

Lone Worker Policy

Policy information

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Summary of document:

Setting out procedures and working practices to identify and minimise the risks associated with Lone Working.

Scope:

This policy includes all people acting as lone workers, working or acting directly or indirectly, for or on behalf of the organisation and will also include volunteers who experience lone working. For ease of this policy, from now on all these groups will be referred to as staff

To be read in conjunction with:

All Wales Violence and Aggression Training Passport and Information Scheme

[010 Health and Safety Policy](#) – opens in a new tab

[156 Risk Management Strategy](#) – opens in a new tab

[608 Risk Management Framework](#) – opens in a new tab

[674 Risk Assessment Procedure](#) – opens in a new tab

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Security Management Group (via Key Stakeholders) 11/12/2024

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Director of Allied Health Professions and Health Science

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Lone working, lone worker, alarms, alerts, violence, aggression, community

Glossary of terms

Datix – Health Board's incident reporting system.

Key points:

Procedures and working practices to identify and minimise the risks associated with lone working.

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Introduction

It is widely recognised that lone workers may face increased risks because they do not have the immediate support of colleagues or others if an incident occurs. For example, they may not be able to escape easily from a situation, particularly if they are in someone's home; they may be working in a high crime area or an isolated rural location; or they may be working at night or away from a main building.

Additionally, they may be in possession of equipment or drugs that might be attractive to criminals and who, in some cases, might use violence to achieve their aims. Other risks faced by lone workers include illness, accidents and vehicle breakdowns.. Whilst recognising these risks are aimed at lone workers, the majority of practice can apply to other situations where staff work remotely.

Whereas the final procedures must be based on local conditions, this Policy will deal with generic aspects of management of lone working risks and provide advice on the efficacy of various control measures that may be utilised to reduce the level of risk.

Definition of a Lone Worker

This policy intentionally sets out not to identify specific groups of staff thought to be lone workers, or to delineate a specific time when lone working is deemed to occur. The overarching principle must be that lone working can occur anywhere, at any time, and within any group of staff.

Definition – The Health and Safety Executive (HSE) definition of lone working is: “***Those who work by themselves without close or direct supervision***”.

Despite there being easily recognised Lone Workers such as those who routinely work without direct supervision in the community, further consideration and safeguards should be applied to members of staff who work within our premises on call or out of office hours, providing there is no immediate assistance available to them should incidents occur.

To be classed as a lone worker staff have to be engaged with their official Hywel Dda University Health Board (HDdUHB) duties, as a result, apart from those who work from home, travelling to and from work is not covered in this policy. Volunteers e.g. drivers should also be afforded the same levels of protection and supported to the same standards of designated HDdUHB staff so far as is reasonably practicable.

Policy Statement

HDdUHB will ensure, so far as is reasonably practicable, that staff and others who are required to work alone or unsupervised for significant periods of time are protected from risk to their health and safety. Measures will also be adopted to protect anyone else affected by lone working.

Lone working exposes staff and others to certain hazards. The intention is, where practicable, to either remove the risk from these hazards or, where elimination is not practicable, to minimise the risks to acceptable levels.

Scope

This policy includes all people acting as lone workers, working or acting directly or indirectly, for or on behalf of the organisation and will also include volunteers who experience lone working. For ease of this policy, from now on all these groups will be referred to as staff.

Further consideration should also be extended to include other agencies which are involved in care packages and will include both public and private sector workers with appropriate disclosures of information in order that risk can be managed and control measures implemented.

Aim

The aim of this policy is to provide a structure for the management of staff who undertake lone working.

Objective

This policy will be achieved by ensuring the safety of lone workers by minimising the risks that they face and putting in place appropriate measures to ensure their safety so far as is reasonably practicable.

Legislative and NHS Requirements

Health and safety legislation does not prohibit lone working, except in a few specific circumstances e.g. working in confined spaces. However, the employer has a general duty under Section 2(1) of the Health and Safety at Work etc Act 1974 to ensure the health, safety and welfare at work of employees including their physical and mental well-being.

Section 7 of the Health and Safety at Work etc Act 1974 states that it is the responsibility of employees to take reasonable care of their own health and safety at work and that of other persons who may be affected by their acts or omissions. All staff must comply with all safety procedures/safe systems of work and approved codes of practice pertaining to their particular work activities and report all incidents that have led or may lead to injury, ill health or damage.

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires employers

to carry out a risk assessment of the hazards to which their employees are exposed. Where there is a significant risk the risk assessment must be kept as a permanent record and updated regularly. The risk assessment needs to consider options to remove; substitute or control a hazard in order to decrease the degree of risk, as far as is reasonably practicable. Furthermore, the assessment needs to consider the suitability of the member of staff who is required to undertake lone worker duties. The Risk Management procedures are published on the HDdUHB intranet site and further advice can be obtained via the Health, Safety and Security Department.

Roles and Responsibilities

The **Director of Allied Health Professions and Health Science** has delegated responsibility for ensuring compliance with the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 and the effectiveness of this policy. This also includes the executive lead for the prevention of violence and aggression.

Directors and Senior Managers are responsible for ensuring that risk assessments are undertaken, local policies and procedures are introduced; safe systems of work are adopted; availability of training; provision of health and safety training records; ensuring statutory compliance; accident/incident reporting; communication; support; liaison; and audit within their service.

Department/Line Managers are responsible for establishing and supervising safe systems of work; ensuring staff have received appropriate training; and ensuring that other policies and procedures are observed with adequate written control documentation being in place. They should ensure that a proper risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks from lone working are identified and that proper control measures have been introduced to minimise or mitigate the risks before staff enter a lone working situation.

The lone working risk assessment may identify that the staff member could benefit from being issued with a lone working device as an additional control measure. Department / Line Managers of staff issued with a lone working device are also responsible for monitoring the usage of any devices issued.

Department / Line Managers should inform the Health, Safety and Security Team of any incidents that do occur, both directly and via the Datix incident reporting system.

The **Health, Safety & Security Team** aim to provide a comprehensive service for HDdUHB in relation to lone working. Together with staff members and managers they will work towards the creation and sustainability of a safe and secure working environment for staff and members of the public. This will provide the basis on which the highest levels of clinical care can be provided.

In the Health, Safety and Security Team, the **Violence and Aggression Case Manager** and the **Security Advisor** are available to review lone worker risk assessments developed by Department / Line Managers. They can also advise on the selection of suitable control measures, including lone worker devices where deemed necessary via the risk assessment.

All employees are required to comply with the HDdUHB's Health and Safety Procedures. They should use lone working applications or equipment at the appropriate time, and in the appropriate manner. All potential and actual adverse incidents or near misses must be reported, using the HDdUHB's incident reporting system (Datix).

All employees have a responsibility to do all they can to ensure their own safety and that of their colleagues.

Adverse Incidents and Near Miss Reporting

Any adverse incident and/or near miss should be reported through the line management structure and recorded on the HDdUHB incident system (Datix). It is important to ensure that if an adverse incident involves a lone worker, specific reference should be made to that fact on the incident form.

Where someone has been assaulted, the line manager should ensure that the staff member is properly supported, undergoes a physical assessment, any injuries are documented and that they receive appropriate post incident support. The Violence and Aggression Case Manager and the Reducing Restrictive Practice Department should be informed and involved in any follow up of the incident following the principles of the current memorandum of understanding between the NHS, Police and Crown Prosecution Service.

Following an adverse incident or near miss an investigation must be undertaken by the employee's line manager and risk assessments should be carried out as soon as reasonably practicable and appropriate control measures put in place. The investigation should be shared with the Violence and Aggression Case Manager. This is prior to a formalised review of lessons learnt following an incident.

There should be a clear, documented risk assessment process in place which identifies and assesses risks faced by lone workers, implements measures to reduce those risks and evaluates the effectiveness of the control measures (See [Appendix 1](#)). The key to maximising safety wherever lone working is being considered 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.

The above processes and information should be shared with other agencies who are involved in the delivery of care, in order for their staff and legal obligations to be met, where appropriate.

Training

Training and instruction is crucial for all groups of staff that work alone or those who manage staff who work alone. The aims and objectives of Violence and Aggression Training will be determined by the All-Wales Violence and Aggression Training Passport and Information Scheme.

Line managers are required to make adequate arrangements to ensure that staff complete training and that they have completed the All-Wales NHS violence and aggression refresher training manager's checklist, located in the HDdUHB training prospectus. This information should be forwarded to the Reducing Restrictive Practice department, in order for training to be arranged and completed correctly by staff members. Training records will provide evidence that appropriate training has taken place.

Implementation

All departments must have procedures in place that correctly risk assesses working environments for all its staff identifying any threats, risks or vulnerabilities as outlined in the Risk Management Procedure. Where required appropriate control measures or working practices should be agreed and implemented to help ensure the safety of staff and minimise risk at all times. This will include having relevant contact details in the event of adverse incidents or concerns, coupled with clear working practices and designated points of contact should escalation or other agencies be required.

In order to mitigate the risks faced by lone workers, HDdUHB has introduced lone working device (currently Peoplesafe MySOS devices, however this is under review). These devices and applications are designed to support staff and departments should incidents occur. They are not intended to replace but to enhance existing lone working safety procedures.

Where staff are presented with imminent risk of harm the **999-emergency call system** should be utilised wherever practicable. This system utilises any available telecommunication signal, offers support through an operator, records the call and locates the device alerting the appropriate agency immediately who will have access to further intelligence and information. In the event of de-escalation the calls can be downgraded from emergency to routine or no further assistance required. In the event of a 999 call being made, this must be recorded on the HDdUHB incident recording system (Datix).

The Health and Safety Committee will ensure that the policy is implemented and disseminated via the Health, Safety and Security Department. Directors, Heads of Departments and Line Managers have key implementation roles in this policy and should ensure that all relevant information is cascaded appropriately to the staff under their supervision.

The policy will be available on the HDdUHB intranet/internet site and line managers/departmental managers/lead nurses/directorate managers/clinical directors are responsible for ensuring that all staff have access to this document.

Lone Worker Devices

Staff at Higher Risk

Possible criteria for identifying higher-risk lone workers and the issuing of a lone working device include:

- Those staff who work alone (and those who may visit in pairs due to levels of risk) in the community or away from their hospital/clinic base and have direct patient/client contact AND any of the following:
 - Visit patients without prior knowledge of the patient or venue e.g. first visits;
 - Visit patients/families with a history of violence, drug or alcohol abuse or clinical conditions which may heighten the risk;
 - Work alone in darkness hours;
 - Visit areas of social deprivation or that are geographically isolated;
 - Undertake unplanned visits.

Lone worker protection devices/applications 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 effective preventative control measures to protect lone workers. All relevant information MUST be communicated to staff and recorded correctly in order to reduce and mitigate risk.

Other Control Systems

Within HDdUHB there are varying software applications and systems that are currently used by different departments such as mobile phone-based applications and safe systems of work e.g. check calls. These systems offer lone worker protection through different channels and mechanisms and can offer an alternative to a buddy system. Staff who are lone workers in the community may use the systems via mobile phones that may be private or HDdUHB owned. If alerts or alarms are triggered then the line manager should deal with the situation and in all cases should be informed as soon as practicable of any potential or actual incidents in order to establish safe working practices.

If the Line Manager is unable to contact the lone worker, they should decide whether the police are notified. All systems rely on the correct usage of the system coupled with effective management.

At all times staff should be reminded of the ability to use '999' call to alert emergency services where appropriate.

These systems can be used in conjunction with a lone worker device alert systems in order to offer increased levels of communication.

An example Lone Working Buddy process can be found in [Appendix 2](#).

Audit

Regular local monitoring through the review of Datix incidents must be undertaken by the HDdUHB to ensure:

- Lone worker incidents are being reported;
- Safe systems are in place;
- Staff have received adequate training.
- Any devices issued are being used correctly and to acceptable levels. (Staff should be reminded of their legal obligations under Health and Safety legislation to encourage compliance);
- Any operational issues are identified, reported and remedies sought.

Review Arrangements

This policy will be reviewed by the policy owner within 3 years of approval. However, a review earlier than this may be prompted by factors including:

- Legislative or regulatory changes;
- Structural or role changes;
- Operational or technological changes in the evidence-base;
- Organisational learning;
- Audits and reviews of the effectiveness of the policy.

Acknowledgements and Reference Materials

The following reference sources have been used in the compilation of this Lone Worker Policy:

- Health and Safety Executive (2013) INDG73(Rev3) Working alone, Health and safety guidance on the risks of lone working. HSE Books
- The All-Wales Violence and Aggression Training Passport & Information Scheme
- Tri Partite Memorandum of Understanding between Association of Chief Police Officers Wales (ACPO), NHS Wales and Crown Prosecution Service, Wales (CPS).

Relevant law:

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Workplace (Health, Safety and Welfare) Regulations 1992
- Corporate Manslaughter and Corporate Homicide Act 2007

Further information is available on the HSE website: [Lone working - HSE](#)

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.

Appendix 2 – Lone Working Buddy System Guidance

General good practice:

- It is your responsibility to trust your instincts, be familiar with good practice, follow guidelines and not put yourself at unnecessary risk. All staff members should be aware of the Hywel Dda Lone Working Policy.
- The generic lone working risk assessments cover all day-to-day situations if these guidelines are adhered to, however if significant risk has been identified the staff member must complete an individual risk assessment and discuss with their line manager prior to seeing the client.
- Referral forms to include information on whether there are any known safety / security risks. Staff member to gather more information if deemed necessary.
- All staff members should have a designated buddy. It is the responsibility of all staff members to arrange their own buddy system, ensuring that they are covered at all times.
- All staff members to maintain their online calendar / central diary with client name / setting and contact number for each visit / appointment and an indication of time.
- Mobile phones should always be switched on and fully charged and accessible at all times. Phones should always be audible so that the staff member is always contactable. Phone calls do not have to be answer if with a client unless it is your designated buddy.
- All staff are responsible for keeping their contact details up-to-date.
- Always assess the environment that you are working in, be aware of exits and hazards. If possible position yourself close to the door.
- If you are concerned for your safety during a visit / appointment try to exit safely by making an excuse such as 'I just need to get something from the car / another room'. If you are unable to exit safely contact your buddy, or if you are unable to get hold of them any other colleague and note something about a '**green folder**' which will alert your colleague to keep phoning you until all clear. If you note something about a '**red folder**' it will alert your colleague to contact 999.
- Report any concerns, including near misses, verbal or physical abuse to your line manager on return, and record on Datix if deemed necessary, so that this information can be shared with team members.

Home visits:

- Home visits should only be carried out if there is a clear rational for doing so.
- Check in with your buddy at the start of your first visit, noting your plans for the day and check out at the end of your last visit.

- No lone home visiting after dark or outside of office hours.
- Park in the direction of exit to enable a quick getaway if necessary.
- Have your car keys easily accessible at all times during visits.
- Ideally do not remove your shoes during visits unless requested or there are cultural reasons for doing so.
- If doors are locked as you enter a home be aware of how they are locked and where any keys are placed.

Clinical settings:

- Adhere to the points in the general guidelines.
- Try to keep appointments within times when other staff are in the building.
- If you are in clinic seeing clients and are isolated, use the buddy system.
- If you are the last to leave a building / department ensure that you are informed when other staff leave the building and notify you that you are responsible for locking up.
- If you are working on your own in a building / department ensure that outer doors are locked where possible.

Buddy guidelines:

- If you become concerned about your buddy, try to contact them on their mobile.
- If you are unable to get hold of them check their online calendar / office diary and contact their last visit working backwards until you locate the last person to have seen them.
- If the patient reports that the staff member is in their home ask to speak to them to 'give them a message'.
- If it is suspected that the staff member has gone home try contacting them on their home phone number or their registered emergency contact.
- If it is not possible to contact a staff member a senior member of staff should be notified.
- If there is genuine concern regarding a staff members' wellbeing then contact the police missing person's services on 101.
- If there is concern regarding the staff members immediate safety ring the police on 999, the caller will need to explain why they think their colleague is in such danger.

Lone Working Procedure / Buddy System

<p>Name:</p> <p>Work Base:</p> <p>Tel:</p>	<p>Home Address:</p> <p>Tel:</p>	<p>Mobile number:</p> <p>Work:</p> <p>Personal:</p>
<p>Line Manager:</p> <p>Name:</p> <p>Contact number:</p>	<p>Name of Emergency Contact:</p> <p>Name:</p> <p>Tel: home:</p> <p>Tel: work:</p> <p>Mob No:</p>	<p>Vehicle Details:</p> <p>Registration:</p>
<p>Name of Work Buddy/ies and mobile number</p> 		
<p><u>Buddy Lone Working Procedures:</u></p> <ul style="list-style-type: none"> • If you become concerned about your buddy, try to contact them on their mobile. • If you are unable to get hold of them check their online calendar / office diary and contact their last visit working backwards until you locate the last person to have seen them. • If the patient reports that the staff member is in their home ask to speak to them to 'give them a message'. • If it is suspected that the staff member has gone home try contacting them on their home phone number or their registered emergency contact. • If it is not possible to contact a staff member a senior member of staff should be notified. • If there is genuine concern regarding a staff members' wellbeing then contact the police missing person's services on 101. • If there is concern regarding the staff members immediate safety ring the police on 999, the caller will need to explain why they think their colleague is in such danger. 		