

## Appendix 1 – Risk Management & Assessment for Lone Workers Guidance

The key to maximising safety wherever lone working is being considered is the performance of a satisfactory risk assessment, which should address two main features:

- Whether the work can be done safely by lone workers
- What arrangements are required to ensure, so far as is reasonably practicable, the lone worker is at no more risk than employees working together

Identify all those who may be at risk. It is important that these individuals are made aware of the outcome of the risk assessment and informed of all necessary control measures.

### **Step 1 – Identifying and Analysing the Risk**

A positive, proactive and planned approach is required so that looking for hazards becomes a working habit – a natural, normal part of managing, supervising and undertaking one's job.

Risk identification - Some of the hazards you may wish to consider may include:

#### **Workplace:**

Identify hazards specific to the workplace/environment, which may create particular risks for lone workers, e.g. remote areas, laboratories, workshops, confined spaces. Consider access requirements, transport and parking arrangements, etc.

#### **Process:**

Identify hazards specific to the work process, which may create particular risks for lone workers, e.g. work on electrical systems, confined spaces, hazardous substances, work in the community, interaction with people with a known history of violent or aggressive behaviour.

#### **Equipment:**

Identify hazards specific to the work equipment, which may create particular risks for lone workers, e.g. manual handling, operation of essential/emergency controls.

**Individual:**

Identify hazards specific to the individual, which may create particular risks for lone workers e.g. medical conditions, disabilities, female employees, expectant mothers, age, inexperience, is there access to adequate rest, hygiene, refreshment, welfare and first aid facilities, etc.

**Work Pattern:**

Consider the lone worker's work pattern and how it relates to those of other workers, in terms of both time and geography.

**Step 2 – Assessing the Risk**

The identification and assessment of the risks to people is particularly important. (refer to the All-Wales NHS Violence and Aggression Training Passport Scheme's Risk Assessment Form).

**Who might be affected?**

The persons affected will range from those involved in the task - the operator, patients, students etc. or those who may not be in the workplace at the time e.g. domestic staff, employees walking through the area, contractors, visitors, maintenance staff or members of the public etc.

The effect of a hazard can depend on a number of factors; the following should be taken into account:

- Individual characteristics e.g. age, sex, health, etc;
- Young workers/trainees;
- Agency or bank staff
- Level of training;
- Knowledge;
- Attitude;
- People sharing the workplace;
- Visitors
- Contractors;
- Patients

To determine the level of risk, the following should be considered. Are there appropriate policies, procedures, good practice standards and guidelines in place and are they?

- Suitable?
- Used?
- Up-to-date?

- Are there standards for record keeping?
- Are there informed consent arrangements?
- Are standards of care delivered?
- What measures are currently in place to prevent or control risk?
- Is there a system of monitoring recurring problems?
- Have staff been trained, is information available and up to date, so that staff have the knowledge to complete a task safely?
- Are legal requirements being met?

Other points to be considered:

**Are your staff...**

- Fully trained in strategies for the management and prevention of violence and aggression?
- Briefed about the areas where they work?
- Aware of attitudes, traits or mannerisms which can annoy clients etc?
- Given all available information about the client from all relevant agencies?

**Have they...**

- Understood the importance of previewing cases?
- Left an itinerary?
- Made plans to keep in contact with colleagues?
- The means to contact you - even when the switchboard may not be in use?
- Got your home telephone number (and you theirs)?
- A sound grasp of your organisation's preventive strategy?
- Authority to arrange an accompanied visit, security escort, or use of a taxi?

**Do they...**

- Have access to forms for reporting adverse incidents or near misses?
- Appreciate the need for this procedure?
- Use them?
- Feel confident to terminate an interview prematurely?
- Know how to control and defuse potentially violent situations?
- Appreciate their responsibility for their own safety?
- Understand the provisions for their support by your organisation?

**Step 3 – Preventing, Eliminating, Reducing or Controlling the Risk**

Once risks have been identified and analysed, it is necessary to consider how they can be:

- Eliminated?
- Controlled?
- Avoided?
- Reduced?

- Made less costly?

A range of precautionary measures needs to be considered:

- Supervision. The extent of supervision required will depend upon the level of risks involved and the ability and experience of the lone worker. A few examples of supervisory measures which may be useful in some circumstances, include:
  - Periodic telephone contact with lone workers,
  - Periodic site visits to lone workers,
  - Regular contact, e.g. telephone, radio, etc.,
  - Automatic warning devices, e.g., motion sensors, etc.,
  - Manual warning devices, e.g., panic alarms, etc.,
  - End of task/shift contact e.g., returning keys.
- What to do in an emergency.
- Training. Identify the level and extent of training required, taking into account the nature of the lone working activity. Consider the knowledge and experience of individuals, particularly young and new workers. Lone workers should be given information to deal with normal everyday situations but should also understand when and where to seek guidance or assistance from others, i.e. unusual or threatening situations, etc.
- Identify any equipment requirements; lone worker device, mobiles phones etc.
- In the case of lone workers working at the organisations premises; carry out site surveys to look at the physical security of the lone working area. Recommend any improvements. Managers could identify unsafe areas by using a questionnaire for lone workers.
- Establish close working links with the Police, Social Services and Local Authorities. By sharing information potential risks to staff can be identified, reduced and incidents can be avoided. Under the Crime & Disorder Act lead authorities have a duty of care to provide information that may prevent the commission of an offence, in particular offences of violence.
- Negotiate agreement between the police, social services, mental health services and Ambulance Trusts on effective and consistent procedures for the detention of patients under the Mental Health Act that ensure the safety of all staff. This is vital to prevent staff from different agencies clashing during emergencies because of different procedures or priorities.
- Providing a HDdUHB driver or a taxi, if appropriate, in areas where cars might be vandalised, or staff have to go through unsafe areas to make visits.
- Arranging for patients or clients to be seen at clinics rather than at home, if at all possible.

- Indicate on patient notes if a potential problem exists. This enables other health care staff to prepare and assists with risk assessments. Arranging for another member of staff or a reliable relative of the patient or client to be present during the visit, e.g. if a member of staff is vulnerable to sexual harassment while visiting a member of the opposite sex.
- Traceability of staff particularly when undertaking domiciliary visits. It is vital that there are procedures in place so members of a team can be traced. Other procedures that complement this include phone-in arrangements and buddy systems.
- Organising support across different Trust/Local Health Board's or agencies. Such arrangements exist, for example, between midwives and ambulance services or police, and between Community Psychiatric Nurses (CPNs) and social services.
- Maintaining, and adhering to, a list of types of incident that community staff working on their own are not allowed to attend, without adequate support e.g. presence of police, for example, pub fights, domestic violence, overdoses and certain problem locations.
- Increased security (e.g. CCTV, secure access, personal alarms).
- Increased lighting at entrances, exits, car parks.

Other safeguards to consider are;

- Provision of suitable items, dependent on the level of risk, such as mobile phones, Global Positioning Systems (GPS) and personal alarms. It is strongly recommended that mobile phones or GPS systems are linked to a response centre in order that an appropriate and timely response can be carried out. Appropriate training should be provided in the use of any of these items.
- Awareness of driving/parking in built-up areas and suitability of vehicles. For example, parking in well-lit areas, close to where you are visiting.
- Personal awareness including what belongings are being carried/worn, e.g. jewellery.
- Appropriate training, for example, personal safety training including acknowledging and diffusing potentially difficult situations;

#### **Step 4 – Recording**

It is essential that appropriate control measures are in place and maintained. It is therefore necessary to record all significant findings of a risk assessment. This involves completing a risk assessment form and preparing an action plan.

The main findings of the risk assessment must be recorded including:

- Hazards;
- Staff groups affected;
- Existing preventive measures;
- Evaluation of remaining risks;
- Additional measures needed.

It is important that the following is implemented within each ward, department or directorate. The risk assessment:

- Should be kept in the immediate workplace;
- Should be brought to the attention of staff and available at all times;
- Must be kept for future reference, as they may be required by external agencies such as solicitors, health and safety inspectors or internally by safety representative and managers;
- Must be dated and signed at time of assessment and when updated;
- Must be updated in writing when any change occurs.

The findings of a risk assessment should be used to draw up an action plan of the remedial measures required to reduce the risk to as low as is reasonably practicable. Staff must be informed of the risks and the action.

The risk management plan should clearly identify the **priority** order in which the risk remedial measures should be implemented. Factors influencing the priority order might include:

- The assessed level of risk following evaluation and reference to the risk assessment matrix;
- The influence of any external factors e.g. statutory requirement, NHS Executive requirement, political pressure;
- The result of any cost benefit analysis in relation to implementing the treatment option;
- The potential for causing injury or ill health to people;
- The potential for a claim for compensation;
- The potential for serious loss of reputation;
- The potential for serious delays in service delivery.

A training needs assessment must be undertaken for all staff and training records must be maintained.

### **Step 5 – Monitoring and Review**

On-going monitoring is essential to ensure that the systems of work identified following risk assessment are being complied with. Observation by an appropriate line manager should be supplemented by formal systematic examination of work activities.

In addition risk assessments will need to be regularly reviewed and updated particularly if it is suspected that they are no longer valid e.g. where there has been a significant change. This will be required when equipment, machinery, substances, technology, legislation, evidence-based research practices and procedures etc. are changed.

There are a number of aspects to an effective monitoring regime:

- Routine inspection of control measures;
- Ensuring correct use of control measures;
- Ensuring full implementation of systems and policies;
- Ensuring staff are fully aware of risks;
- Monitoring - to measure performance;
- Reviewing incident statistics;
- Undertaking regular environmental safety inspections, clinical and quality audits;
- Implementing appropriate training programmes.

The risk control measures will be continually refined through adequate monitoring arrangements which will vary depending on the nature of the activity and risk assessment findings. This will result in demonstrable improvements which will be communicated to staff.