

	A Whittington Hospital Risk Management Policy
	Lone Working
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LONE WORKING

1. Introduction

- 1.1 It is not practicable for the Trust to make a general rule that staff must not work alone. There will be times when lone working is unavoidable. Hence, the Trust will so far as is reasonably practicable take steps to reduce any adverse effects based upon risk assessment.

Below is the Trust Lone Working Policy Statement.

The Health and Safety Executive defines lone working as “those who work by themselves without close or direct supervision.” Croner Health and Safety defines Lone worker as “a worker whose activities involve a large percentage of their working time operating in situations without the benefit of interaction with other workers or without supervision.”

2. Policy statement on lone working

- 2.1 The Trust accepts its responsibility to ensure, so far as is reasonably practicable, the health, safety and welfare of staff lone working.

It is not practicable to make a general rule that staff cannot work alone, as there will be occasions when staff will have to work on their own. Instead, all Trust lone working tasks will be identified and subject to risk assessment. Subsequent, recommendations to control or eliminate identified hazards will be implemented by management and staff so far as is reasonably practicable. Individual will receive adequate information, instruction, training and supervision on the hazards and risks. Written procedures will be produced covering foreseeable and unlikely hazards. By doing this, staff health and safety and patient care will not be compromised.

The Trust will ensure that any person working alone will be suitable, both in terms of competence and personal health and fitness. The Trust requires that at all times staff must work only within their recognised area of professional competence and physical capability and must highlight any foreseeable hazards to their Line Manager. The Trust will ensure that staff will have access to first-aid in case of illness or injury. A first-aid box or travelling first aid kit (contents to be in agreement with First Aid Regulations 1989) will either be made available within a Trust vehicle or the employee will be given information as to its location and/or, the nearest designated First Aider within the premises they are working.

The Trust acknowledges the need to maintain good communication links with staff when they are unaccompanied. With this in mind adequate procedures, systems and hardware will be put in place to aid this process.

The Trust accepts that there are some situations when lone working is not acceptable e.g. visiting a patient with a history of aggression and where, the risk assessment findings are that more than one person should be in

attendance. Where these situations occur the Trust will ensure strict written departmental procedures are in place that must be adhered. Where employees are working within non-Trust premises staff must report to a responsible person before commencing work and must familiarise themselves with any local health and safety procedures.

The Trust will regularly monitor this policy to ensure its effectiveness, with a formal review every three years or where there has been any significant change in procedures or personnel.

3. Legislation

- 3.1 All employers have a legal duty under section 2(1) of the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees. This duty extends to protecting employees from the effects of lone working.

The Management of Health and Safety at Work Regulations 1999, requires the employer to carry out risk assessments covering both risks to employees and to those who are not employed but may be affected by the Trust's undertaking. The employer must identify the preventative measures needed and record (i.e., in writing) the significant findings of the assessment and any group of employees identified as specifically at risk.

It is the Trust responsibility to make certain that the systems in place for lone working are as robust as those put in place for employees working in a group or under close supervision.

Staff have a duty of care to take reasonable care of their own health and safety.

4. Responsibilities

4.1 Trust

The Chief Executive has overall responsibility for the Health and Safety within the Trust.

4.2 Directors

The Chief Executive delegates responsibility for implementing this policy to the all Trust Directors. Each Director must ensure Ward and Departmental Manager identify Trust and non-Trust staff lone working tasks, undertake formal risk assessments, produce standard operating procedures, provide the necessary resources for staffing, equipment and training and supervise the implementation of this policy. Hazards identified from risk assessments must be written down and the risks reduced to the lowest reasonably practicable level. Standard operating procedures must be written down and adequate to control/eliminate the hazards/risks identified.

4.3 Ward and Departmental Manager.

The Ward and Departmental Manager must:

- Identify all Trust and non-Trust staff lone working and the tasks they are performing using form given in Appendix 1;
- Undertake risk assessments using the Trust standard format;
- Identify any special hazards to lone workers and where reasonably practicable implement recommendations;
- Produce written standard operating procedure;
- Train staff on the standard operating procedure and record this;
- Ensure that there are suitable systems in place to supervise lone workers
- Review risk assessment and standard operating procedure annually or after an incident or as required;
- Ensure that lone workers have adequate access to first aid provision.

4.4 Staff

All Trust staff have a duty to identify any potential and unsafe situations or working practices. They should never perform a task that they believe to or has the potential to cause damage or harm to them and others affected by their work.

5. People who are likely to have to work alone

5.1 People who work by themselves without close or direct supervision may be found in a range of situations. Below are some areas for consideration:

- Allied Health Professionals
- Emergency Call staff
- Laboratory staff
- Midwives
- Catering staff
- Home workers
- Caretakers and porters
- Security staff
- Ground staff
- Office staff
- People, including contractors, who work outside normal hours: e.g. cleaners, maintenance or repair staff
- Contractors who carry out construction work, plant installation, maintenance electrical repairs, lift repairs, painting and decorating, cleaning etc., on Trust premises

Appendix 2 details a questionnaire that staff can use to help identify staff lone

working and potential hazards faced.

6. Law relating to lone working

- 6.1 There is no general prohibition on working alone, but some specific legislation stipulates that at least two people must be involved in the work and specifies those safe systems of work to be followed. In some cases exemptions are available which permit lone working. In others the law stipulates the standard of supervision to be provided (e.g. for young people undergoing training) and limits the extent to which people may work on their own.

Where possible management should consider: avoiding the need for lone working as far as practicable; changing the way the task is done; improving information gathering and sharing about patients or clients with a history of violence; having arrangements for meeting clients or patients away from the workplace or homes when not essential; identifying visits which should not be carried out in the evening or night or by lone workers; and ensuring that staff who work in the community provide full leave details of their itinerary, report back at regular intervals and there is a system to confirm their safe return and; active management supervision is in place for lone working tasks.

7. Risk Assessment

- 7.1 Risk assessment must be undertaken for all lone working tasks performed by Trust and Non-Trust staff according to the Trust Risk Assessment Policy.

For this task, the following must be considered:

7.2 What are the hazards and risks associated with the intended task?

A written risk assessment must be undertaken for each work task. The hazard/risks associated with the location, equipment being used and potential for accidents or emergencies arising out of the work must be considered. Management must reduce these hazard/risks to the lowest reasonably practicable level and be able to justify their decisions.

7.3 Has the individual received adequate information, instruction and training?

Have staff been given adequate information, instruction and training on the task and how to deal with specific problems when working alone? Training is particularly important where there is limited supervision to control, guide and help in situations of uncertainty. It is critical to avoid panic reactions in unusual situations. This should include contingency measures for foreseeable problems including emergency procedures e.g. fire.

7.4 Is there a risk of violence, abuse and harassment?

The individual should be a suitable person to work alone, both in terms of competence and personal fitness and health. Specific training in the

management of aggression and personal safety is a pre-requisite for anyone involved in lone working, the training content must be commensurate with the hazards and risks.

7.5 Does the task involve handling hazardous chemicals and other substances?

A control of substances hazardous to health assessment must be undertaken for each task according to the Trust Control of Substances Hazardous Policy. The question is to be asked should staff be working with this chemical alone and what are the hazards the chemicals present to lone workers.

7.6 Does the task involve manual handling?

A manual handling assessment must be undertaken for each task according to the Trust Manual Handling Policy. These risks should be reduced to the lowest reasonably practicable level.

7.7 Does the task involve working late at night and early morning?

In some cases night working will be unavoidable. An assessment should be made to determine if a second person would be able to substantially reduce the potential for incidents or injury.

7.8 Does the task require more than one person?

Assessment should be made to determine if there are occasions when assistance would be required, such as during patient moving and handling procedures.

7.9 How will the person get access to first aid or managerial support?

Management must determine the level of supervision required for the task. There must be sufficient flexibility in the system to adjust staffing levels to meet risk assessment needs. In case of illness or injury, can the individual access a first-aid box or contact medical personnel. Are they clear on how to contact their supervisor, or some other responsible person who understands the work processes?

7.10 How will the manager know the whereabouts of staff?

All lone working staff must complete the diary/log sheet or similar system that details their schedule, client address and telephone numbers. Staff must inform Trust management at the end of the day of their safe return. Management must have staff address, bleep numbers, mobile and home address phones. Each Department must produce a protocol covering the above and all staff must be trained on this. This training must be recorded. The protocol needs to cover what action management will take if someone does not notify them of their safe return after a given period of time.

7.11 Is there a lack of welfare, rest and hygiene facilities?

Management must review the provision welfare facilities for staff and if these are adequate.

8. Situations where lone working must not be permitted

8.1 The Trust has identified the following situations where more than one person **must** be in attendance. The list should not be viewed as conclusive and managers must use their own discretion.

- Where it is a legal requirement for work to be done in pairs.
- Where the risk assessment has identified a 'high risk' classification.
- When visiting a new or unknown patient with no accessible information or when the information available identifies a potential risk.
- When visiting a patient who is known to have a history of violence or aggression (physical or verbal) or the patient's family, relatives or friends have a history of violence or aggression (physical or verbal).
- When visiting a locality or premises that external agency (police, social services etc) indicates there are potential grounds for concerns.
- Where the employee is uncomfortable about any aspect of the visit and is significantly concerned for his/her personal safety.
- When working in a confined space as defined in Confined Spaces Regulations 1997. A confined space means any place including chamber, tank, vat, silo, pit, trench, pipe, sewer, flue, well or similar space in which by virtue of its enclosed nature there arises a reasonably foreseeable specified risk;
- When working at heights.
- When a young person is being trained or is working. Staff should be aware of The Health and Safety (Young Persons) Regulation 1997 states a young person means any person who has not attained the age eighteen. Work place-based activities for pupils under 16 must be regard as Trust employees.
- When staff with a learning disability is being trained or is working.
- When staff has a medical condition of concern.
- Any other specific considerations referred to in a departmental protocol e.g. when attending an out of hours call to a health centre staff must not enter the buildings alone.

9. Standard operating procedure for lone working

- 9.1 From Departmental risk assessments, bespoke Departmental standard operating procedures must be produced to eliminate/control hazards/risk identified. It is vital that management give significant time to this task and satisfy themselves that the hazards/risk are adequately controlled/eliminated. Staff lone working must be trained on the standard operating procedure and this training recorded.

The standard operating procedure must set clear procedures on the limits what staff can and cannot do while working. Staff must understand the hazards and risks of their work, the precautions that are required and what they should do in an emergency. Where employees work alone away from their base, the standard operating procedure must require staff to leave details of their itinerary and work schedules for the day, their expected arrival and departure times, and contact names and telephone numbers. There should be a system for lone workers to report in at regular intervals and procedures for raising alarm if this does not occur and the worker cannot be contacted.

Staff training must be comprehensive enough to ensure that employees are competent to deal with circumstances that are new, unusual or beyond the scope of normal training. Staff must still be empowered to be able to stop any work that would put them at risk without fear of reprisals.

In addition, the Trust must provide information to other employer's staff who maybe visiting on their own. These visitors need to know about any risks and health and safety procedures in operation at the Trust. Trust Directors need to ensure this point is implemented.

10. Safety Precautions For Lone Workers

The following guidance provides general information for staff visiting non-Trust premises, how to deal with maintenance staff and contractors and how staff should conduct themselves. The guidance should not be viewed as final but provides some pointers at what to include in departmental standard operating procedures.

10.1 Staff visiting non-Trust premises i.e. patient home and local authority centre.

- If possible arrangements should be made to met clients and patients away from home visits when this is not essential.
- A risk assessment must be performed of potential hazards presented by the visit.
- For new patients, a potential violence check must be undertaken using the Trust incident information database on patient name and address; reviewing information (if any) provided by external agencies (i.e., social workers or the police) and any other recognized sources. Managers maybe required to seek more information from those referring the patient to the Trust if deemed necessary. Management must classify the areas staff are visiting with respect

to official and general safety knowledge. If a person or premises is on the Trust violence checklist or an area is classified high risk then the visit must be done in pairs with police assistance. The police support must be received prior to making the visit.

For new patients visits, an environmental questionnaire must be completed by staff and be used as part of risk assessment process. Appendix 3 provides a form for this purpose. Some judgement will be required by management and staff on completing what is acceptable or unacceptable. However, if further advice is required please consult with the Health and Safety Advisor.

- For new or unknown patients with no accessible information the initial visit must be done in pairs.
- For new patients, departmental managers must be informed of the visit, where staff are going and how long the visits is expect to be;
- Staff must complete daily visit schedule and this must be readily available to management.
- other personal protective equipment provided.
- Staff must be familiar with the Trust policy regarding violence at work.
- Staff must take care of themselves at all times and staff must never knowingly place themselves in any danger.
- Staff must notify management of their safe return or when finishing their shift.
- Staff visiting health centres should make appointments within normal working hours and staff must not be left alone in the building.
- Staff must familiarise themselves with the emergency procedures of any other building they are visiting.
- Staff need to secure buildings when entering and leaving. Thereby ensure a secure working environment for others.
- If there is any doubt about a visit or concerns about your personal safety then you must take a colleague.
- If you have not returned within a set time period an alarm will be raised and management will take steps to determine your whereabouts .

10.2 Maintenance staff and contractors

- A risk assessment must be performed of potential hazards presented by the visit.
- Where a contractor is working on site s/he must have completed the Trust visitor's form. Departmental managers must familiarize the contractor with the Trust emergency procedures for the premises and any pertinent health and safety issues.
- Management must ensure regular checks are made whilst the contractor is on site to ensure his/her safety. This is particularly important for lift engineers, electricians and other maintenance workers, are carrying out work
- Maintenance staff must avoid lifting heavy objects on their own.
- Maintenance staff using ladders must work in pairs.
- Maintenance staff undertaking work away from their usual workstation or in a remote area must inform Management of what they are doing, where they will be and what time they expect to be finished.
- Management must take steps to determine staff whereabouts should they not

return with agreed times.

10.3 Precautions to be taken by all lone workers

You must ensure that you are medically fit and suitable to work alone. Routine checks by your doctor may be appropriate to ensure that you have no medical conditions that make you unsuitable for working alone. You must consider both routine work and foreseeable emergencies that may impose additional physical and mental burdens on you. ***Don't put yourself at risk.***

If you know you are suffering from a medical condition that could put you at increased risk you are obliged to inform the Trust occupational health or head of your department. This does not necessarily mean that you will be unable to carry on doing the job, merely that additional precautions may be taken where necessary.

Staff should make themselves familiar with any panic alarm procedures for the building they are in.

Specific staff training may be required to ensure proficiency in safety matters and avoid panic reactions in unusual situations. This is particularly important in work activities where there is limited supervision to control, guide and help in situations of uncertainty. As a solitary worker you need to understand fully the risks involved in the work, the necessary precautions and be sufficiently experienced. Standard operating procedures should lay down clear do's and don'ts. If this is not the case, immediately raise this with your line manager explaining the issues. Also the Standard operating procedure should specify how to behave in circumstances that are new, unusual or beyond the scope of training, e.g. when to stop work and seek advice from a supervisor.

Although as a solitary worker you cannot be subject to constant supervision, it is still the Trust's duty to provide appropriate control of the work. Supervision complements information, instruction and training and helps to ensure that you understand the risks and precautions associated with work. It can also provide guidance in situations of uncertainty.

The extent of supervision required will depend on the risks involved and your proficiency and experience to identify and handle safety issues. If you are a new employee undergoing training, doing a job that presents special risks, or dealing with new situations you may need to be accompanied at first. The extent of supervision required is a decision that will be made by your departmental head. It should not be left to you to decide that you require assistance. Safety supervision will generally be carried out when visits are made to check the progress and quality of your work and may take the form of periodic site visits coupled with discussions in which safety issues are assessed.

If you feel uncomfortable about entering any situation you must contact your senior manager to make them aware of the concerns and highlight the reasons you're your anxiety. This will allow all concerned to agree a resolution to the problem.

Illness, accident and emergency situations may arise and as a solitary worker you should be capable of responding correctly. Emergency procedures are established within the Trust and all employees are trained to implement these procedures. Information about emergency procedures must be fully understood and you must ensure you know the location of and have access to adequate first-aid facilities. If you are a mobile worker you should carry a first-aid kit suitable for treating minor injuries.

All incidents, in particular those of violence or aggression, both physical and verbal, including inappropriate behaviour, must be recorded in line with the Trust's Incident Reporting Procedure.

Staff should check with their Department to clarify what other, (if any), additional protocols specific to their department must be followed in a lone working situation. This may include for example the carrying and use of personal attack alarms, torches etc.

Appendix 2
Working Alone Questionnaire

1. As part of job do you ever have to work:		
On your own in the community?	Yes	No
On your own visiting other employer's premises?	Yes	No
In isolation from others at the workplace?	Yes	No
In isolation from others out of doors?	Yes	No
On your own at home?	Yes	No
2. If you answer yes to any of the above, do you work like this:		
All of the time?	Yes	No
Most of the time?	Yes	No
Some of the time?	Yes	No
At certain periods of the day or week	Yes	No
Or do you work like this:		
As a normal part of your job	Yes	No
Because of staff shortages	Yes	No
3. If you work alone from base:		
Is your daily itinerary known at base?	Yes	No
Is there a procedure for reporting in?	Yes	No
4. Have you been given information and training about the health and safety risks of your job and the preventative measures in place, for example:		
How to lift safely?	Yes	No
How to use equipment safely?	Yes	No
How to use chemicals safely?	Yes	No
How to avoid infection hazards?	Yes	No
How to avoid violence and aggression?	Yes	No
Other?	Yes	No
5. Have you been given information and training what to do in an emergency?	Yes	No
6 Is there a policy which ensures you work in pairs if the job involves	Yes	No
Lifting or handling heavy or awkward loads?	Yes	No
Using hazardous equipment?	Yes	No
Using ladders or scaffolding?	Yes	No
Working with live electricity?	Yes	No
Working in or near water?	Yes	No
Potential exposure to harmful substances or infectious organisms?	Yes	No
Providing care or other services to people with known history of violent or aggressive behaviour?	Yes	No
7. Do you know how to summon assistance	Yes	No
8. If you work at a fixed location but in isolation from others:	Yes	No

Is there a procedure for checking in and out?	Yes	No
Have you been given information and training about the safety risks of your job and the precautions to take?	Yes	No
Is there any means of raising the alarm or calling for assistance?	Yes	No
9. If you work on your own at home:	Yes	No
Has your workstation been assessed by the Trust and equipment provided?	Yes	No
Have you been given information and training about the health and safety risks of RSI and the need to take frequent breaks?	Yes	No
Are there procedures for keeping in regular contact with your work base	Yes	No
Do you know what to do if things go wrong?	Yes	No

Thank you for completing this survey.

Appendix 3
Environmental Questionnaire

Assessor(s)		Discipline	
Patients Name		Chi Number	
Address		GP Contact Number	
Telephone		Number of persons living in premises	
Premise type: Domestic/Commercial/Industrial		Locality: Urban/Semi-urban/rural	
Desk Top Assessment	Acceptable	Unacceptable	Comments/Action required
Trust Incident Information			
NHS Alert			
Police Classification of locality			
Staff discussions			
External	Acceptable	Unacceptable	Comments/Action required
Parking Facilities			
Lighting			
Access			
Road type			
Mobile Phone Reception			
Internal	Acceptable	Unacceptable	Comments/Action required
Access			
Pets			
Obvious fire hazards			
Lighting			
Floor coverings			
Furniture			
Obvious slip or trip hazards			
Space available			

Has a Manual Handling Risk Assessment been carried out? Yes/ No

If yes, is it available?

Yes/ No

Assessment Outcome: High

Medium

Low

Further information should be sought from person in charge of case or last assessor

Sign and Date:

