure the safety of all. All assessments of risk should be viewed as a dynamic process that reflects changing patterns and needs. All clinical risk assessments and agreed management plans should be reviewed regularly with the service user and care team members and include known trigger factors such as medication, mental state, cultural / belief issues and challenging behaviour as well as known previous successful interventions. Any change in the level of risk should be recorded, communicated by the nominated key worker and risk management plans changed accordingly.

4.3 Low risk activities

There may be certain scenarios and activities that can be classified through a risk assessment as low-risk – for example, remote working due to the availability and range of technology now available, enabling NHS staff to undertake office work during normal daytime hours anywhere and at any time remotely. Lone worker staff in this situation **may be authorised** to work alone without the agreement of their line manager. However, risk assessments still need to consider not only safety while at work during normal office hours, but also issues of location, timing relating to personal safety (e.g. someone leaving an empty building, alone, at night) and access to valuable organisational resources and service user care details.

4.4 High-risk activities

If there is a history of violence and the service user, other friends/relatives who may be present, and or the location is considered high-risk, the lone worker must be accompanied by at least one colleague or in some cases, by the police. Consideration should be given to whether the service user can be treated away from their home, at a neutral location or within a secure environment.

The RCN 'Personal safety when working alone' guidance makes reference to refusal to treat: 'You may refuse to treat a patient if there is a serious threat of violence but this needs careful consideration. It may be possible for care to be given whilst the patient's violence is managed'. Staff safety is paramount and NHS staff need to mitigate risk to themselves and apply appropriate steps in protecting themselves as well as the patient.

4.5   Sharing risk information

Information concerning risks of individuals and addresses should be communicated internally to all relevant CWP staff who may work with the same patients/service users including bank, agency, temporary or part time staff. Information on known risks of addresses and associated individuals should also be appropriately shared with other colleagues externally, within the health, social care and other public sectors. This should include social care services, the ambulance service, patient transport services and primary care where applicable. Communication could also be facilitated through existing participation in local crime and disorder partnerships, community groups and other health-care organisation forums, and in liaison with the police.

5.   Arrangements for making sure lone workers are safe (see Flowchart 1)

Within the context of the Trust's overarching policy, each team or service is required to supplement this policy by producing their own safe working procedures based on risk assessments to assist employees in the local situation. This would routinely apply to all staff working as part of an inpatient service, community team or any staff on-call outside of normal working shift pattern.

All inpatient services staff who are asked to work in situations that meet the lone working definition, such as carrying out escorted duties or observation duties out of line of sight must establish a point of contact and this will be the NIC and / or line manager for that shift duration. Staff 'Attack Alarms' must be issued to those staff carrying out those duties as a priority, unless working outside of the inpatient areas due to the alarms not being able to be monitored. Where the Attack Alarms are not functional i.e. external to inpatient areas, staff must use the local agreed 'Buddy' system (see section 5.1) as a method of maintaining communication with their base.

5.1   The 'Buddy' system

It is essential that lone workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing various management procedures, such as the 'Buddy System'. Overall the ward/team/line manager is responsible for ensuring that there are procedures and systems in place for the safety of their staff within their team.

Lone workers in the community settings must ensure:
- That all work diaries are electronically updated daily;
- That all electronic work diaries be made available to the team manager or nominated deputy to access;
- That all personal contact details are updated and changes made known to their line manager.

To support this process a member of staff can be nominated to ensure that the contact details and whereabouts of all lone workers are known and available. This staff member is known as a 'Buddy'; in the absence of a 'Buddy' such as within inpatient areas the contact details of each lone worker must be accessible to the ward/team/line manager.

The nominated 'buddy' will:

- Be fully aware of the planned movements of the lone workers;
- Have all necessary contact details i.e. mobile phone number;
- Access to personal contact details, such as next of kin (not appropriate for infrequent lone workers);
- Have details of the lone workers known breaks or rest periods;
- Attempt to contact the lone workers, if they do not contact the 'buddy' as agreed;

- Follow the agreed local escalation procedures for alerting their senior manager or the police, if the lone workers cannot be contacted or if they fail to contact their 'buddy' within agreed and reasonable timescales.

Essential to the effective operation of the 'Buddy System' are the following factors:
- The 'buddy' must be made aware that they have been nominated and what the procedures and requirement for this role are;
- Contingency arrangements should be in place for someone else to take over the role of the 'buddy' in case the nominated person is called away to a meeting;
- There must be procedures in place to allow someone else to take over the role of the 'buddy', if the lone working situation extends past the end of the nominated person's normal working day or shift.

6   Lone working equipment

If a lone worker has been given personal protective equipment, i.e. mobile phone, personal attack alarm, staff must ensure that they carry it with them at all times and they know how to operate it. All faults noted with lone worker equipment must be reported and replaced before commencing or continuing their duty. In accordance with policy all staff must carry an up to date CWP identification badge, which must be visible during any visit (refer to all appendices for further guidance).

7   Loss of contact with a lone worker (see Flowchart 2)

Any incidents where by staff member is found to be non-contactable whilst on duty or when carrying out planned community visits must be taken seriously and action taken to establish contact.

8   Reporting

It is important that all staff report incidents of physical and non-physical assault including near misses using the Datix incident reporting system. This will enable CWP to conduct a thorough investigation and ensure that any suspected crime is reported to the police as soon as possible. Accurate and increased reporting by staff, can enable trends and patterns to be identified to prevent recurrence and determine actions required to control or reduce risk and to further improve local policies and procedures to minimise the risks that these staff face.

9   Post-incident support

Incidents that occur in lone working situations, whether they involve assaults on staff, theft or criminal damage to NHS property, can have a direct impact on those who deliver high-quality patient care. Any member of staff who has been subject to an abusive or violent incident must be offered the necessary post incident support. These might include an informal or formal debrief following the incident, psychological support, counselling services, post-trauma support, peer support and access to the staff member's professional or trade union representative.

9.1   Post-incident action

Following an incident or threat in a lone working situation CWP Security Services Manager can be contacted to offer advice and/or ongoing support. Where a suspected crime has been committed the incident should be reported to the police for initial investigation in compliance with CWP policy.

9.2   Post-incident review

Post-incident review will enable all available information to be used to ensure that lessons can be learned and the risk of future incidents minimised through the review of local lone worker systems and procedures. The key to post-incident review, risk assessment and follow-up action is an understanding of how and why incidents occur in lone working situations and being able to learn from that understanding.

In order to achieve this, the following factors should be considered:

- type of incident (for example, physical assault/theft of property or equipment)

- severity of incident

- likelihood of incident recurring

- individuals and staff groups involved

- weaknesses or failures that have allowed these incidents to take place (for example, procedural, systematic or technological)

- training needs analysis of staff, in relation to the prevention and management of violence, the correct use and operation of lone worker protection technology or other relevant training

- review of measures in place to manage and reduce identified risks

- review of the effectiveness of support measures for the staff involved

- technology in place to protect lone workers

10. Training – lone working, personal safety and conflict resolution training

Training is an important control measure to mitigate the risks. It is essential that lone worker staff have access to the appropriate training in identifying, preventing, managing, de-escalating potentially violent situations and any specific equipment or devices issued to lone workers. This must be done in compliance with CWP Training Needs Analysis where the rights and needs of the patient/service user are balanced against the rights and safety of lone workers.

All new lone worker staff must receive a comprehensive local induction programme. This should include information relating to 'buddy systems' or safe systems of working and also reference to all relevant CWP policies. During supervision all lone workers should discuss and identify mandatory training requirements and agree dates for attending training.