

TRUST POLICY AND PROCEDURES FOR ENSURING SAFETY OF LONE WORKERS

Reference Number RKM 2014 009	Version: 3	Status: Final		Author: Robert Bamford Job Title: Health & Safety Manager
Version / Amendment History	Version	Date	Author	Reason
	1	April 07	K Howarth	New Policy
	2	July 08	K Howarth	Reformat
	2.1	June 10	K Howarth	Revision
	2.2	June 13	E Braisher	Revision
	3	May 16	R Bamford	Revision
Intended Recipients: All staff, specifically those identified as lone workers, managers of identified lone workers				
Training & Dissemination: Dissemination via the Trust Intranet and Health & Safety Committee				
To be read in conjunction with: Trust Health and Safety Policy, Trust Policy and Procedures for Maintaining a Safe Environment (incorporating the management of threatening behaviour in the workplace), Trust Policy for the Assessment and Management of Risk, Trust Policy and Procedures for Incident Reporting, Analysing, Investigating and Learning				
In consultation with and Date: Operational Health and Safety Steering Group, Health and Safety Strategic Committee, Trade Union Representatives				
EIRA stage One Completed Yes Stage Two Completed N/A				
Procedural Documentation Review Group Assurance and Date			Management Executive Meeting May 2016	

Approving Body and Date Approved	Strategic Health and Safety Committee
Date of Issue	May 16
Review Date and Frequency	May 19 (3 yearly)
Contact for Review	Trust Health & Safety Manager

Executive Lead Signature	Director of Workforce and Corporate Development
Approving Executive Signature	Chief Executive

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TRUST POLICY AND PROCEDURES FOR ENSURING SAFETY OF LONE WORKERS

1 Introduction

Derby Teaching Hospitals NHS foundation Trust (DHFT) acknowledges that lone workers should not be at more risk than other employees and this may require reasonably practicable, risk-control measures, to be put in place based on a common-sense approach.

DHFT recognises a significant number of staff regularly work alone or in relatively isolated conditions in a wide range of situations and it is their duty under the *Health and Safety at Work, etc. Act 1974* and the *Management of Health and Safety at Work Regulations 1999* to assess any risks to lone workers and take steps to control risks where necessary.

2 Purpose and Outcomes

The purpose of this policy is to ensure the safety of lone workers or staff who sometimes work alone by minimising risks that they may face and putting in place measures to improve their safety. This policy also aims to raise awareness of lone working and provide guidance on assessing and controlling the risks of lone working.

3 Definitions Used

Lone Worker: The Health and Safety Executive defines lone workers as people who work by themselves without close or direct supervision. However, the NHS Security Management Service (2009) also recommends this encompasses staff who may work out of sight or earshot of another colleague; this could be in an office environment or in an individual's home.

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. Lone working is not unique to any particular groups of staff, working environment or time of day.

Throughout this policy the term "Lone Worker" is used to describe a wide variety of staff who work either regularly or only occasionally, on their own and who may face lone working situations and therefore, may face increased risks to their security and safety.

The term lone worker refers to those staff who:

- Work in the community.
- Work alone at DHFT sites 'after hours' (e.g. first in, or last out).
- Work alone in out-based locations (e.g. Clinics, Doctors Surgeries).
- Work alone in isolated areas/rooms
- Travel alone between sites

4 Key Responsibilities/Duties

4.1 Managers

Managers have certain responsibilities and duties. For purposes of this policy they will include:

- avoiding the need for employees to be working alone wherever it is practicable;
- carrying out a risk assessment and share the significant findings with the staff members potentially affected by lone working;
- carrying out supervision of staff and review;
- providing/ensuring members of the team have access to training (e.g. ensuring that lone working is included in induction of new staff);
- ensuring the safe return of all staff working out of normal office hours. Teams must have systems to monitor that staff have safely returned (e.g. on-call manager or 'buddy' system);
- ensuring that contact details for lone workers is available in the event of an emergency – see appendix 7;
- reporting any violence or aggression in line with the incident reporting policy;
- ensuring arrangements for first aid are in place for lone workers and ensure staff members are aware of and fully understand the arrangements;
- informing the relevant Divisional Clinical Governance Team where staff work alone clinically.

4.2 Local Management Security Adviser

The Head of Security and Emergency Planning is the designated lead for Security arrangements and will:

- advise the organisation on systems, processes and procedures to improve personal safety of lone workers and make sure that proper preventative measures are in place;
- advise the organisation on appropriate and proportionate physical security, technology and support systems that improves personal safety of lone workers. Ensure that this is appropriate, proportionate and meets the needs of the organisation and lone worker;
- play an active part in identifying hazards, assessment and management of the risks;
- carry out a full investigation of any incident where necessary and if necessary liaise with the police to allow follow up action to be taken, as well as identify and ensure appropriate measures are implemented before staff re-enter a lone working situation.

4.3 Employees

It is the responsibility of employees to:

- take reasonable care of themselves and other people who may be affected by their acts and omissions;
- familiarise themselves with relevant health and safety policies and procedures in relation to lone working ;
- consider and assess potential risks to their health and safety ;
- carry out continual dynamic risk assessment during home visits and when lone working in other settings ;
- co-operate by following Trust and any locally determined procedures designed for safe working;
- attend all training designed to meet the requirements of the policy;
- report any dangers they identify or any concerns they might have in respect of working alone or the safe working arrangements;
- report all incidents, difficulties or risks raised from lone working, however minor, to their manager. Failure to report an incident may put others at risk.

5 General Arrangements

5.1 Risk Assessment (see appendices 1 - 3)

Managers are responsible for ensuring that risk assessments are carried out to identify the risks of lone working to their staff and the control measures required to minimise those risks. The risk assessment should consider:

- Identification of the lone working staff groups exposed to risk.
- Assessment of particular work activities, which might present a risk to lone workers.
- Assessing the possibility of an increased risk of violence due to for example, alcohol abuse, drug misuse or a mental or personality disorder.
- Assessment of necessary equipment and the capacity of the lone worker to handle the amount of equipment themselves.
- The fitness and suitability of the person to work alone.
- Intelligence from previous incidents including 'near misses', operational experience and feedback from lone workers, colleagues and other agencies.

Risk assessment should take account of both normal work and foreseeable emergencies including fire, illness and accidents. The format of the assessment will become a written record and will show any significant findings of any person who may be particularly at risk.

Risk assessments must be carried out in all areas of work where working alone poses an actual or potential risk to staff. Risk assessment should be carried out with the support of relevant staff. It should be recorded and evaluated at appropriate staff and managerial levels and communicated to all concerned.

Risk assessments should be reviewed regularly.

Individual members of staff should carry out dynamic risk assessments. These should reflect any information such as relevant problems encountered by staff. Whilst this may be carried out informally, any significant aspects must be recorded in the case notes or other appropriate secure format and reported to the manager at the earliest opportunity.

5.2 Local arrangements - see appendices 4 - 6

Managers should ensure that there are local procedures in place for lone workers including informing staff that a colleague is out of the office, where they have gone, an approximate return time and that there are also procedures in place for reacting to failed procedures.

Managers are encouraged to develop buddy systems whereby colleagues are assigned to a co-worker with whom they are required to maintain contact whilst on calls.

Managers should carry out risk assessments to determine whether staff require a mobile phone/lone worker device. However, managers must be mindful that mobile phones and lone worker devices are not an automatic mitigation to risks associated with lone working; but a method of communication only. In some circumstances these can increase risk, however establishing and maintaining effective channels of communication for lone workers is essential, particularly for those lone workers working away from a fixed base.

The use of mobile telephones and lone worker devices allows lone workers visiting sites other than the usual base to maintain contact with colleagues and line managers in the event that visits are delayed, or emergency contact has to be made. However, these are not useful if a robust system is not in place to answer calls from lone workers or respond to lack of contact.

Establishing effective communications between different departments and organisations is also important. All staff must ensure that secure records include background information on whether patients/individuals have been previously violent or have displayed aggressive tendencies.

It is recommended staff also consider establishing arrangements with family and friends when working out of normal officer hours. Line managers may also or as an alternative, require staff working out of hours to notify them when

they have returned home safely e.g. when attending evening meetings and events.

5.3 Training

Managers will ensure staff receive safety training in order to equip staff with the tools and skills necessary to minimise the risk to them whilst lone working.

Individual training needs will depend upon the working situation of each staff member however all frontline staff who come into contact with patients and/or the public will receive conflict resolution training and will attend a refresher training session every three years.

5.4 Incident Reporting

In order to manage lone worker risks it is important that incidents, accidents and concerns are reported through the Incident Reporting system. Regular monitoring of incidents/accidents will allow lone worker issues to be considered and investigated when required. Near misses should also be reported as this allows risks to be identified before any staff member is harmed.

Incident reporting is an integral part of the risk management process. It allows the necessary information to be gathered to identify actual or potential problems so that lessons can be learned and solutions developed to prevent recurrence.

It is essential that where lessons can be learnt that they are incorporated into revisions of local procedures to ensure that lone workers are provided with the best possible protection, if the risks they face are to be minimised.

In the event of harm to a lone worker police need to be contacted at the earliest opportunity. The Trust will support to take legal action in all cases of physical violence and in specified cases of verbal violence if deemed appropriate. The employee will be kept informed of any internal investigation's progress and offered such support as is necessary or desirable in the circumstances.

5.5 Staff Support Following an Incident

In the event of an incident, staff must report it to their manager immediately, as the first point of contact before involving other agencies, e.g. Occupational Health Service, the Health and Safety Team or the Police. This excludes dialling 999 for emergency police response in on-going emergency (or other appropriate) situations.

Following an incident, managers should ensure that staff are given the opportunity to discuss the incident in a debriefing session and receive assistance in the preparation of appropriate Incident reports.

Staff should also be given the opportunity to contact supportive agencies. The Occupational Health Service can fulfil this role and arrange referral to external agencies if necessary, including an independent counsellor.

Arrangements for time off to attend supportive agencies should be made in consultation with line managers.

Staff can also obtain assistance and advice from their Union-appointed Health and Safety Representative. .

Staff should be aware of the possibility that complaints against their own conduct may arise after an incident. Support and advice from both management and staff organisations will be available in case a complaint about the conduct of a staff member is made when dealing with an incident.

5.6 Further Information

HSE guidance

- [INDG73 Working alone in safety; controlling the risks of solitary working](#)

Other guidance

- [TUC Lone Working Resources](#)
- [POSHH Improving Safety for Lone Workers](#)
- www.cfsms.gov.uk (Counter Fraud & Security management Service)
- www.hse.go.uk (Health & Safety Executive)

HSE case studies

These case studies were developed by the Health and Safety Laboratory (HSL). They show real examples of how employers have tackled the problem of violence to lone workers:

- [Health Centre](#)
- [Drop in Centre](#)
- [Community midwives](#)
- [Community mental health staff](#)
- [Social workers / personal care assistants](#)

6 Monitoring Compliance And Effectiveness

6.1 Active monitoring

Managers will undertake routine inspections and checks to make sure that policies and procedures are being implemented and risk-control measures are working - see appendix 8.

The Health and Safety Team will undertake at a minimum bi-annual Trust wide safety management audit to assess the adequacy of health and safety management arrangements based on legal reference - see appendix 9.

6.2 Reactive monitoring

Managers will routinely measure failures in risk-control measures to provide opportunities to check performance; learn from failures and improve the health and safety arrangements.

The following will be monitored and reported on:

- Injuries and work related ill health.
- Other losses such as damage to property.
- Incidents including those with the potential to cause injury, ill health or loss
- Hazards and faults.
- Weaknesses or omissions in performance standards and systems including complaints from employees and enforcement action by the authorities.

The key findings will be monitored in a composite report on Violence & Aggression.

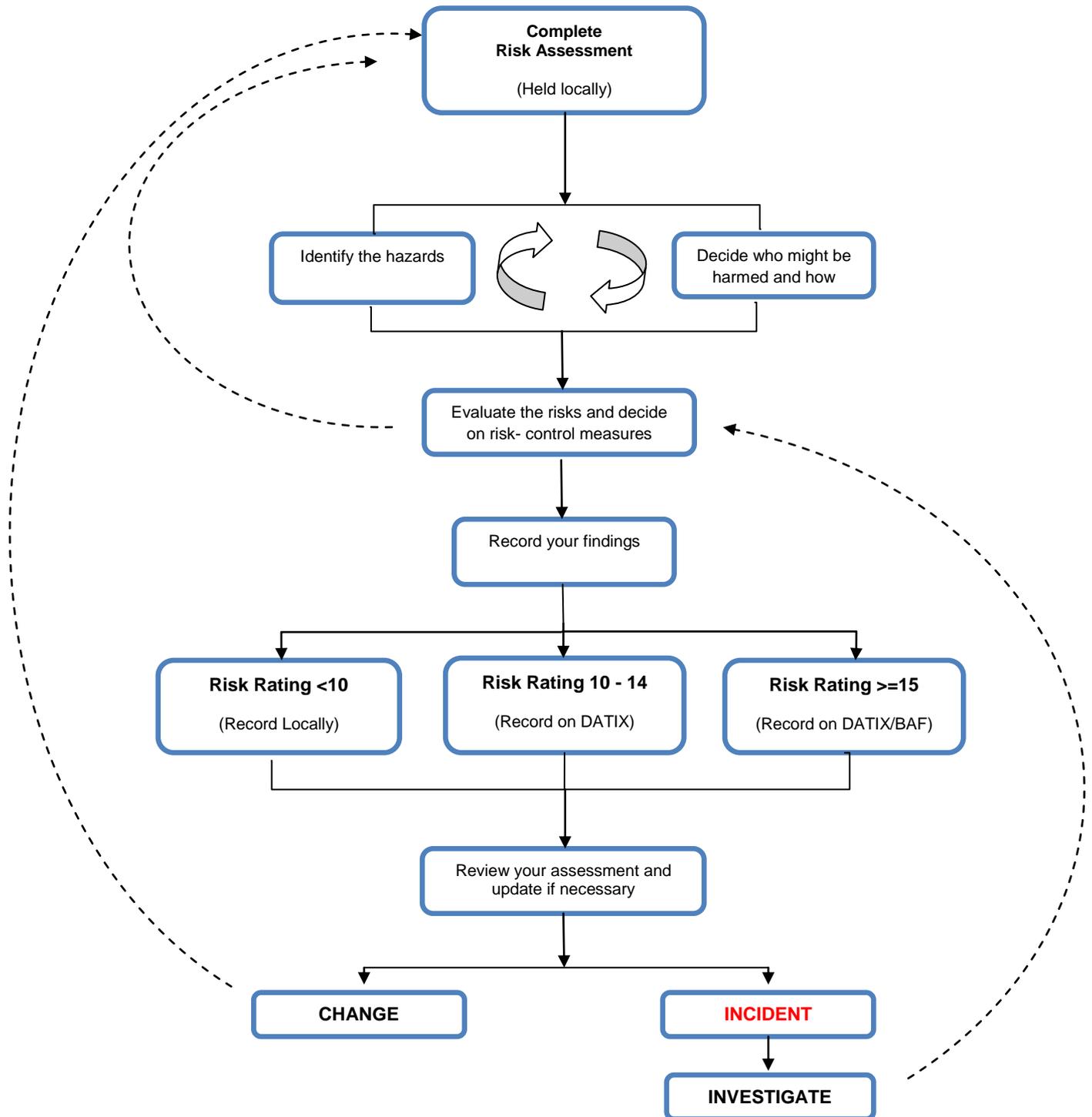
Monitoring Requirement :	Management of Health and Safety at Work Regulations 1999, Regulation 5
Report Prepared by:	Trust Head of Security and Emergency Planning
Monitoring Report presented to:	Strategic Health & Safety Committee
Frequency of Report	Six Monthly

7 References

Developing a policy for the protection of lone workers (2009) NHS Security Management Service

Not Alone (2005) NHS Security Management Service

Health and Safety Risk Assessment and Risk Management Process



Guidance on lone working risk assessment

This guidance should be used to assist Managers in completing and managing of suitable and sufficient risk assessments for lone working.

The Health and Safety Risk Assessment Form should be used to document the workplace hazards and associated risks. This form may be used to assess a work environment or a work activity for either for a group of people or for an individual.

The Health and Safety Risk Assessment Form must be filed appropriately within the department for as long as the risk assessment is relevant and should be readily available to the people at risk.

Depending on the level of risk it may be necessary to input a risk assessment onto DATIX. The management of which shall remain the responsibility of the department however it may be necessary to obtain support from Business unit and Divisional risk meetings.

Should any identified risk have a risk rating equal to or greater the 10 or have a potential Trust wide impact these are required to be brought to the attention of the Operational Health and Safety Steering Group and may be required to be escalated to the Chief Executive and Trust Board via the Strategic Health and Safety Committee.

Should all reasonably practicable risk-control measures be implemented and a risk remain with a risk rating equal to or greater than 15 any such risk must be included on the Board Assurance Framework and brought to the attention of the Trust Board.

1. Identify the hazards:

In their assessment managers should identify the hazards within their area of responsibility, for example:

- Does the workplace present a special risk to the lone worker?
- Is there safe access in and out?
- Can all the equipment, substances and goods involved in the work be safely handled by one person?
- Does the work involve lifting objects too large for one person?
- Is there a risk of violence?
- Does the lone worker have a way of securing the workplace so that they can safely take breaks?
- Does the workforce include women or young workers who might be more at risk if they work alone?
- Are staff involved in activities or behaviour that makes them more at risk, for example, community nurses known to carry drugs in their cars may be more at risk of mugging or theft?

2. Decide who might be harmed and how:

In their assessment managers should identify people who work alone and how they might be harmed, for example:

- Work in the community.
- Work alone at DHFT sites 'after hours' (e.g. first in, or last out).
- Work alone in out-based locations (e.g. Clinics, Doctors Surgeries).
- Travel alone between sites
- Physical and or sexual assault
- Verbal abuse or threatening behaviour
- Theft or criminal damage
- Personal injury for example slips, trips and falls

3. Evaluate the risks and decide on risk-control measures:

In their assessment managers should identify the risks lone working presents, for example:

- People working alone in potentially isolated conditions have no immediate back up or support and so are at greater risk of injury through aggression or violence directed towards them from patients, relatives, carers or the general public.
- People working alone require to rely on their own judgement and initiative and may be at greater risk of making mistakes or errors.

In their assessment managers should introduce risk-control measures to improve the safety of lone workers and to set limits to what can and cannot be done while working alone.

Risk-control measures to be put in place might include such things as instruction and training, supervision, protective equipment, and better means of communication (e.g. mobile phones), better security measures or means of raising the alarm in case of emergencies.

When the risk assessment shows that it is not possible for the work to be done safely by a lone worker, arrangements for changing the method of working or for providing help or back-up should be put in place immediately and documented within a local procedure.

Local procedures should be developed to describe the actions to be taken by individual staff in lone working situations.

Instruction and training is particularly important where there is limited supervision to control, guide and help in situations of uncertainty. Lone workers need to be deemed competent to work alone, to be sufficiently experienced and to understand the risks and precautions needed fully.

Managers must ensure employees are competent to deal not only with the day to day aspects of their work but with circumstances which are new, unusual or beyond the scope of their training, for example, if threatened with aggression and violence.

It is mandatory for all staff to receive conflict resolution training once only on induction. For staff identified as lone workers this training is required to be undertaken on a three yearly basis.

All employees who are expected to work alone or who support lone working should be trained and a level of supervision provided, for example:

- Supervisor's periodically visiting and observing people working alone.
- Regular contact between the lone worker and supervision using either telephone or radio.
- Automatic warning devices which operate if specific signals are not received periodically from the lone worker.
- Other devices designed to raise the alarm in the event of an emergency and which are operated manually or automatically by the absence of activity.
- Checks that a lone worker has returned to their base or home on completion of a task.

Security devices can help in reducing risk for lone workers but should not be seen as a solution in itself. Consideration must be given to the legal and ethical implications of its use, as well as to its limitations.

Examples include personal security alarms and mobile phones. Another example is a type of panic alarm that can be built into, for instance, an ID badge. This is connected to a call centre which will contact the member of staff if the alarm is activated.

4. Record your findings:

Risk assessments are required to be recorded and made available for audit and legal requirements.

- Risks rating <10 are documented on the General Health and Safety Risk Assessment Form.
- Risks rating 10-14 are documented on the General Health and Safety Risk Assessment Form and uploaded onto DATIX as a non-clinical risk.
- Risks rating >15 are documented on the General Health and Safety Risk Assessment Form and uploaded onto DATIX as a non-clinical risk.

Note: Risk with a risk rating of >15 after all reasonably practicable risk-control measures are implemented will be brought to the attention of the Trust Board as part of the Board Assurance Framework Process.

5. Review your assessment and update if necessary:

Managers should review risk assessments regularly or if no longer valid (e.g. following an incident in the workplace, or if there are any significant changes to hazards, such as new work equipment or work activities).

Note: Managers are advised, as a minimum to review their risk assessment as part of the Department Health and Safety Inspection process.

Guidance for Lone Workers Visiting Service Users/Patients in Their Own Homes or Premises

This guidance should be used to assist in the development of local procedures following risk assessment of lone working activities. When making lone worker visits it is important to communicate with others about your intentions during the delivery of your services.

You should inform a colleague of:

- The location of the visit/meeting;
- A contact telephone number, if possible;
- The time of the appointment;
- The likely or estimated length of the meeting/visit;
- The time when you are expected to return to the office/base or call in;
- If not returning to the office, the time and location of your next visit ;
- If driving, car make, registration and model.

Visits to a patient's home represents a series of particular risks to which a lone worker and the Trust should aim to minimise as far as reasonably practicable. Before making a home visit alone, the member of staff should assess the risks relating to the visit first to ascertain whether it is safe enough to attend alone. If they have any concerns regarding the safety of a particular home visit, they should either take a colleague with them, or rearrange it for a time when the risks can be minimised.

Prior to a home visit taking place the employee should:

- Obtain as much information as possible about the service user, their families and the location to be visited;
- Review available existing information regarding the patient such as case notes, GP records, previous referrals, etc.;
- Review the last documented risk assessment, or if this is unavailable or there isn't one, contact the referrer to ascertain whether or not there are any relevant risk factors present and/or whether there is any reason why it would be unadvisable to visit the service user alone;
- Double-check the address and telephone number;
- In the event that no records or information is available and there is concern regarding potential risk, consider if possible whether or not it would be more appropriate to invite the service user into the workplace or a safe place, therefore avoiding the need to make a home visit.

If it is decided that a home visit is required, the employee should:

- Consider whether it would be appropriate to arrange to have a 2nd staff member present for the duration of the visit if there is a known risk i.e. potential for violence or aggression or manual handling.

- Always ensure that fellow workers know where you are. Details should include: details of expected time of return, names and addresses of the clients being visited and time of appointments when visiting alone, mode of contact (e.g. mobile phone numbers);
- Make sure that you carry appropriate personal identification e.g. name badge/Identification card to verify your authenticity.
- Wear shoes and clothes that do not hinder movement or ability to run in case of an emergency
- Ensure that the means of communication and any personal alarms are working and accessible. Programme the work base number into mobile telephones so they can be 'speed dialled'.
- Ensure car keys are easy to retrieve e.g. not in bottom of bag.

On arrival

- Be alert, aware, safe;
- Assess the situation on approach and be prepared to abandon or postpone the visit if in there is a concern for safety;
- Have identity badges available on request;
- If the person answering the door makes you feel uneasy about entering then an excuse should be made not to enter; for instance when the patient or relatives are drunk or 'high' on non-prescribed drugs; **If in doubt, Do not enter premises – seek advice/ assistance;**
- Remain alert while in the house look for anything that may present a problem;

IF VIOLENCE IS THREATENED – LEAVE IMMEDIATELY

Known High Risk Home Visits

- If any visit is deemed to be a potential high risk, it may be necessary to visit in pairs. The need for such additional support should be discussed with your Manager so that appropriate arrangements can be made.
- For such visits it is recognised as good practice for the employee to report back to their work base to confirm that the visit has ended and that they have safely left the premises.

Report all incidents, accidents and concerns immediately to your Manager.

Record using the incident reporting system as soon as possible.

Report all safeguarding concerns to the Safeguarding team.

Guidance on Personal Safety When Travelling

This guidance should be used to assist in the development of local procedures following risk assessment of lone working activities.

1. Traveling by car

- Consider time of day
- Plan your route in and out
- Lock your car while traveling if possible
- Don't leave items on view in your car even whilst driving
- Keep equipment/prescription drugs in the boot and ensure they are easily accessible
- Make sure petrol is replenished prior to commencing journey
- In cases of road rage do not make eye contact or gestures and always stay in car and drive to a place of safety
- Consider places of safety on the route, e.g. garages, shops, police stations
- Beware of faked 'accidents' and other ploys to get you to stop

2. Traveling by Public Transport

- Plan your route in and out
- Don't carry too much
- On buses try to sit near the driver, as they have a radio which is accessible
- On metros and trains, try to sit near the front of the carriage
- Sit near other people if possible
- Have change for your fare ready and easily accessible.

3. Walking

- Don't carry too much
- Always notify your colleagues that you will be walking to your destination
- Do plan your route, avoid waste ground, subways or other isolated and poor lit areas
- Do keep to well-lit routes and paths, short cuts are rarely safe
- Do be alert and look confident, don't switch off to the world by listening to music through headphones
- Do wear shoes and clothes that do not restrict movement
- Do plan your route and know where you are going
- Consider places of safety on route e.g. garages, shops, pubs
- Walk facing oncoming traffic, you cannot be kerb crawled by oncoming traffic
- Keep to the outside of the pavement
- Never accept lifts from strangers
- Keep at least one hand free

- Always know where your mobile phone or personal alarm is and make sure it is accessible in the event of an emergency
- If you must carry a handbag make sure it is small, holds little of value.
- Keep your car and house keys and a small amount of money separate from your bag
- Don't walk with your hands in your pockets
- Continually assess the situation, if in doubt be prepared to abandon or postpone the visit.

4. Parking

- Lock your car
- Close all windows and sunroof
- Don't leave anything on view
- When parking in daylight imagine what the area will be like in the dark
- Locate your nearest observable busy road and park closely to it
- Do not leave visible permits/notices indicating that you are a health professional
- Reverse park so that you can drive right out
- Never leave car registration documents in your car
- Have your car keys ready when returning to your car
- Check the interior of your car before getting in
- Be particularly vigilant and careful when getting equipment into and out of the boot

Guidance on Lone Working in Office Environments

This guidance should be used to assist in the development of local procedures following risk assessment of lone working activities.

Staff working alone within a department during office hours should consider taking the following precautions as necessary:

- Ensure that they are near a telephone to call for help if needed.
- Secure valuables in an appropriate place.
- Ensure that keys are secured and not accessible to visitors.
- If you become anxious regarding your safety, call a colleague for assistance.
- Avoid arranging meetings with people they don't know if they are alone in the workplace;
- If they are meeting someone, let other people know who they are meeting, when, where and telephoning them to let them know that their visitor has arrived and that they will get back to them at a certain time;
- Not tell anyone that they are alone in the workplace;
- Report any incidents to the relevant Manager as soon as practicable after any events;
- Never assume it won't happen to them – plan to stay safe.

Interviewing Service Users in the Office

In addition to advice already given earlier in this document when interviewing in the office consider the following:

- Use interview rooms with panic buttons where possible and door view panels;
- Sit nearest the exit;
- Staff should make themselves aware of locks, bolts etc. on exit doors and observe how they work;
- Ensure that colleagues are aware that an interview is taking place;
- If there is ever a need to take a client/visitor through a coded security door ensure that the client/visitor cannot see the code or knock on the door and be let through to maintain security.

Staff working alone within a department outside office hours should consider taking the following precautions:

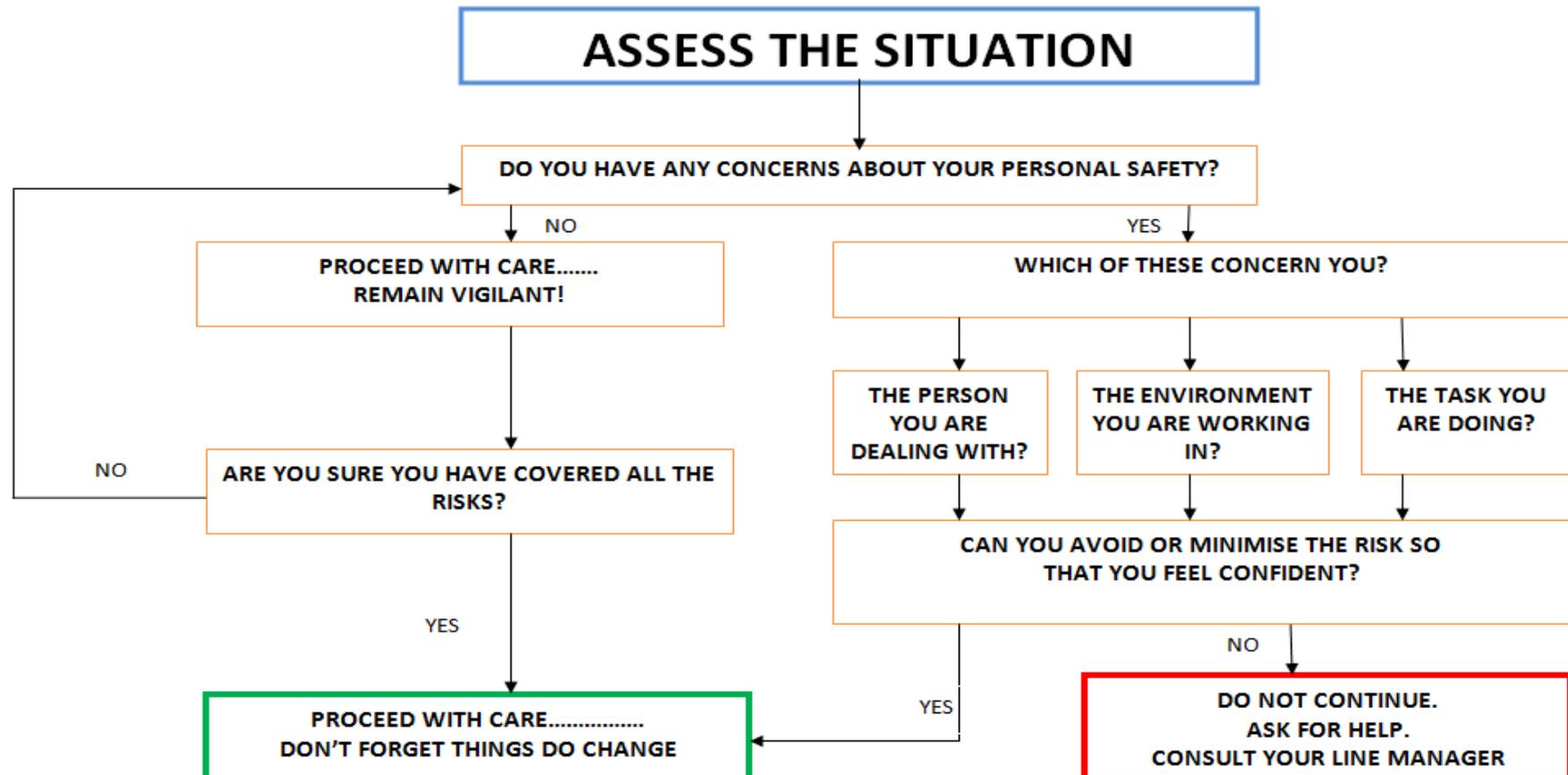
From time to time, employees may need to carry out their office-based work outside of normal office hours, such as weekends, early mornings and evenings. The following precautions should be considered to ensure that your health and safety continues to be protected:

- If you are working at weekends or very late at night/ early in the morning consider letting a friend or relative know your whereabouts and the time

that you are expected back. Contact them at regular intervals to verify that you are OK. If you change your plans, let your contact know immediately;

- Ensure that all windows and doors are secured to prevent unauthorised access, so that the working environment is as safe as possible;
- Do not open the doors to any strangers no matter what identification they have. If they are meant to be there, they will either have keys or another means of access;
- Never give security codes or keys to any stranger. Again there are channels they can use to gather information if they are legitimate and are meant to have access;
- make sure your fire escape routes are available to you and not locked (as may happen outside working hours);
- Do not use lifts at these times, as you may become trapped inside and unable to gain assistance or attention;
- Should the fire alarm activate whilst you are in the office alone, you must leave the building immediately by the nearest fire exit. Make your way to the front of the building, a safe distance away and wait for the emergency services to arrive;
- Should you discover any problems with equipment whilst in the office, do not attempt to repair or tamper with the controls. If it is not serious, report it to your manager the following working day;
- On leaving a Department, ensure that all windows are closed and doors locked;
- Ensure you have access to a phone in case you need to call the emergency services;
- Park as close to the building as possible in a well-lit area. (Move your car closer to the building during normal hours if you know you will be leaving late to minimise the risks when leaving the building on your own);
- If an incident occurs, follow the incident reporting procedure;
- Never assume it won't happen– plan to stay safe.

Dynamic Risk Assessment Guidance



Good Practice Checklist for Managers

Are Your Staff:

1. Trained in relevant and appropriate strategies for the diffusion and prevention of violence?
2. Briefed about local procedures and safe systems of work for the area where they work?
3. Given all relevant information available about the potential for aggression and violence?
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?
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?

Do They:

11. Appreciate the circumstances under which meetings/interviews should be terminated?
12. Appreciate their responsibilities for their own safety?
13. Understand the provisions for staff support by the Trust and the mechanism to access such support?
14. Appreciate the requirements for reporting and recording incidents in relation to lone working?

Organisational Management Audit Tool – Lone Working

Criteria	Evidence	Legal References	Observations
The organisation has suitable lone working policies and procedures in place.	Lone worker policy	Management of Health and Safety at Work Regulations 1999, Regulation 3 and 5	
Suitable and sufficient risk assessments have been carried out considering all lone working staff, including those that work in premises not owned by the trust (e.g. other NHS employers/ local authorities/private companies).	Risk assessment Lone Worker Policy	Management of Health and Safety at Work Regulations 1999, Regulation 3 and 5	
Risk assessments identify appropriate control measures, which are implemented. Measures may include: <ul style="list-style-type: none"> • avoiding the risk, i.e, changing the way people work • physical controls, building design and layout, CCTV and alarm/ communication systems • training • response strategies and security • local arrangements, safe systems of work and procedures. 	Risk assessments Local monitoring and inspections Procedures / systems of work Audit reports	Management of Health and Safety at Work Regulations 1999, Regulation 3, 4,5,10 and 13	
Equipment used as a control measure, for example alarm systems and lone working devices, is regularly tested and maintained.	Maintenance records Local recording systems	Management of Health and Safety at Work Regulations 1999, Regulation 3 Provision and Use of Work Equipment Regulations 1998, Regulation 5	
Training is provided to staff, including refresher training, when appropriate.	Induction training Local and central training records	Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13	
Training records are kept.	Local and central training records	Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13	

The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Department meeting minutes Safety reps documentation	Safety Representatives & Safety Committee Regulations 1977	
There is regular monitoring of compliance with the lone working policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5	