Livewell Southwest

Lone Working Policy
Incorporating the Operational Procedure for
Lone Worker Device

Version 2:5

Review: June 2018

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Associated documentation	Risk Management Strategy Health and Safety Policy

	Major Incident Plan & Business Continuity Response
	Security Management Strategy
	Security Management Policy
	Locked Door Policy
	Incident Reporting & Investigation Policy and Procedure
	Serious Incident Requiring Investigation (SIRI) Policy
	Risk Register & Risk Assessment Procedure
	Physical & Non-Physical Invention Policy
	Dress Code and Uniform Policies
	Violence & Aggression Management Policy
	Appraisal and Management Supervision Policy
	HR Implications of Domestic Violence
	Bullying & Harassment Policy
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Lone Working Policy Incorporating Operational Procedure for Lone Worker Device

Part 1 - Lone Working Policy

1 Introduction

1.1 This policy defines how Livewell Southwest (hereafter referred to as "LSW") will manage Lone Workers. It covers a wide and diverse range of situations and employees.

1.2 It is essential that all staff feel safe and secure, so that they can undertake and perform their duties free from fear and in the full knowledge that there are strong management procedures in place to ensure that effective action can be taken, should they find themselves in a threatening environment and need help. This includes students from universities on placement with LSW.

1.3 By the very nature of their work, Lone Workers need to be provided with additional support, management and training to deal with the increased risks, as well as being enabled and empowered to take a greater degree of responsibility for their own safety and security.

1.4 Guidance, which can be found in Appendices A-J, is designed to provide advice to managers and their staff to help them develop, communicate and implement procedures that address the needs of, and minimise the risks faced by, the very many different groups of staff that may have to work alone within a varied range of environments. It is not expected that teams will implement all areas of guidance, but pick and mix systems and hardware that will meet the needs of the individual service. This guidance will also help both managers and staff to meet their responsibilities under the Health and Safety at Work Act 1974 and the Management of Health and Safety in the Workplace Regulations 1999.

2 Definition of Lone Workers and Typical Examples

2.1 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, or when risk assessments indicates risk to staff irrespective of number.

2.2 This could be outside of a hospital or similar environment or internally, where staff care for patients or service users on their own. Other descriptions commonly used include Community or Outreach Workers. Lone working may be a constituent part of a person's usual job or it could occur on an infrequent basis, as and when circumstances dictate.

2.3 The following list of typical examples of Lone Workers is by no means exhaustive:

- Community Nurses, Health Visitors, School Nurses, General Practitioners required to conduct home visits.
- Receptionists working alone in a clinic reception area.
- Community Mental/Learning Disability Health workers, Assertive Outreach workers, Community Psychiatric Nurses, Social Workers, support workers, outreach workers.
- Therapists, Podiatrists, Orthotists required to conduct home visits or attend at schools.
- Staff who see patients/service users for individual ward / clinic sessions.
- Estates engineers working alone.
- A technician working alone in a laboratory or workshop.
- Those who provide primary care services i.e. single-handed GP practices, community pharmacists, dentists or opticians. They may provide out of hours services, dispense controlled drugs or make domiciliary visits.
- Those who travel between LSW occupied sites and premises.
- On-call staff required to respond to clinical or non-clinical emergencies i.e. clinicians or estates engineers.
- Cleaners working out-of-hours.
- Those who open (or re-open) and close LSW occupied buildings either early in the morning or late at night.

3   Responsibilities and Duties

3.1   LSW Board:

3.1.1   It is accepted that ultimate responsibilities lie with the Chief Executive and the Board. LSW's disposition, however, is that the organisation and control of health and safety issues is substantially delegated to line management, with specialist advice being made available where necessary.

3.1.2   Additionally, the Board will ensure, through the line management structure, that this policy is applied fully and consistently, and that all employees are aware of the standards and behaviours required.

3.2   Locality and Service/Unit/Ward Managers:

3.2.1   Are responsible for ensuring that all existing staff are aware of and understand the requirements of this policy, together with new staff at local induction and, indeed, that this policy is actively applied within areas of their remit, as risk assessed. For some services, this may require a documented detailed local procedure to ensure their staff has a robust "safe system of work" regarding lone workers.

3.2.2   Will ensure that risk assessments take account of the risks to staff and ensure that appropriate procedures and control systems are in place to protect the safety of individuals working in isolation or in the community. Every Service Manager and at least one member of operational staff shall undertake the appropriate level of Health & Safety Risk Assessor training to ensure health and safety compliance, including the risks of lone working.

3.2.3   Will ensure that they identify the appropriate level of training relevant to lone working needs of any individual employed by LSW and ensure that this is provided.

3.2.4   Will ensure that all lone working related incidents are reported, undertake proportionate investigation and take and record remedial actions as necessary to reduce the risk of repetition of the same or similar incidents.

3.2.5   Will develop a monitoring system and seek usage reports from their nominated administrative person to identify persistent non-usage by their employees, which should be addressed through the LSW Disciplinary Policy.

3.3   Employees, including "visiting staff" (i.e. students, agency / bureau staff, junior doctors, etc.):

3.3.1   Have responsibilities to take reasonable care of themselves and others who may be affected by their work, and to co-operate with LSW in meeting its legal obligations.

3.3.2   Are responsible for reporting all incidents that may affect their safety (Incident Reporting & Investigation Policy and Risk Management Strategy).

3.3.3   Are responsible for being aware of and complying with arrangements made under the auspices of this policy and local procedures.

3.3.4   Must ensure that they undertake all training provided for them by LSW in relation to lone working, including refresher training (i.e. breakaway).

3.3.5   Lone Worker Device - to make full use of any device they have been provided and to report any problems with that device immediately to Skyguard in accordance with Part 2 – Operational Procedure for Lone Worker Device.

3.3.5.1 A lone worker device becomes the primary responsibility of the employee upon completion of training and delivery to them of the device concerned that includes its correct use and appropriate charging in a timely manner, which will form part of their daily working routine. Provision of a lone worker device has been provided as a direct result of a lone working risk assessment conducted by their service, and comes under the realms of personal protective equipment (PPE) under Section 9 of the Health & Safety at Work Act 1974. The employee will be personally responsible for replacing any lone worker device from loss or damage through the negligence or recklessness on the part of the employee.

3.3.6   Must be aware that their behaviour can increase the risks of lone working, therefore, should plan appropriately and risk assess before a visit and undertake continuous dynamic risk assessments of the situation they find themselves in.

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3.3.7   Who are aware of a potential risk associated with a patient / service user, must inform their manager so that preventative action may be taken, information shared appropriately, and risks assessed.

3.4   Heath, Safety & Security Manager (Local Security Management Specialist - LSMS).

3.4.1   Will provide appropriate advice and support for all staff to ensure staff understand their responsibilities with relation to this policy.

3.4.2   Will facilitate necessary training at all levels.

3.4.3   In the event of an incident, will undertake – in conjunction with the service manager – a full investigation and, where necessary, liaise with the police to allow follow-up action to be taken. This will include working with staff involved to conduct a full post-incident review to identify lessons that can be learned.

3.5   The **Authorised Customer Representative** (ACR) within LSW is the LSMS who will act as the main liaison point between the users and Skyguard.

3.5.1   The role comprises of:

a)   Providing administrative support to LSW on the lone worker project in helping to organise user training, support in local completion of user and escalation forms etc.

b)   Being the main point of contact with Skyguard's Service Desk on re-allocation of devices, additional training required, faulty devices, poor network coverage, lost or stolen devices, etc., if the user needs some assistance.

c)   Being the point of contact if Skyguard has any complaints or comments about the users and if the users have any complaints or comments about the service provided by Skyguard.

d)   Receive details of any red alerts from Skyguard and to investigate appropriately.

4   Procedural Arrangements

4.1   Risk Assessment – Generic to Service for Lone Working

4.1.1   This section should be read in conjunction with the general considerations for assessing risk relating to lone working found in Appendix A, as the key to risk assessment is to identify hazards, understand how and why incidents occur in lone working situations and strive to make improvements to controls and systems to reduce the risk to staff. To achieve this, the following factors should be considered and documented in local Risk Registers:

a)   Type of incident risk (i.e. physical assault / theft of property or equipment).

b) Likelihood of incident occurring and having an impact on individuals, resources and delivery of patient care.
c) Severity of the incident (i.e. cost to LSW in human and financial terms).
d) Confidence that the necessary control measures are in place or improvements are being made.
e) The level of concern and rated risk.
f) What action needs to be taken to ensure that improvements are made and risks reduced?

4.1.2 Where it has been identified that staff will undertake lone working duties in their course of their contractual duties, managers will undertake a risk assessment in order to identify the risks to Lone Workers and any others who may be affected by their work.

4.1.3 Proper conduct of the assessment should identify how the risks arise and how they impact on those affected. This information is needed to make decisions on how to manage those risks, so that the decisions are made in an informed, rational and structured manner and that the action taken is proportionate.

4.1.4 Arrangements also need to be put in place to monitor and review the findings of the assessment.

4.1.5 Completed lone working risk assessments shall appropriately inform arrangements when developing local Lone Working Procedures.

4.2 Dynamic Risk Assessment – Relevant to Staff at the Material Time

4.2.1 During a lone working visit or a site visit, a dynamic risk assessment focuses on reducing the prevalence of a problem at the material time. This is done by minimising known or suspected risk factors and by early intervention (when violence is perceived to be imminent, whilst it is occurring or immediately post-incident).

4.2.2.1 A dynamic risk assessment can be defined as a continuous process of identifying hazards and the risk of them causing harm, and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. Staff should be familiar with the Lone Working Guidelines for Home Visitors (Appendix B) enabling the undertaking of dynamic risk assessments.

4.2.2.2 Outcomes of dynamic risk assessments undertaken by the Lone Worker at the material time are required to be recorded in the patient's notes.

4.3 Practical Control Measures

4.3.1 There are a number of practical control measures that managers can follow to help Lone Workers minimise the risk of incidents occurring. It is essential that where technology fails, appropriate back-up procedures are in place to ensure the safety of the Lone Worker at all times.

4.3.2   **Under no circumstances should staff compromise their safety. If they feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately.**

4.3.3   **Fitness**, **competence and capabilities for Lone Working** – this is an important consideration, for there are certain health conditions and disabilities (such as severe epilepsy or arthritis) which may render undertaking activities in lone working situations unsuitable for individual members of staff, and may actually increase likelihood of emergencies occurring and these may impose additional physical or mental burdens on the person. If this is the case it is the responsibility of the member of staff to discuss with their manager, and advice should be sought from Workforce Development or Staff Health & Wellbeing (SH&W), the Health, Safety and Security Manager, or other relevant bodies. Risk should be assessed on an individual basis, and reviewed as frequently as deemed necessary.

4.3.4   **Supervision** - Lone Workers must be supervised and the most appropriate procedure or system must be selected and used, as identified in the risk assessment.

4.3.5   **Permits to Work** - there are some high-risk tasks for which a permit-to-work must be issued (i.e. hot work, work in confined spaces, electrical work, etc.). Only the Estates Department will issue these permits and further information and guidance regarding this issue can be obtained by contacting the Estates Department.

4.4   **Personal Protective Equipment (PPE)**

4.4.1   For the purposes of lone working, a lone worker device, mobile phone, pager, personal alarm/screecher may be viewed as PPE, together with any kneeling aids, safety goggles, etc. (Section 9 of the Health & Safety at Work Act 1974).

4.4.2   Before the provision of PPE is implemented, eliminating the hazard or using a less hazardous alternative or process must be considered. However, if the hazard remains following the implementation of controls or it is not possible to eliminate or use a less hazardous alternative, then PPE may be required.

4.4.3   Once this need has been identified, an assessment must be completed to determine what PPE is suitable, this is to ensure that it is correct for the particular risks involved and the circumstances of its use. Following the assessment adequate provisions of the equipment must be made available to anyone who is exposed to the hazard.

4.4.4   Following the issue of PPE the manager must:

a)   Make staff aware of the relevant guidance available.
b)   Ensure that staff are instructed and trained in the use of the PPE and that they understand why it is needed, when it is required and its limitations.
c)   Ensure that the equipment is properly maintained including cleaning, repair, drying, storage and replacement when necessary.

d)   Ensure that staff make use of the PPE and report any loss, damage or faults.

4.5   Physical Control Measures to be considered as part of the risk assessment as Personal Protective Equipment (PPE).

4.5.1   Skyguard MySOS Lone Working Device

4.5.1.1   There is a continuing programme of training for allocation of devices across LSW. Devices can be issued for individual or pooled use. The decision to issue these devices must be made by managers following thorough assessment of the risk to staff from Lone Working activities.

4.5.1.2   The Skyguard devices, supplied by Skyguard, uses GPS technology to help locate the user and link to a trained individual who can summon help if needed. Skyguard operators are intensively trained to interpret events and by listening to and capturing evidence during an incident they provide swift and proportional escalation, including police involvement where required.

4.5.1.3   Lone worker devices will not stop incidents from occurring nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

4.5.1.4   The lone worker alarm system is designed for nurses and other healthcare staff who work in isolation from colleagues and may need the ability to call for assistance when their personal security is threatened. The recordings in the event of a red alert will be available to the Local Security Management Specialist (LSMS) and the police to assist in prosecution

4.5.1.5   Staff issued with a lone worker device should follow the Operational Procedure for Lone Worker Devices in Part 2 of this policy.

4.5.1.6   Criteria for Allocation of Lone Worker Devices

a)   There are limited numbers of lone worker devices, so it is important that they are a resource that is used effectively and therefore there is a criteria for selecting the users. Devices should be used by all staff who:

   i)   Work alone out in the community visiting patients/service users in their homes.
   ii)   Work with difficult or known unpredictable client groups.
   iii)   Work out of hours.
   iv)   Work away from work base regularly as part of their role.
   v)   Work or travel in very rural areas.
   vi)   Any other staff member or group identified from a risk assessment.

b)   Service managers will need to take responsibility of identifying and assessing which staff require a lone worker device within their service in order to reduce the risks of lone working for the individual staff. The risk assessment should

also identify whether their staff require individual devices or a team pool of devices.

c)   If staff are identified as requiring a lone worker device due to the nature of their role and they refuse to use the device, their manager will discuss this with them and review the need for the device. If the manager still believes the device is required to carry out that role safely, then a review of duties and possibly disciplinary action will be considered.

4.5.2   Mobile Telephones

4.5.2.1   Where provided a mobile telephone should always be kept as fully charged as is possible at all times.

4.5.2.2   The employee should ensure they know how to use the mobile telephone properly, through familiarising themselves with the instruction manual.

4.5.2.3   A mobile telephone should never be relied on as the only means of communication. Lone Workers should always check the signal strength before entering into a situation where they are alone. If there is no signal, other communication and monitoring procedures need to be put in place.

4.5.2.4   The mobile telephone should never be left unattended and should be kept close at hand in case an emergency arises.

4.5.2.5   The use of a mobile telephone could potentially escalate an aggressive situation and the Lone Worker should use it in a sensitive and sensible manner.

4.5.2.6   The mobile telephone could also be a target for thieves and great care should be taken to be as discreet as possible.

4.5.2.7   The mobile telephone should **never** be used whilst driving. It is against the law. Hands-free equipment should be provided where appropriate.

4.5.3   Personal Audible or Screech Alarms

4.5.3.1   These alarms are primarily designed for use as a distraction to allow the member of staff to escape from a violent or threatening situation.

4.5.3.2   The Lone Worker and manager should ensure that the alarm is in good working order and fully operational through regular checks.

4.5.3.3   The Lone Worker should ensure that it is carried in the hand, in easy to reach pocket or clipped onto a belt, ready for use and not concealed in a bag.

4.5.3.4   The device should be used pointing towards the potential assailant, away from the Lone Worker.

4.5.3.5   If a personal attack alarm is triggered, the assumption must be that there will be no certainty of assistance. Audible alarms are primarily to "stun" an assailant for at least a couple of seconds allowing the Lone Worker to make their escape.

4.5.3.6   It is recommended that the Lone Worker discard the alarm so that the assailant's attention is diverted to silencing the alarm.

4.5.3.7   Some experts do not advise the use of personal alarms in a workplace environment, because of the risk of escalating the situation or where there are no clear escape routes. The general view is that personal alarms are more useful in a "street" situation.

4.5.4   Other Protection Devices

4.5.4.1   There are a number of other commercially available physical protection devices (i.e. panic buttons, panic alarms, identification badges, etc.).

4.5.4.2   Managers should ensure that Lone Workers have received appropriate training about the particular product or device they are using and satisfy themselves, as far as is possible, that the Lone Worker is confident in handling it, including familiarisation with procedures and systems in place to support its use. If in any doubt, instruction should be offered and the Lone Worker should feel comfortable in requesting such training.

4.5.4.3   Any devices should be kept or situated close at hand so that it may be activated quickly.

4.5.4.4   The Lone Worker should be familiar with the response they can expect if an alert is raised through the device.

4.5.4.5   Managers to ensure there are adequate systems and processes in place to support the use of such devices.

4.5.5   Manual Handling and Handling Aids

4.5.5.1   It is a legal duty to carry out manual handling risk assessments where manual handling operations cannot be avoided. These risk assessments must recognise the increased risk that could be present for a Lone Worker and, therefore, identify any additional control measures that may be required to adequately control the risk of injury.

4.5.5.2   Where staff members are visiting patients / clients in their own homes, manual handling aids should be provided if necessary. During the assessment, staffing levels within the community should be reviewed where necessary and may result in more than one member of staff being assigned to certain manual handling tasks.

4.5.5.3   Staff should be advised of whom to contact for help when a manual handling problem arises.

4.5.5.4 Under the Lifting Operations and Lifting Equipment Regulations 1998, any manual handling equipment provided such as hoists and associated slings will require thorough examination and testing every six months by a competent engineer. Further guidance and advice with reference to this requirement can be obtained from the Estates Department and, for equipment provided from the Community Equipment Store for use in the community, contact Millbrook on 0845 8940635.

4.6   Communication

4.6.1   Information Sharing

4.6.1.1 Every manager should ensure that there is an appropriate flow of good quality information to and from other services / wards / units / departments, especially where there is a higher risk of assault from a patient, relative or carer, enabling staff to undertake their lone working duties efficiently and safely. This includes developing links with local police, GPs, Social Services, etc. This information should be made available to all relevant staff.

4.6.1.2 It is within the law to provide / obtain information such as this to staff where there are grounds to believe that an employee may be at risk from coming into contact with a particular person on entering a particular premise. It is also within the law to retain this information on a computer, provided the information was:

   a)   Obtained and processed fairly and lawfully.
   b)   Held for specific lawful purposes.
   c)   Not used or disclosed in a way incompatible with the purpose(s).
   d)   Adequate, relevant and not excess for purpose(s).
   e)   Accurate and up-to-date.
   f)   Not kept longer than necessary.
   g)   Available to the data subject.
   h)   Kept secure.

4.6.1.3 Staff must also be aware that if, at any stage during a lone home visit, they feel unsafe, they should be enabled to leave but they **must** complete an online incident form.

4.6.2   Staff / Patient Contact

4.6.2.1 Managers should ensure, wherever possible, that all patients, relatives and carers are aware of the proper channels of communication through which **all** requests for visits to the patient's home must come.

4.6.2.2 No staff should respond to a direct telephone call from a patient, carer or relative who is not known to the staff or to the service.

4.6.2.3   In order to reduce the risk of bullying or harassment, staff should never give out their home telephone number, mobile number or pager number to a patient, relative, carer or upload to any social media.

4.7   Positive Reporting and Monitoring Practices

4.7.1   It is a requirement of the Health and Safety at Work Regulations that employers are aware of their employees' movements. There is a higher level of risk at certain times of the day, in certain weather conditions, or in certain places, therefore, managers are responsible for details of vehicles used by identified Lone Workers, personal address, contact details, a physical description and next-of-kin. This information must be kept locally in a secure place (see Appendix C – Lone Worker Monitoring Form) and be accessible out-of-hours so that appropriate steps can be taken in the unlikely event of an employee failing to return to the office or call in at the end of a visit. These details require regular updating.

4.7.2   Lone Workers should always ensure that someone else (a manager or an appropriate colleague) is aware of their movements up until the point they finish work for the day. This includes staff who have been issued with a Lone Working Device, and staff who work in crisis teams and may have to attend an unknown address (in/out of hours) and may wish to log the visit with a central point and advise of an expected time of finishing. The method of notifying visits must be by mutual agreement between managers and employees.

4.7.3   A Visit Log (or similar) should be completed and maintained by Lone Workers for pre-planned visits, and should be left with a manager or colleague. This should include providing them with the full address of where they will be working, the details of persons with whom they will be working or visiting, telephone numbers if known and indications of how long they expect to be at those locations (both arrival and departure times).

4.7.4   This information must be kept confidential and must not be left in a place where those who do not need to have the information, or members of the public, can access it. Details can be left on a white board or similar medium, if it is situated in a secure place.

4.7.5   Arrangements should be in place to ensure that if colleagues(s), with whom details have been left, leave for some reason they will pass the details on to another colleague who will check that the Lone Worker arrives back at their office/base, or has safely completed their duties. If details have been left on a white board, they must not be cleared until it has been confirmed that the Lone Worker has arrived back safely or completed their duties for that day. These arrangements could be any one of, or a mixture of, the following:

a)   The office manned at all times when staff are known to be working alone.
b)   An answerphone checked regularly.
c)   Nominated person with a mobile phone.
d)   Nominated person at home.

4.7.6   Arrangements are necessary to know the movements of all staff when the employee has expressed concern and wish their movements to be monitored.

4.7.7   Procedures must be in place to ensure that the Lone Worker is in regular contact with their manager or relevant colleague, particularly if they are delayed or have to cancel an appointment.

4.7.8   It is important that contact and appointment arrangements, once in place, are adhered to. Many procedures, such as this, fail simply because staff forget to make necessary calls when they finish their shift. Persistent failure to adhere to arrangements may lead to disciplinary action.

4.8   The "Buddy" System:

4.8.1   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 achieved by implementing a procedure such as the "Buddy System".

4.8.2   To operate the "Buddy System" a Lone Worker must nominate a "buddy". This is a person who is their nominated contact for the period in which they will be working alone. The nominated "buddy" will:

a)   Be fully aware of the movements of the Lone Worker.
b)   Have all the necessary contact details for the Lone Worker including personal contact details, such as next-of-kin.
c)   Have details of the Lone Workers known breaks or rest periods.
d)   Attempt to contact the Lone Worker if they do not contact the "buddy" as agreed.
e)   Follow the agreed local escalation procedures for alerting their senior manager or the police, if the Lone Worker cannot be contacted, or if they fail to contact their "buddy" within agreed and reasonable timescales.

4.8.3   The following factors are essential to an effective "Buddy System":

a)   The "buddy" must be made aware that they have been nominated and what the procedures and requirement for this role are.
b)   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 for some reason.
c)   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.

4.9   Code Words / Phrases

4.9.1   Code words or phrases can be used to signal for help, for instance if the Lone Worker calls the base or their "buddy" and asks … "Did I leave a red file on my desk?" ... this could be the signal to trigger an emergency response.

4.9.2   It is important to bear in mind that frequently used or well-published code words and phrases may also be well known to the clients.

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4.10   Risk Assessment Prior to Home Visits (see Appendices A & E)

4.10.1   Where it is practicable, a log of known risks should be kept, updated and reviewed regularly – in respect of the location and details of patients / service users / other people that may be visited by their staff, where a risk may be present. This log should be retained in accordance with the Data Protection Act 1998 and only strictly factual information should be recorded. This log should be available to Lone Workers to inspect ahead of any visit they make.

4.10.2   Risks to staff should be noted on SystmOne (S1) or IPMS, or local paper system for alerts should be developed, maintained and confidentially held, ensuring adequate communicated to staff as appropriate.

4.10.3   Such information should, where legally permissible or allowed by LSW protocol, be communicated with other agencies who may work with the same patients / service users, as part of an overall local risk management process.

4.10.4   Colleagues who have worked alone in the same location, or with the persons / patients / service users before, should be contacted to help with communication about any particular risks and inform of any action taken to minimise them.

4.10.5   If there are known risks with a particular location or patient/service user, Lone Workers and their manager should reschedule the visit to a particular time, place or location where they can be accompanied.
4.10.6   The time of day and day of the week for visits should be varied (if visits are frequent) to avoid becoming a target.

4.10.7   Lone Workers should remain alert to risks presented from those who are under the influence of drink, drugs, are confused, or where animals may be present. Being alert to these warning signs will allow the Lone Worker to consider all the facts, allowing them to make a personal risk assessment and judge what is their best possible course of action, i.e. to continue with their work or to withdraw. At no point should the Lone Worker place themselves, their colleagues or their patients/service users at risk or in actual danger.

4.10.8   If a Lone Worker has been given any personal protective equipment, such as a mobile telephone or similar device, they must ensure they have it with them and that they use it before entering into a situation, where they have prior knowledge of risk or, at that point in time, consider themselves to be at risk.

4.11   Emergencies

4.11.1   As part of a lone working risk assessment, local procedures should be implemented to ensure that there are suitable provisions for accident and emergency situations, which a Lone Worker maybe involved in.

4.11.2   Suitable provisions may include the following:

a)   Access to adequate first aid facilities and mobile workers should carry a first aid kit suitable for treating minor injuries. Occasionally risk assessment may indicate that lone workers require training in first aid.

b)   Communication equipment for use in an emergency or accident situation.

c)   Communication procedure for alerting a central point of an emergency.

d)   Provision of specialist equipment which automatically identifies an emergency or accident (i.e. panic alarms connected to a central control point or gravity activated alarms) which are activated when an employee remains at a low level for a given amount of time.

e)   Lone workers should be capable of responding correctly to emergencies. Risk assessments should identify foreseeable events and training needs (i.e. breakaway, conflict resolution, electrical fire emergencies, etc.).

f)   If in doubt trust your instincts / intuition and listen to your feelings. If you sense something is wrong then it probably is (if in doubt, do **not** enter the premises or, if already inside, **leave immediately**).

4.12   What to do if there is a Genuine Concern

4.12.1   Where there is a genuine concern, as a result of a Lone Worker failing to attend a visit/arranged meeting, or returning to base within an agreed time, the manager should utilise the information provided in the Visit Log help track the Lone Worker, and ascertain whether or not they turned up for previous appointments that day.

4.12.2   Depending on the circumstances and whether contact through normal means (i.e. mobile telephone, pager, etc.) can or cannot be made; the manager or colleague should involve the police.

4.12.3   It is important that matters are dealt with quickly, after consideration of all the available facts, where it is thought that the Lone Worker may be at risk. If police involvement is needed, they should be given full access to the information held and personnel who might hold it, if that information contains data that might help trace the Lone Worker and provide a fuller assessment of any risks they might be facing. The police are happy to act on a "missing person" with immediate effect, providing LSW has made every effort to trace the person **and** can justify their cause for concern.

4.13   Training and Competency (as part of the risk assessment process)

4.13.1   Competency can be defined as "the combination of training, knowledge and experience and the ability to recognise when additional or specialist advice is required. It is the responsibility of the manager to assess competency.

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4.13.2   Training is particularly important where there is limited supervision to control, guide and help in situations of uncertainty, therefore, training maybe critical in order to avoid panic reactions in unusual situations. Information should be provided to an adequate level to ensure that Lone Workers understand the risks of their work, the precautions that are needed, including if necessary the use of any equipment provided and what they should do in an emergency.

4.13.3   Training should also be comprehensive enough to ensure that employees are competent to deal with circumstances that are new, unusual or beyond the scope of training, for example, when to stop working and seek advice from a supervisor and how to handle aggression.

4.13.4   Conflict Resolution, Breakaway and Physical Intervention training is available through Professional Training and Development, and includes Lone Working. Contact them on 435150 for more information.

4.14   **Review** - it is vitally important that local Lone Worker procedures and risk assessments are kept under constant review on so many levels (i.e. to take account of changes in the external environment, introduction of new technologies and the lessons learnt from the investigation of incidents that occur, where they cannot be deterred or prevented from happening, staff capabilities and conduct, etc.). Local Lone Working Procedures must offer a framework for the assessment of risks that staff employed by LSW may face.

5   Incident Reporting Arrangements

5.1   Managers should be informed as soon as possible following any incidents or near misses. LSW's incident reporting process should be followed. All records, paper or electronic, should highlight the risks identified and any other agencies advised.

5.2   Incidents will be reported to the Safety & Quality Committee and the Board, as appropriate.

5.3   Through better and increased reporting by staff, more will become known about the nature, scale and extent of the problem, allowing LSW to further improve the local procedures in place, minimise the risks that staff face and update guidance. It is important for there to be good reporting processes in place for staff to facilitate this process.

5.4   Staff will be supported and encouraged to report in the reassurance that it will be investigated and that appropriate action will be taken.

6   Debriefing and Counselling

6.1   Immediately following an incident, the staff members involved should have access to their manager/team leader for support, supervision, guidance and help with what to do next. This may include taking time out or going home if deemed necessary.

6.2   As soon as practicable, a meeting should be organised, for the staff involved - who may wish to be accompanied (i.e. by a colleague/family member/friend/union rep - taking into account patient confidentiality issues) - and their manager to discuss the incident freely and to ascertain what further support may be needed. Following this meeting the risk assessment will be reviewed and an action plan implemented.

6.3   Within seven days, a formal debrief should take place. Debrief should be an opportunity for all staff to reflect upon thoughts and feelings evoked by the incident, the teams current working practice, and whether any changes are necessary.

6.4   This meeting will be conducted in a culture of non-blame and will be respectful of everyone's opinions and feelings.

6.5   Throughout this process, management, team, union representative and peer support should always be offered. In most cases supervision will meet an individual's needs.

6.6   Additionally, staff can access face-to-face counselling in confidence via the Counselling Team at Kingstor House, Derriford Hospital - 0845 155 8200.

7   Training

7.1   Conflict Resolution training must be attended by all frontline staff and is mandatory on a three-yearly basis. Further training needs (i.e. Breakaway, etc.) will be identified during the annual appraisal process.

7.2   All service managers are required to attend the Managers' Core Mandatory Risk Management Training followed by Risk Register & Risk Assessor Training for Managers, and to nominate at least one other member of their service / team (dependent upon size of service / team) to undertake operational Health & Safety Risk Assessor training, and subsequent refresher training.

7.3   Staff identified by their manager as requiring a Lone Worker Device must attend specific training on the use of the device; arranged via Skyguard as per the Operational Procedure for Lone Worker Device in Part 2 of this policy.

8   Monitoring Compliance & Effectiveness

8.1   This policy will be reviewed every two years, or as circumstances dictate, by the Risk Management Team. Any comments should be passed to the Health, Safety & Security Manager in the first instance.

8.2   All reported "lone working" related incidents will be reviewed by the Risk Management Team to ensure the manager's comments take into account any remedial actions required to eliminate / further reduce risk and any lessons learned from previous incidents. These will be further reviewed by members of the Health, Safety & Security Committee on a bi-monthly basis.

8.3.   Appropriate corporate monitoring of Lone Working Device usage via Skyguard will be undertaken by the Risk Management Team; the results of which will be reported at the Health, Safety & Security Committee, Risk Management Committee and Safety & Quality Committee, as appropriate.

8.4   Local arrangements in place, to eliminate reduce or control risks from lone working, **must** be regularly monitored and recorded to ensure that they are being adhered to and remain workable, including the provision of suitable and sufficient staff training.

8.5   Where concerns are raised regarding local lone working risk assessments / procedures, a joint review should be undertaken by staff and their managers to determine any corrective measures necessary. The advice of the LSMS should be sought as necessary.

8.6   The level of supervision required is a management decision, which should be based on the findings of the risk assessment. The higher the risk, the greater the level of supervision required. Staff should be fully aware of the arrangements in place to contact management.

8.7   The emergency procedures and communication systems to be implemented in the event of a non-response from a lone worker must be locally tested periodically, in order to evidence validation of local arrangements and recorded in local lone working risk assessments.

Part 2 – Operational Procedure for a Skyguard MySOS Lone Worker Device

1 Introduction

1.1 This procedure should be read by all staff who have been issued with a device, and should be read in conjunction with the Lone Working Policy.

1.2 This procedure also applies to all those carrying out duties for, or on behalf of LSW, whether or not they are directly employed who have been issued with a lone worker device.

2 Definition

2.1 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, or when risk assessments indicates risk to staff irrespective of number.

2.2 A lone worker device may be viewed by staff as part of personal protective equipment (PPE), as provided under S.9 of the Health & Safety at Work Act.

3 Responsibilities

3.1 Please refer to the relevant sections in Part 1 of the Lone Working Policy in relation to staff employed by LSW, particularly relating to employees' responsibilities.

3.2 Skyguard's Role:

3.2.1 Provide the MySOS lone worker devices.

3.2.2 To provide training information for "train-the-trainer" purposes to cascade said training to other users within local services on how to use the device and all of its features.

3.2.3 A 24-hour service desk available for users to contact them about the service, their device etc. Service Desk to replace devices if faulty. Skyguard can be contacted on 0845 0360 999, or by the user depressing the "Call 2" button on the lone working device for direct two-way communication with Skyguard (please refer further to the Skyguard User Guide for full and further information).

3.2.4 If the Service Desk is notified of poor network coverage, Safeguard will carry out a survey of the area to identify the best network provider.

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3.2.5   On receiving a red alert (i.e. when the middle "SOS" button has been activated), they will monitor the call and assess the situation. If police are required, Skyguard will pass on the location and user information.

3.2.6   If location has not been recorded by the user, Skyguard will contact all escalation contacts until location of user is known.

3.2.7   To confirm user safety following an "SOS" alert whether it's a genuine alert or false alarm.

3.2.8   Skyguard Account Manager to have regular update meetings with LSMS and/or LSW ACR.

3.2.9   Will provide monthly monitoring report on usage to the ACR.

3.2.10   To provide recordings of "SOS" alert calls to LSW LSMS to assist in criminal prosecutions.

4   Skyguard Lone Worker Devices

4.1   Lone worker devices will not stop incidents from occurring nor should they provide the user with a false sense of security, where they may put themselves at further risk. However they are effective when combined with a package of measures to protect lone workers and is designed for nurses and other healthcare staff who work in isolation from colleagues and may need the ability to call for assistance when their personal security or safety is threatened.

4.2   The MySOS devices supplied by Skyguard which uses Global Positioning System (GPS) technology will help locate the user and link to a trained individual who can summon help if needed.

4.3   If a lone worker indicates they need help, the call centre will be able listen to and record events in a way that is legally admissible making it is easier for workers to bring cases to prosecution where appropriate.

4.4   The supplier of the device is Skyguard. The device is MySOS. It can be worn on a lanyard like an ID card, or behind an ID card holder on a lanyard (additional cost to the budget holder) but more commonly on a key ring. It has one button ("Call 1") that users push to record a message detailing their visit (i.e. patient name (optional,) address, length of visit, etc.). These details are recorded at the Skyguard which is manned 24 hours 365 days a year.

4.5 The second button is an emergency "SOS" button which should be pushed if a user was, for example, in a patient's home and the patient / relative became aggressive and prevented the member of staff from leaving. On pushing the "SOS" button it indicates there is an emergency and opens up a live link to Skyguard. Skyguard will then be able to hear what is happening at the user's location. Depending on what the protocol states, they will then contact the police, contact the manager, etc., and confirm there is an emergency, relay any details recorded and from the GPS details provide the location.

5   Individual Devices – New Devices

5.1 Each individual **must** receive appropriate training in order to use the device. This may be face to face with an appropriately trained person.

5.2 Each individual must complete and submit the following information to the nominated administrative person for their service:
- User Profile Form
- User Escalation / Information

5.3 Users must inform their nominated administrative person where they are no longer using the device (i.e. when leaving LSW, etc.) – quoting the user details and the serial number of the device. The devices and chargers must be returned to the responsible manager for reallocation. However, if a user simply transfers to another LSW service they may take the device with them and the new nominated administrative person needs to be informed, so that unit / user information is updated. Equally, the user is responsible for informing their nominated administrative person of any changes to their circumstances that they have previously recorded (i.e. change of car, change of appearance, etc).

5.4 Individual Devices – **Reallocation of Devices**

5.4.1 If a user who has a lone worker device leaves LSW, they shall return the device to their manager who can then arrange for it to be reallocated. Devices can be reallocated to individuals very simply:

a) The nominated administrative person updates the unit / user information directly on to the Skyguard web-database.
b) The new user must complete and submit the forms as detailed in 5.2 above.

6   Pooled Devices

6.1 Following risk assessment, managers can elect to use one lone working device for up to 10 users within that one particular service. The new user must complete and submit the forms as detailed in 5.2 above.

6.2 Managers are responsible for ensuring that appropriate systems are in place for the charging, allocating and maintaining of this device.

6.3 All users must receive appropriate training via the trained nominated administrative person (i.e. train-the-trainer).

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7 Procedure in the event of an incident occurring and a Lone Worker Device being activated

7.1   Whilst Skyguard MySOS devices utilise GPS tracing, it is imperative when users visit multi-occupancy dwellings (i.e. a block of flats) or in the event of a black spot or areas with poor reception, they **shall** record their exact location prior to entering the premises (i.e. PL2 1QP, No 34). This ensures that if they are required to push the "SOS" button, Skyguard are aware where to direct assistance in the form of emergency services.

7.2   If in the event of an "SOS" alert and the user has not recorded their location, the device will record their last known position (via GPS). Skyguard will notify the emergency services, then follow the escalation process and contact the person named on the escalation form completed by the user (i.e. a manager, manager on-call, etc.) but somebody within LSW who is on duty and will know the location of the employee.

7.3   Skyguard will contact the police if they believe the following is taking place from what they can hear:

a)   the user is being assaulted or a theft is taking place;
b)   the user is about to be assaulted or a theft is likely to take place;
c)   the user is in distress and needs urgent help;
d)   the user indicates or asks that they need the police to respond.

7.4   If it is not clear to Skyguard when monitoring the call - following activation of an "SOS" alert - that the user is in need of urgent assistance, and they believe there is the possibility that the device has been activated by accident, Skyguard will attempt to communicate with the user via the device (two-way communication), when they deem it appropriate to do so, to determine whether it is a false alarm or a genuine alert.

7.5   Following a genuine "SOS" alert, the user must inform their manager and complete an on-line incident form. The LSMS will also be notified by Skyguard via mobile phone and email so as they can immediately start investigating the incident. The LSMS will have access to the recording so as this can be made available as evidence in criminal or civil court proceedings and in support of internal action taken by LSW.

8 Use of Devices

8.1   Staff who are issued a device should see it as personal protective equipment (PPE) and should, therefore, use it according to the training to use it effectively. All staff issued with a device will be required to use the device at all times. If it is deemed that staff are not using the equipment provided and their safety is put at risk following an incident, the Manager will need to discuss this with the member of staff involved.

8.2 All devices are issued to an individual worker and are the responsibility of the worker to ensure that the device is active at all times when on duty. Any faults with the device should be reported immediately to Skyguard. Individually assigned devices cannot be shared with co-workers and any incident of misuse will be investigated and may lead to disciplinary action being taken.

8.3 LSW, through the LSMS and Skyguard, will have access to monitoring reports to monitor the usage of the devices to ensure they are being used effectively by staff.

9 Incident Reporting

9.1 All staff are required to report any incident, in accordance with LSW's Incident Reporting & Investigation Policy and Procedure on the Intranet.

10 Lone Worker Device Training

10.1 Training in the use of a Skyguard MySOS lone working device is essential before users are provided with the device. This training is provided by the nominated administrative person (train-the-trainer).

10.2 Managers are required to attend "Risk Register & Risk Assessor Training for Managers", and to have at least one other member of staff attend "Health & Safety Risk Assessor Training" to support them in their role (contact Professional Training & Development on (4)35150 for dates).

11 Local Monitoring Process

11.1 The effectiveness of this Lone Worker Device Procedure shall be monitored locally by managers with regard to:

a) all staff complying with their duties and in line with policies and procedures pertinent to their roles.

b) local arrangements (risk assessments and local lone working policies) for managing and preventing violence and aggression, and ensuring the safety of lone workers.

c) provision of suitable and sufficient staff training.

d) provision of suitable and sufficient support for staff affected by violence and aggression.

e) monitoring the use of issued lone worker devices and staff feedback on the use of the devices in their day-to-day role, and feeding this information back to the LSMS.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety & Quality

Date: 5th June 2015

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General Considerations for Assessing Risk Relating to Lone Working

The risk assessment is carried out to identify the risks to workers and any others who may be affected by their work. Proper conduct of the assessment should identify how the risks arise and how they impact on those affected. This information is needed to make decisions on how to manage those risks so that the decisions are made in an informed, rational and structured manner and that the action taken is proportionate. Arrangements also need to be put in place to monitor and review the findings.

It is, of course, unrealistic to complete a risk assessment for each particular scenario, but managers should, initially, ensure that generic risk assessments should consider:

- Identification of the lone working staff groups exposed to risk.

- Assessment of working conditions – normal / abnormal, hazardous conditions (i.e. dangerous steps, unhygienic conditions, poor lighting, weather conditions, times of day / night and the geographical areas in which they are required to work, whether the Lone Worker has network cover for mobile phone / lone worker device, etc.).

- Assessment of particular work activities, which might present a risk to Lone Workers such as refusing an appointment, administering medication and delivering unwelcome information. Whether staff have received suitable and sufficient training to defuse potentially violent situations should also be considered (i.e. physical or sexual assault, verbal abuse or threatening behaviour, robbery, substance abuse or a mental health disorder, etc.).

- Assessing the risk to the Lone Worker themselves (i.e. from wearing uniforms when visiting certain patients / service users, or working in or traveling between certain environments, from slips / trips / falls, or when they experience a road traffic accident / breakdown / puncture, etc.).

- Assessment of necessary equipment and the capacity and conduct of the Lone Worker to handle the amount of equipment themselves.

- Evaluation of physical capability and conduct to carry out lone working (i.e. being pregnant, disabled or inexperienced, etc.).

- Estimation and assessment of 'emergency' equipment that may be required, such as, for example, a torch, map of the local area, a first aid kit or mobile telephone charger.

Lone Working Guidelines for Home Visits

Planning Your Visit:

The possibility of violence taking place whilst on a visit must be considered as part of the preparation. Preparation is especially necessary if any of the following checklist applies:

- Client / carer / other is not previously known to the service.
- Client / carer / other has a known history of violence/aggression.
- Client / carer / other has a known history of unpredictable behaviour.
- Client / carer / other is known to abuse or is under the influence of illicit drugs / alcohol / solvents.
- Limited information given on referral.

Assess the degree of risk associated with this client. Obtain previous records (reviewing SystmOne, IPMS, etc.), discuss associated risk with other colleagues, ring to gain information from other sources (i.e. GPs, wards, other agencies, etc.).

Where there is a history of violent behaviour it must be taken into consideration, as it provides evidence that the client is capable of such behaviour. If you are considering previous history be aware of:

- The precise form of aggressive behaviour shown.
- The factors which led up to the expression of violence.
- What caused the behaviour.
- The severity of the behaviour.
- How it was handled, and
- What the outcomes were.

Note: Remember that your present records will be the history of the future, so any new occurrences of violent behaviour with a client should be recorded using the above format.

On gaining your information, planning any contact is important even if it only takes the form of thinking about the initial approach. More comprehensive planning however will include:

- Discussion with colleagues/supervisor beforehand.
- Documenting "risk" elements associated with this particular client/visit and identifying ways of minimising these (including animals).
- Identifying the purpose of the visit and acknowledging to yourself that this purpose can be set aside if it is necessary to address and deal with aggressive behaviour.
- Running through the method(s) available to you to defuse aggressive behaviour.
- If you are anyway concerned that violence may occur **do not go alone** take a colleague with you / ask for police escort / put the visit off till help is available.

The Visit:

The time of your visit to a potentially aggressive client should be planned. For example, if your client is known to become aggressive through alcohol abuse it may be wiser to visit them first thing in the morning, in the hope that they have not had time to consume too much alcohol. Where possible, complete such visits during working hours when it is easier to obtain assistance (i.e. being accompanied by a colleague, reporting back, etc.).

Give thought to the environment that you will be venturing into. Consider the following checklist:

- Will it be light or dark when I arrive?
- Are the streets well lit?
- Will I be walking along any deserted areas?
- Am I visiting a block of flats?
- Do the lifts work?
- Are there any walkways/subways to walk through?
- Will there be any other people around?
- Is it a rundown estate/area?
- Where are the nearest shops/place to escape to?
- Will the shop/safe place be open at the time of my visit?
- Do I feel safe? Why/why not?
- Am I visiting alone?
- Am I carrying a lone worker device/personal alarm/mobile telephone and are they charged and easily retrievable?
- Do I know the occupant(s) of the premises?
- Have I left notification of my movements back at the base and on the lone worker device, as appropriate?
- Do I have a 'reporting back' system?

External Environmental Factors

- Deserted areas to walk through – try to avoid.
- Park as close as possible to where you are visiting – too far away and you may not be able to reach the security of your vehicle, and close to a street lamp.
- Look for local shops that if need be could be used as a refuge.

Internal Environmental Factors

- Are there steps to the door? Step down after knocking – moving away increases the distance between you and the person who opens the door as well as reducing the risk of invading that person's personal space.
- Stand to one side so you can clearly be seen as the door is opened.
- If the house is in darkness inside, ask for the light to be put on before entering.
- Be aware of the exits.
- Observe for worn, damaged carpets, loose wiring, and obstacles - anything that could trip you up if making a quick escape.

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- Do not conduct your interview/assessment in the kitchen or anywhere that has ready access to knives or other sharp implements.
- Be aware of easily grabbed heavy objects in the area that you do your interview/assessment, i.e. glass ashtrays, potted plants, ornaments, as these can easily be used as a weapon against you.
- If there is a dog (or other pet) present in the house, ask that it be removed to another room/outside. Even the friendliest dog could become vicious if it sees its master / mistress becoming distressed.
- If on arrival the situation is not what you expected and the situation makes you feel uncomfortable, i.e. there are more people than you expected present, such as family members or groups of friends, cut short the visit and leave.
- If in the client's home you sense danger or imminent risk, do not feel inhibited about leaving, if necessary make an excuse.
- Remember - **if in doubt; get out**.
- Utilise appropriate physical security control measures (i.e. using lone working device to raise an alarm and/or triggering personal audible / screech alarms to hail assistance from people allowing you time to escape from a violent or threatening situation whilst the assailant is temporarily "stunned" or pre-occupied with silencing the alarm.

Dress

The way that you personally dress can affect your personal safety especially if involved in an aggressive situation. You may find the following checklist food for thought:

- Flat comfortable shoes are easier to make an escape in compared to other footwear.
- Ties/long flowing scarves/necklaces can be grabbed and used to strangle you with; either remove them before the visit or tuck them away out of sight.
- Long dangling earrings can be pulled through pierced ears.
- Long hair can be grabbed and pulled – tie it back.
- Disguise briefcases by placing them in rucksacks or carrier bags, etc.
- Avoid wearing clothes that could be seen as provocative to clients who may be sexually disinhibited.
- Comply with any local uniform policy / dress code.

Your Car

The following are some basic common sense suggestions that could help prevent you becoming a target for aggression. When travelling or parking your car.

- Ensure your car is insured for business use, and is in good working order.
- Plan your routes in advance. Carry relevant maps to avoid having to stop and ask for directions.
- Carry change for a public telephone or mobile telephone – in case of breakdown / emergency.
- Do not display signs such as "Doctor on Call" or "Nurse on Call" as this may encourage thieves to break into the vehicle to steal drugs.

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- Avoid having items in your vehicle that contain personal details, such as your home address.
- Before setting out, you should ensure that you have adequate fuel for your journey.
- You should give yourself enough time for the journey to avoid rushing or taking risks, owing to time pressure.
- Items, such as bags, cases, CD's or other equipment, should never be left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle.
- You should always hold the vehicle keys in your hand when leaving premises, in order to avoid looking for them outside, which could compromise your personal safety.
- The inside and outside of the vehicle should be checked for possible intruders before entering.
- Once inside the vehicle, all doors should be locked, especially when traveling at slow speed, when stopped at traffic lights and when traveling in inner-city areas. Some staff may understandably feel that a locked door may prevent them from escaping or receiving help in the event of an accident; however, modern vehicles and rescue techniques make this less of a factor than it may seem.
- Always park as close to the location you are visiting as possible, never take short cuts to save time. At night or in poor weather conditions, park in a well-lit area and facing the direction in which you will leave.
- If you must use a multi-storey car park, park as near to the entrance/exit as possible.
- Ensure all lights/radio are off before leaving your vehicle – prevent flat battery.
- Ensure that all windows are closed and the doors are locked before walking away from the vehicle.
- When driving alone, especially after dark, do not stop even for people who may be in distress or requiring help. Always drive on, stop in a safe place, as soon as it is practicable to do so, and contact the emergency services as appropriate.
- If you are followed, or suspect you are being followed, drive to the nearest police station or manned and lit building, such as a petrol station, to request assistance.
- Put your handbag/briefcase on the floor, not on the passenger seat.
- In case of breakdown, contact your manager, colleague or 'buddy' immediately and a motor rescue service (the AA, RAC etc.), should you be a member. If using a mobile telephone and the signal is poor, or there is no signal at all, put your hazard lights on. If you need to leave your vehicle to use an emergency telephone, lock the vehicle and ensure that you are visible to passing traffic.
- Get into the daily routine of checking your "FLOWER":

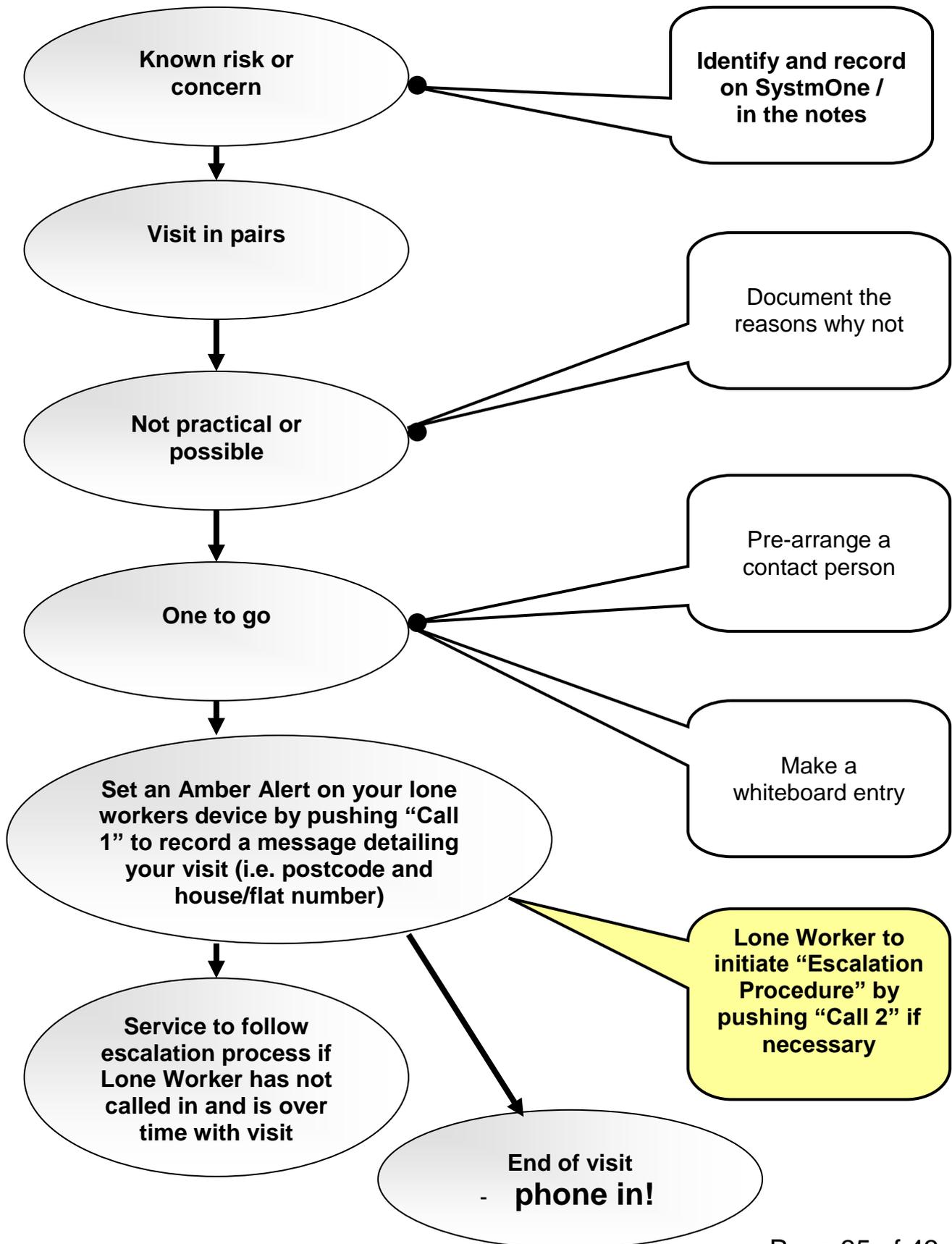 **F**uel
  Lights
  Oil
  Water
  Electrics (i.e. battery)
  Rubber (i.e. tyres)

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Additional Safety Checks That May Prove Useful

- Ensure a risk assessment is done.
- Be aware that around Plymouth there are "black spot" areas, which will affect the use of a mobile telephone, either making calls or receiving incoming calls.
- When attending new assessments – check in with the base to ascertain the efficiency of the mobile telephone in that property.
- Do not wear your name badge to a client's home, but always carry it and produce if requested.
- Do not divulge personal information.
- Be aware of previous history.
- Do not do anything you do not feel comfortable with.
- Plan route carefully. The direct route may not necessarily be the safest if, for example, you are several miles from a telephone box if you do breakdown.
- Check that you are not being followed home.
- Check that your vehicle has not been tampered with.
- Be aware of a person's body language, or change of attitude/behaviour.
- Be aware of the layout of a person's home. How they lock, shut or open the doors. Has the key remained in the lock or has it been locked and then removed? Do the doors open inwards/outwards?
- Take note of any potential dangerous weapons (i.e. modern/antique swords/daggers, dogs/pets, etc.). **Report all possession of firearms to the police. Record all potential risk factors in client's notes for the safety of others attending that property in the future.**
- Take all threats of harm or violence seriously. Leave the property immediately. Do not give a warning. A "second chance" is an opportunity to the person to carry out threats.
- Terminate the session immediately if threatened sexually.
- Aim to maintain control at all times.
- Do not leave personal possessions (i.e. handbag/diary) unattended even if just visiting the toilet.
- Be aware and think carefully where you sit in a person's home – sinking into a low couch in the far end of the sitting room may be unsafe. Sit in a commanding, easy to get out of seat near an exit.
- Take note of any remarks or situations that you are concerned about, and ensure that records are kept and are accurate, detailed and concise.
- Be aware of the form of the relationship that is established with the client. Ensure continuity, proper explanation to the client of whom they are to see and why. Ensure good "handover" to other workers.

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**Example Flow Chart for Lone Workers Visiting Clients' Homes
- where there is a known risk or concern**

Known risk or concern

Identify and record on SystmOne / in the notes

Visit in pairs

Document the reasons why not

Not practical or possible

Pre-arrange a contact person

One to go

Make a whiteboard entry

Set an Amber Alert on your lone workers device by pushing "Call 1" to record a message detailing your visit (i.e. postcode and house/flat number)

Lone Worker to initiate "Escalation Procedure" by pushing "Call 2" if necessary

Service to follow escalation process if Lone Worker has not called in and is over time with visit

End of visit
- **phone in!**

Lone Worker Monitoring Form

Please complete in capitals   **Confidential**   For Emergency Use Only

Name: ………………………………………………….	Photograph
Department: …………………………………………..	
DOB: …………………….. Gender: Male / Female	
Eye Colour: …………………….. Height: ……………………	
Hair Colour: …………………….. Build: ……………………	

<u>Main Vehicle:</u>

Make: …………………………………………   Model: ………………………………

Colour: …………………………………………   Reg: ………………………………

<u>Second Vehicle:</u>

Make: …………………………………………   Model: ………………………………

Colour: …………………………………………   Reg: ………………………………

Home Address:	Next of Kin: ………………………………
……………………………………………………....	………………………………………………….
……………………………………………………....	
……………………………………………………....	Relationship: …………………………….…
……………………………………………………....	
……………………………………………………....	Contact Tel No: …………………………….
Home Tel No: ……………………………………...	

Personal Mobile Tel No: ………………………………………………………………………….

Work Mobile Tel No: ………………………………………………………………………….

Bleep No: ………………………………………………………………………….

Date Form Completed: ………………………………………………………………….

Date Form to be Reviewed: …………………………….……………………………………

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Guidance for High Risk Visits

Where there is a history of violence and/or the patient / service user location is considered high risk, the Lone Worker must be accompanied by a colleague, a security officer or in some cases by the police.

Where possible, the visit should take place at a neutral location or within a secure environment, for example, treatment under the Violent Patient Scheme.

Quick Hazard Checklist for Staff

Name: ....…...................

Address: ....…..................

....…...................

Date of Birth: ....…...….........   GP: ....…

Contact Telephone Nos: ………………………………………………………………………………......

1	**Unpredictable Behaviour or Violence/Aggression - Patient** Does the patient have a known history of unpredictable behaviour or violence and aggression?	**YES**	NO	
2	**Unpredictable Behaviour or Violence/Aggression - Others** Has any member of staff felt threatened, intimidated or harassed by any member of the household?	**YES**	NO	
3	**Pets/Animals** Is there a known problem with any animals in the house or on the property?	**YES**	NO	
4a	**Access / Egress to the Property** Is the property easy to locate? If not document directions on how to find property.	YES	**NO**	
4b	Is off road parking available?	YES	**NO**	
4c	Is the property to be visited less than 5 minutes' walk from where the car can be parked?	YES	**NO**	
4d	Is entry to the building well lit?	YES	**NO**	
4e	Is entry to the building visible from the road?	YES	**NO**	
4f	Are external stairways and lifts in good condition?	YES	**NO**	
4g	Are there any additional hazards relating to access to the building? Please detail overleaf/	**YES**	NO	
4h	Are doors locked whilst staff are inside the house and therefore "quick" exit routes barred?	**YES**	NO	
5a	**Slips/Trips and Falls within the Home** Are floor surfaces, including stairs, within the home in good condition?	YES	**NO**	
5b	Is the floor free from tripping hazards i.e. wires, objects, rugs etc.?	YES	**NO**	
6a	**Manual Handling -** Has an individual patient handling assessment been completed?	YES	**NO**	N/A
6b	Is there adequate and appropriate manual handling equipment in situ in the house?	YES	**NO**	N/A
6c	Is the manual handling equipment maintained?	**YES**	NO	N/A
6d	Does the amount of, or layout of, furniture increase the handling risk? (i.e. limits manoeuvrability, causes excessive stretching etc.)	**YES**	NO	N/A
7	**Electrical Safety -** Is electrical equipment that staff may come into contact with in good condition (visually check for frayed leads, damaged plugs or sockets)	YES	**NO**	N/A
8	**Infection Control -** If sharps are used is there a sharps bin in the house?	YES	**NO**	N/A
9	**Have other risks been identified? If so detail overleaf**	**YES**	NO	

Shaded boxes highlight a risk - complete risk assessment in local Risk Register to document control measures

Print Name: ………………………………………………………………… Date: …………….…………

Signed: ………………………….……….………….. Position: ……………………………………………

Lone Working Policy Incorporating the Operational Procedure for Lone Worker Device
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Lone Working and Public Transport

- Lone Workers should wait for transport at a busy stop or station that is well lit.

- They should be in possession of a timetable for the mode of transport and route they are taking. They should leave details with their manager, colleague or "buddy" of their intended route and mode of transport. If they have to vary their route or experience a significant delay, they should inform the afore-mentioned.

- They should always try to sit near the public vehicle driver, preferably in an aisle seat.

- They should also familiarise themselves with the safety procedures in the event of an emergency and sit near the emergency alarm.

- They should avoid empty upper decks on buses or empty train compartments (and also avoid these situations if there is only one other passenger).

- If threatened by other passenger(s) they should inform the driver / guard.

Lone Working and Taxis

- Wherever possible, a taxi should be booked in advance from a reputable company and the driver's name obtained.

- If a taxi has not been booked, the Lone Worker should go to a recognised taxi rank to hail a cab.

- They should never use a mini cab, unless it is a licensed or registered hackney carriage.

- They should sit in the back, behind the front passenger seat.

- They should not give out personal information to the driver (either through conversation with the driver or release sensitive information while talking on a mobile telephone).

- They should be aware of child locks and central locking (although most black cabs will lock the doors while in transit).

Lone Working – Traveling by Foot

- Lone Workers should walk briskly, if possible and physically able to do so and not stop in areas that are unknown to them, for example, to look at a map or to ask for directions. They should go into a 'safe' establishment, such as a police station, petrol station or reputable shop and ask for directions or, if necessary, to call for assistance from their manager, colleague or "buddy".

- They should avoid using mobile telephones overtly in any area (they should make a note of the SIM number for the telephone in case of theft).

- If carrying equipment, they should ensure that this is done using bags or holdalls that do not advertise what they are carrying.

- If someone attempts to steal what the Lone Worker is carrying, they should relinquish the property immediately without challenge. They should consider keeping their house keys and mobile telephone separately from their handbag. It is important that any theft, or attempted theft, is reported both internally and to the police, as soon as is practicable and safe to do so. The Lone Worker should make a note of the date, time and descriptions of events and the attacker(s), as soon as they are in a position to do so and retain it safely until it is requested by the police or LSMS.

- They should stay in the centre of the footpath facing oncoming traffic.

- They should be aware of the location and remain alert to people around them.

- They should avoid waste ground, isolated pathways and subways, particularly at night.

Dealing with Animals

- If there is a known problem with animals at a particular address or location, the occupants should be contacted and requested to remove or secure the animals before arrival. Clinical procedures may provoke a reaction from an animal or pet, so it may be prudent to request that it be removed or placed in a different room for the duration of the visit.

- If a Lone Worker is confronted by an aggressive animal on a first visit to a patient / service user's address, they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with local reporting procedures.

- If a Lone Worker feels uneasy with animals being present, they should politely request that they be removed, bearing in mind that this could provoke a negative reaction. All possible efforts should be made to ensure that the situation is managed and de-escalated, should hostility become evident. If this is not possible, then alternative arrangements should be made to carry out the visit, such as rescheduling so that the Lone Worker can be accompanied or asking a colleague – more at ease with animals – to assist them.

- Where possible communication with patients/clients should request the animal or pets are kept separate for the duration of the visit.

Checklist for Managers

Are Your Staff:

1.   Trained in appropriate strategies for the prevention of violence?

2.   Briefed about local procedures for the area where they work?

3.   Given all information about the potential for aggression and violence in relation to patient / service user from all relevant sources?

4.   Issued with appropriate safety equipment?

5.   Aware of the procedures for maintaining such equipment?

Are They:

6.   Aware of the importance of previewing cases?

7.   Aware of the importance of leaving an itinerary / Visit Log (community staff)?

8.   Aware of the need to keep contact with colleagues?

9.   Aware of how to obtain support and advice from management in and outside normal working hours?

10.   Aware of how to obtain authorisation for an accompanied visit (community staff)?

Do They:

11.   Appreciate the circumstances under which interviews should be terminated?

12.   Appreciate their responsibilities for their own safety?

13.   Understand the provisions for staff support by LSW and the mechanism to access such support?

14.   Appreciate the requirements for reporting and recording incidents of violence and aggression?