

Health and Safety for Lone Working Policy

Board library reference	Document author	Assured by	Review cycle
P045	Head of Health & Safety/ Local Security Management Specialist	Quality and Standards Committee	3 years

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1. Introduction

Avon & Wiltshire Mental Health Partnership NHS Trust henceforth with this document referred to as the "Trust" is committed to providing a safe and secure environment for its staff.

The provision of a safe and secure environment in this policy is recognised by the Trust as a statutory requirement to comply with the Secretary of State's Directions to NHS Bodies on Security Management Measures and Health and Safety Executive requirements.

This policy will be applied to the fair treatment of all people, regardless of their gender, race, colour, ethnicity, ethnic or national origin, citizenship, religion, disability, mental health needs, age, domestic circumstances, social class, sexuality, beliefs, political allegiance or trades union membership. The Trust is firmly opposed to any discrimination based on these human characteristics and values.

2. Purpose or aim

The aim of this policy is to underline safety issues and contribute to the provision of a safer working environment for staff working alone. The Trust has a legal duty under the Health & Safety at Work Act 1974 to ensure so far as is reasonable and practicable the health and safety of its employees.

Under the Health & Safety at Work Act 1974, all employees have a duty to ensure the safety of themselves and others who may be affected by their acts or omissions. In terms of lone working this can be seen to mean that any employee must not put themselves or others in a position of danger by either entering a dangerous situation, failing to provide adequate information to a colleague, failing to ensure that an adequate risk assessment is undertaken or not following an agreed safe system of work. Staff who feel that there is an unacceptable level of risk when engaging in a particular visit or environment therefore have the right to refuse such a visit provided there are reasonable grounds for making that judgement.

3. Scope

This policy shall apply to all Trust employees working in isolation, for example when:

- Working in the community either through home visits or appointments at a third party premises. (also refer to guidance in [Operating principles for working in GP surgeries](#) and [Checklist for Assessing Third Party Premises](#))
- Escorting service users in the community.
- Staff who see service users for individual sessions in wards or clinics.
- Accompanying the service user to and or from a ward.
- On-call staff required to respond to clinical or non-clinical emergencies, for example clinicians or estates staff.
- Reception staff working alone in a clinical reception area.
- Travelling alone as required by work.
- Those staff that open and close Trust buildings early in the morning or late at night.

This list is not exhaustive.

4. Policy Statement

The Trust believes that all staff, service users, carers and visitors should treat each other with dignity and respect and to behave in an acceptable and appropriate manner as set down in the [Bullying, Harassment and Dignity at Work Policy](#). Staff have a right to work, as service users have a right to be treated, free from fear of assault and abuse.

The Trust will ensure that systems are in place to provide staff with the tools to work and provide the best clinical care for its service users. Employees failing to observe this policy and applicable health and safety regulations may be subject to action in accordance with the [Disciplinary Policy](#).

In order to minimise the risk of violence and aggression the Trust will work to implement its statutory duties highlighted by NHS Protect. The Trust also recognises that it is important, as far as is reasonably practicable, to provide and maintain equipment and systems of work and procedures that are safe and without risks to health.

4.1 Local Lone Working Procedures

Safe lone working is based on robust risk assessment and plans that manage these risks effectively. This policy requires that local procedures will be made by all teams carrying out lone working and these should encompass the following principles ([further guidance is available here](#)):

- Use of the Trust clinical risk screens and assessment tools.
- Thorough risk assessment of the service user and the location of the interview/visit is made prior to lone working.
- Individuals working alone will make their whereabouts known to an identified responsible member of staff (positive reporting).
- Arrangements will allow for them to contact and be contacted in the event of an emergency.
- Provide mobile phones to visiting staff.
- Ensure there are sufficient lines into the team base (if this is the way alarms are raised) to enable staff to get through to a colleague.
- All staff involved will be aware of the action to be taken in an emergency.
- Team holds details of visiting staff i.e. car registration number, telephone number and address.

5. Roles and responsibilities

In order to ensure that policy objectives are achieved it is necessary to communicate the role and responsibilities of all employees at all levels. It is therefore the responsibility of each member of the Trust to support and be familiar with this policy.

5.1 Trust Board

The Trust Board is ultimately responsible for fulfilling legal requirements relating to health, safety and welfare of those employees who work for the Trust including the protection of lone workers.

The Board is responsible for the assuring and improving the quality of clinical care by implementing clinical governance. The key principles of which are quality improvement, risk and performance management, systems for accountability and responsibility, formal audit and to minimise risks, undertake investigations and learn lessons from adverse events.

5.2 The Chief Executive

The Chief Executive takes specific responsibility for:

- Overall responsibility for the fulfilment of the relevant statutes.
- Advising the Trust Board on the review of existing policy arrangements and allocation of resources to implement health and safety procedures.

- Referring matters of a critical nature to the Trust Board for resolution and ensuring that adequate safety arrangements exist within the Trust.

5.3 Executive Directors

On behalf of the Chief Executive the Director of Nursing and Quality takes lead responsibility for the management of Health and Safety within the Trust.

The Director of Nursing and Quality is also the nominated Security Management Director for the Trust.

The Security Management Director will be responsible for:

- Ensuring that the Trust complies with the NHS Security Management Standards for Providers and NHS occupational health and safety standards for lone working.
- appropriate security management provisions are made within the NHS organisation to protect lone working staff.
- Ensuring that measures to protect lone workers complies with all relevant health and safety legislation, Secretary of State Directions and takes into account NHS guidance.
- The protection of lone workers by gaining assurance that policies, procedures and systems to protect lone workers are implemented.
- Raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiatives.
- The nomination and appointment of a Local Security Management Specialist 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 the protection of lone workers. Where there are foreseeable risks, the Security Management Director should gain assurance that all steps have been taken to avoid or control the risks.
- In conjunction with the other Executive Directors ensuring the provision of training, guidance and support to managers on the implementation of this policy.
- Ensuring that employees who have been involved in a violent or aggressive situation are fully supported and assisted in any subsequent civil claim or application for Criminal Injuries Compensation provided that they were performing their authorised duties in the course of their employment.

5.4 Non-Executive Director for Security Management

The Non-Executive Director for Security Management is responsible for promoting security management at Board level. The requirement for a Non-Executive Director is set out in Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006). The role of the Non-Executive Director is to support, and where appropriate, challenge and support the Security Management Director on issues recommendations relating to security management at Executive Board level.

5.5 Locality Directors, Clinical Directors, Quality Directors, Corporate Directors

All Directors are responsible for ensuring that for each service and department within their directorate:

- Complete risk assessment screening for all service users and where required a full multidisciplinary risk assessment is undertaken and that these assessments are reviewed.
- Ensure that risk assessments are carried out to identify the likelihood of a violent or aggressive situation occurring and that such situations are reduced or minimised by devising

control strategies and risk management. Such risk assessments not only consider clinical issues but also environmental, procedural and practice issues.

- Develop control measures including robust risk management and safe systems of work are implemented in accordance with health and safety risk assessments.
- Complete and forward electronic incident forms to the Risk Department in accordance with the Adverse Incident Policy.
- Report incidents reportable under RIDDOR to the Head of Health and Safety without delay either by telephone or email followed by the electronic RIDDOR report on the Trust's intranet.
- Ensure systems are in place to disseminate information on risk management measures and responsibilities to all relevant staff.
- Monitor the implementation of this policy and provide support for line managers to ensure that their responsibilities are met.
- Local arrangements that implement this policy are devised and reviewed.

5.6 Head of Service/Department/Line Manager

Each Head of Service/Department/Line Manager has key responsibilities to:

- Line managers will raise staff awareness of this policy to all groups of staff, focusing on high risk community staff, quality checking and ensuring risk assessments are robust and up to date and that staff understand the risks and apply safer working practices.
- Ensure, within their area of responsibility, that this policy is complied with and that employees are sufficiently aware of and conversant with this policy to perform their duties and the local lone working procedure.
- Ensure that risk assessments are carried out to identify the likelihood of a violent or aggressive situation occurring and that such situations are reduced or minimised by devising control strategies and risk management. Such risk assessments not only consider clinical issues but also environmental, procedural and practice issues including:
 - assessing the level of training provided to staff;
 - assessing communications with other teams, outside agencies and within the team to ensure that accurate, contemporaneous and relevant risk information is relation to clinical risks;
 - assessing the response to emergency situations, i.e. when a lone worker fails to return from a visit, response to building alarms, response to mount a PMVA response team etc;
 - the Trust has agreed that an alarm should be when after 30 minutes, there has been no response from the lone worker. The alarm can be rasied earlier depending on risk and circumstances.
 - assessing the environment for factors which inhibit best practice i.e. vision, audibility, staff call alarms, patient to nurse call alarms, colour of decorations and furnishings, noise levels, signage and information, sources of potential weapons, dead end corridors, security, doors and interview spaces etc;
 - assessing lone worker situations including escorting of service users on or off a hospital site.
- Ensure all staff are aware of the arrangements to fulfil this policy
- Monitor and review arrangements in consultation with staff so that the local procedures can be reviewed effectively

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- Ensure that all new employees are made fully aware of local lone working procedures, as required by this policy, as soon as is practicable, following their appointment (positive reporting).
- Investigate violent or aggressive incidents taking action to avoid a recurrence, whilst supporting employees directing them to the appropriate support agencies and if required to the Local Security Management Specialist.
- Ensure that assessment and control measures are reviewed, clearly documented and amended in an appropriate format where necessary.
- Ensure that the training needs of all Trust employees in their department are identified and that these needs are addressed.
- Ensure that employees are provided with supervision, information, instruction, education and training as is necessary and this should include likely risks and precautions that may be required. Staff should be given the opportunity to attend appropriate training identified through appraisal processes and required by this policy.
- Ensure all visiting and escorting staff are provided with mobile phones, radios.
- Ensure all visiting and escorting staff are provided with a personal attack alarm.
- Ensure that all staff working within a patient environment are provided with appropriate fixed/portable alarm call devices, and that these systems are maintained.
- Incidents reportable under RIDDOR should be reported to the Health and Safety Team using the electronic RIDDOR reporting form on the Trust Intranet.
- Ensure that employees are supported if they have responded in any way during an incident which they determined as appropriate at the time. Inappropriate action may be seen as a sign of a training and development need.
- Ensure that employees are able to take time from their work to attend such counselling as the Trust Occupational Health or Employee Support Service deems necessary. It should be recognised that counselling may be necessary not just for those people who have experienced or observed a one-off violent or aggressive situation where injury may or may not be apparent but also for those who have suffered exposure to prolonged violence and aggression not characterised by a single event.

5.7 Lone working staff

The policy requires all employees who are lone working to:

- Ensure that they risk assess any visits; review existing risk assessments and care plans; understand the risks and apply safer working practices.
- Exercise positive reporting regarding appointments, movement etc
- Comply with health and safety rules and regulations by co-operating with their line managers in undertaking risk assessments and incident investigations.
- Ensure that mobile phones are on when making visits or during escorting and that a personal attack alarm is carried and is functional.
- Follow this policy and any associated local or Trust procedures and guidelines. Certain employees may be required to follow specific local procedures if a report to base system is operated and an employee fails to report back.
- Communicate to line managers, supervisors, colleagues and employees of other organisations if there is a previous history of or likelihood of a service user displaying violent or aggressive behaviour making a clear record in the service users care plan and any referral documentation.
- Report all incidents or dangerous occurrences as soon as possible after the occurrence on a standard Trust electronic incident form as per the [Incident Management Policy](#)

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- Act reasonably within the law and care for their own health and safety and that of others who may be affected by their acts or omissions. Employees must not knowingly put themselves or others into situations of significant risk and must only take part in those activities for which authorisation, suitable training and adequate protection has been given. This shall not be construed as precluding use of any reasonable force that may be required in an emergency involving a colleague or member of the public who is in danger. Employees who find themselves in a situation of significant risk must behave reasonably, refrain from using excessive force and perform only those duties authorised in the course of their employment.
- Bring any perceived risks, such as unsafe working conditions and training needs to the attention of their line manager.
- Undertake training as required by local procedure or Trust Policy.
- Bring to the attention of their manager any condition that prevents them from undertaking their duties or training safely.
- Under the Health and Safety at Work Act the Trust has a legal duty to protect the health, safety and welfare of its employees. Staff have a right under this act to withdraw from any situation where there is a threat or perceived threat to their personal safety or the safety of colleagues present. The Trust will support staff in this action and support is available from the Local Security Management Specialist and line managers. In the context of home visits this may mean withdrawing from the visit and possibly future visits until risk conditions improve. Each case should be considered on its own merits and managers must respect and support staff risk assessments and decisions.

An adverse incident form should be completed, even for a threat or near miss. A withdraw from a visit should also be fully documented within the users records with the actions and reasons fully recorded. This information must be shared with the team, and other agencies as appropriate, to ensure that they are fully aware of risk factors to consider within their own risk management plans.

5.8 Health and Safety Manager and Operational Risk Management

- The Health and Safety Manager shall offer advice to managers on environmental risks in relation to lone working and health and safety risk assessment and management.
- The Violence Reduction Group shall oversee the development of a range of training courses covering various aspects of managing and dealing with violence and aggression.
- The Health and Safety Manager (or delegated representative) will report any RIDDOR notifiable incidents to the Health and Safety Executive on behalf of the Trust.

5.9 Local Security Management Specialist

The Local Security Management Specialist will have delegated responsibility from the Accountable Director for the co-ordination of this Policy.

- The Local Security Management Specialist will ensure there is compliance with this policy and undertake regular audits and produce action plans to address gaps.
- The Local Security Management Specialist will deliver staff awareness sessions to all groups of staff, focusing on high risk community staff, quality checking and ensuring risk assessments are robust and up to date and that staff understand the risks and apply safer working practices.
- The Local Security Management Specialist will undertake his/her duties in accordance with Secretary of State directions to health bodies on measures to tackle violence against staff, service users, carers and visitors, and any subsequent advice and guidance issued by the NHS Security Management Service.

- The Local Security Management Specialist will ensure that appropriate links are made with the Director of Nursing and Quality and the Head of Risk and Legal Services and operational management
- The Local Security Management Specialist will provide non clinical support and advice in relation to security, staff support, violence and aggression management and any appropriate training as recommended by the NHS.
- The Local Security Management Specialist will investigate incidents of violence against staff, when appropriate, in order that appropriate actions can be made and allow consideration for preventative action and provide support to staff and managers.

5.10 Occupational Health Provider

The Trust's Occupational Health Providers incorporating Employee Support Services shall offer a confidential, independent and free counselling service to which employees may seek access on a self-referral basis.

The Trust's Occupational Health Provider shall complete health assessments for employees returning to work where referred by their manager in order to establish fitness for work and in accordance with Disability Discrimination legislation and suggest reasonable adjustments to reduce the risk.

5.11 Other Organisations

Other organisations and professionals are expected to share information where there is a potential for Trust employees to be exposed to violent or aggressive behaviour.

6. Standards

The primary legislation that applies to lone working is derived from The Secretary of States Directions 2004 (amended 2006), Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. It places duties on NHS Trusts to have appropriate systems in place to manage the risks associated with lone working.

6.1 Secretary of State Directions

NHS organisations have responsibilities to manage security, including protecting all staff from violence and aggression in accordance with the Directions to health bodies on measures to deal with violence against NHS staff and Directions to health bodies on security management measures, 2003 and 2004 respectively and as amended 2006

6.2 Health and Safety at Work Act 1974

NHS organisations have responsibilities under the Health and Safety at Work Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work

6.3 The Management of Health and Safety at Work Regulations 1999

These Regulations require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks.

Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

6.4 Safety Representatives and Safety Committees Regulations 1977 (a) and the Health and Safety (Consultation with Employees) Regulations 1996 (b)

Employers must inform and consult with employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

6.5 The Corporate Manslaughter and Corporate Homicide Act 2007

This legislation creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

7. Training

The Trust's overarching policy for training is the Learning and Development Policy and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of health and safety.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Health, Safety, Security and Fire Group has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

8. Monitoring and Auditing

A section on Lone Workers is included within the Annual Health and Safety Self-Assessment. This can be found on OurSpace on the Health and Safety page of the Nursing and Quality Directorate.

8.1 Annual Self Assessments

The [Self-Assessment process](#) is intended to lead to a greater awareness of health and safety issues for managers completing them and serve as a means of measuring health and safety performance across all teams. The process should also give a standardised means against which teams can be audited by the health and safety department. Specific issues that globally score poorly will also be identified and form the basis of future work plans for the Health, Safety, Security and Fire Group as well as local health and safety groups and Locality or Directorate Governance Teams.

Teams will be able to learn from their experiences and the experiences of others in setting about their safety management systems. Improving standards of safety management should see real benefits in improving the workplace environment, the patient environment and reduce the level of incidents and associated risks particularly in such areas as compliance with statutory duty and good risk management standards.

The returns will be analysed and reported back at the following levels:

- Team compliance to team managers (via Directorate/Locality Managers)
- Team compliance to Directorate/Locality Directors
- Locality compliance to Directorate/Locality directors
- Directorate/Locality compliance to the Quality and Standards Committee

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- Overall Trust compliance to Executive Team and Quality and Standards Committee

Actions are to be reviewed at the appropriate level.

Implementation of this policy will follow a number of lines, and include:

- Annual Health & Safety Returns, reviewed and reported annually to the Quality and Standards Committee
- Monitoring of training uptake and any gaps.
- Monitoring of adverse incident data including both physical and non-physical aggression - These are reviewed individually, in thematic reviews that take place in a rolling programme and in the six monthly adverse incident reports to the Quality and Standards Committee. The Trust benchmarks itself against other mental health Trusts.
- Monitoring staff views and trends via Staff survey and Stress assessments. Monitoring staff views and trends via Staff Survey and Stress Assessments, where violence is an indicator. This is carried out every 2 years and allows benchmarking with other mental health services.

9. Review

This policy will be reviewed in 1 year.

10. References

Department of Health. Working Together: Securing a Quality Workforce for the NHS. London, NHS Executive. 1998

HSC 1999/229 Working Together, Securing A Quality Workforce for the NHS: Managing Violence, Accidents and Sickness Absence in the NHS

Prevention and Management of Violence where Withdrawal of Treatment is not an Option. CFSMS 2007

'Not Alone' A Guide for the Better Protection of Lone Workers in the NHS (2005)

Secretary of State Directions, 2003, as amended

Secretary of State Directions, 2004, as amended 2006

'A Professional Approach to Managing Security in the NHS'

The Security Management Manual, NHS Security Management Service, 2004

'Conflict Resolution Training Implementing the National Syllabus' (MS/VAS/01/04)

National Audit of Violence (National Audit Office 2006/07)

Health Care Commission Standards for Better Health Domain 6 C20a "Health, Safety & Security"

Violence- The short term management of disturbed/violent behaviour in psychiatric in-patient settings and emergency departments (NICE, 2010)

11. Related AWP Policies & Guidance

[Lone Working Page](#) on Ourspace

AWPs "[Lone Worker Procedure Basics](#)"

AWPs "[Lone Worker Guidance – Before You Start](#)"

AWPs "[Lone Worker Guidance – Safety at Home](#)".

AWPs [“Lone Worker Guidance- Travelling at Work”](#).

AWPs [“Lone Worker Guidance- Travelling on the Streets”](#).

[Risk Assessment \(Non-Clinical Risks\) Policy P054](#)

[Policy for the Recognition, Prevention and Management of Violence and Aggression P095](#)

[Policy for PMVA Techniques P109](#)

[Disciplinary Policy P116](#)

[The Policy for the Reporting, Management and Investigation of Adverse Incidents \(including Serious Untoward Incidents\) \(Also known as The Incident Policy\) P057](#)

[CPA Policy P032](#)

[Health and Social Care Records Policy P046](#)

[Health & Safety Policy P094](#)

[Bullying, Harassment and Dignity at Work Policy P118](#)

[Learning and Development Policy P090](#)

[Operating principles for working in GP surgeries](#)

[Checklist for Assessing Third Party Premises](#)

12. Appendices

Appendix A Lone Working Guidelines

Appendix B Lone Working Checklists

Version History				
Version	Date	Revision description	Editor	Status
1.0	25 Sept 2007	Previous Board Approved Policy	PAD	Approved
2.0	27 July 2009	Revised and Approved by the Quality and Healthcare Governance Committee	DB/PAD	Approved
3.0	07 Sept 2010	Approved by the Quality and Healthcare Governance Committee	DB/PAD	Approved
3.1	24 Jan 2011	Administrative changes	PAD	Approved
4.0	12 Dec 2013	Approved by the Quality and Standards Committee	PAD	Approved
4.1	31 October 2016	First Draft to HSSF Group Meeting	PAD	Draft
4.2	28 November 2016	Final Draft to HSSF Group Meeting	PAD/DB	Draft
5.0	6 December 2016	Approved by Director of Nursing	PAD/DB	Approved
6.0	22 March 2019	Policy now stipulates 30 minute trigger time when there is no response from a lone worker. Line managers required to promote safer lone working practices and staff must abide with policy. Approved by Director of Nursing and Quality.	WS	Approved