

 Kingston GP Chambers Kingston Training Hub Clinical Services Practice Support Services Kingston Education Centre	Lone worker policy		Reviewed	Nov 2021
			Revised	Yes
	Adopted	2016	Next review	Nov 2025

Lone worker policy

INTRODUCTION & PURPOSE

Due to the nature of the work within Kingston GP Chambers (KGPC), a small number of staff are required to work alone, primarily during patient home visits. KGPC recognises the various risks that staff may face and has considered the actions that should be taken.

If staff work alone and/or face potentially hostile or abusive situations, it is important to have a system in place to ensure that an alarm can be raised if assistance is required. Health and Safety legislations does not prohibit lone working, but a staff member should not be put at more risk than other people working. An employer has a general duty under Section 2(1) of the Health & Safety at Work Act 1974, to ensure, so far as is reasonably practicable, the health, safety and welfare of staff whilst at work.

Health and Safety Legislation requires employers and managers to assess risks to staff whilst lone working and make arrangements for effective planning, organisation, control, monitoring and review. This policy deals with generic aspects of management of lone working risks and provides advice on the efficacy of various actions that may be utilised to reduce these risks.

Where appropriate, employers must assess the risks of violence to their staff and, if necessary, put in place actions to protect them.

SCOPE & DEFINITIONS

This policy is specifically aimed at those staff whose work is intended to be carried out unaccompanied or without immediate access to another person for assistance and applies to self-employed contractors, locum, permanent and fixed term contract employees (including apprentices and students) who work for KGPC.

Lone Workers can be classified as those who work in any situation or area without other persons nearby. As a guide, if a person called for help and it could not be heard by another member of staff, then that person would be classed as a lone worker.

PROCESS/REQUIREMENTS, LONE WORKING ROLE RISK ASSESSMENTS AND PROCEDURAL EVALUATION

The setting up of safe working arrangements for lone workers is no different to organising the safety of other staff. The risk which lone workers face should be reduced to the lowest level that is reasonably practicable.

Managers are required to identify and assess risks to the health and safety of employees who are lone working. They need to complete a lone working role risk assessments in all areas of work where working alone poses an actual or potential risk to staff. The risk assessment will involve identifying all potential hazards and the risks associated with work tasks or activities. It will identify who may be affected and how, and the actions which are needed to eliminate or reduce the risk to the lowest level possible. It is important to recognise that a lone worker risk assessment can be used to cover a whole Service or for an individual member of staff.

Refer to Appendix A- Lone working role risk assessment form. It is recognised that situations change rapidly and the associated risks will also change, therefore dynamic risk assessment should be an on-going process. In this case a new risk assessment including actions should be completed.

ROLES & RESPONSIBILITIES

The Governance & Compliance Manager (C&G Manager) has overall responsibility for all matters of risk management; this includes Lone working activities. Line Managers are responsible for ensuring processes to protect lone workers are implemented and that risk assessments have been completed and are monitored.

TRAINING

Training is crucial for all groups of staff who undertake lone working and, it is the line manager's responsibility to ensure staff are booked on relevant courses that would enhance staff safety.

GENERAL PRINCIPLES FOR SAFE HOME VISITING

Before undertaking a home visit, the staff member must consider the possible risks posed by this activity; these should include:

- Risks posed by the patient or others likely to be present at the home being visited (e.g. risk of violent behaviour)
- Risks posed by the public in the course of visiting the patient (e.g. where the patient lives in an area of high crime)
- Risks posed by the journey (e.g. road conditions/weather conditions)
- Risks posed by the patient's property and environment (e.g. where the property's condition is hazardous)

Having considered the areas listed above, any risks identified should be communicated to the staff member's line manager and a documented discussion should be undertaken to agree on actions to be taken to mitigate the risks or, where risks cannot be adequately mitigated, to decide that the home visit cannot be undertaken.

In all cases, regardless of the level of assessed risk, a staff member carrying out a home visit should comply with the following process:

- Prior to the home visit, the staff member must give their line manager or buddy the following information:
 - o Name of the patient(s) to be visited
 - o Time visit(s) arranged for
 - o Likely duration of the visit(s) (estimated time the visit will end)
 - o Arrangements following the visit (e.g. whether the staff member is planning on returning to the office/going onto another home visit/going home)
- Where the staff member is not planning on returning to work immediately following the home visit, they must arrange to call or text their manager/buddy to report that they have left.
- Where the manager/buddy has not received communication from the staff member within one hour of the time the visit was due to finish, they should phone the staff member on their mobile. If they are unable to get through to them, they should escalate the matter to the General Manager/Deputy General Manager.
- Once the concern has been escalated, the GM/DGM will assess the situation and take action which may include:

- Contacting the staff member's next of kin
- Contacting other patients on the staff member's visit list
- Contacting the Police.

Appendix A – Lone Worker Risk Assessment Form

Service: *E.g. Dementia*

Staff member: *Name*

<p>Any risks specific to the staff member: <i>E.g. Mobility issues, pregnancy</i></p>	
<p>Potential risks posed by lone working activity</p>	<p>Risk mitigation plan</p>
<p><i>E.g. Patient has displayed volatile behaviour in the past</i></p>	<p><i>E.g. Ensure that patient's carer is present during appointment/home visit</i></p> <p><i>Where the patient is more likely to display volatile behaviour at certain times of day, this should be taken into account when arranging the time of the appointment</i></p> <p><i>Ensure that during the appointment the staff member positions themselves with easy access to an escape route</i></p> <p>...</p>
<p><i>E.g. Patient has a carer/family member who is known to be aggressive/violent</i></p>	<p><i>E.g. Agree that the appointment will only go ahead without the carer/family member present</i></p>
<p><i>E.g. Patient lives in high crime area with risks to personal safety</i></p>	<p><i>E.g. Speak to patient/carer ahead of home visit to establish safest place to park</i></p> <p><i>Avoid bringing valuables to the visit</i></p> <p>...</p>
<p><i>E.g. Staff member will be carrying controlled drugs</i></p>	<p><i>E.g. Minimal quantities of drugs for purpose of appointment to be carried</i></p> <p><i>Drugs to be transported to home visits in an inconspicuous way</i></p>
<p>Add further risks</p>	

Do the line manager and staff member agree that the risk mitigation plan listed above is adequate to allow safe lone working? Yes/No

Comments: