Health and safety policy (Appendix D) Lone working policy

DOCUMENT INFORMATION	
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Contents (this is an automatic table, use the headings throughout the document and then **right** click on the table and select update field, then update entire table

1. Introduction

1.1 The South Central Ambulance Service NHS Foundation Trust recognises its responsibility under Section 2(1) of the Health and Safety at Work Act (HSWA) 1974 to "ensure so far as is reasonably practicable, the health safety and welfare at work of employees" and this includes all staff who carry out lone working for the Trust.

1.2 The Trust will ensure so far as is reasonably practicable, that employees who are required to work alone or unsupervised for significant periods of time are protected from all identified significant risks to their health and safety. Measures will also be adopted to protect anyone else affected by lone working.

1.3 This policy intends to cover all aspects of lone working at or for the Trust, including any risks from violence and aggression. Therefore, this policy should be read in conjunction with the Trust's Management of violence and aggression policy.

2. Scope

2.1 This policy applies to every department within the Trust and to all who work either for or on behalf of the Trust, including Community First Responders, contract workers, temporary workers and bank staff.

3. Equality statement

3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.

3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

4. Aim

4.1 The aim of this policy is to set out the arrangements the Trust has in place to ensure the safety of all lone workers who either work for or carry out work on behalf of the Trust.

4.2 The objectives of this policy are to provide an effective framework to assist the Trust

in complying with statutory requirements by ensuring that there are arrangements in place:

- for the effective implementation of this policy throughout the Trust
- for the carrying out of suitable and sufficient risk assessments on lone working, including the carrying out of dynamic risk assessments
- to ensure that all appropriate controls, so far as reasonably practicable, are put in place to control, manage and reduce that the risks to staff who are lone workers
- to provide suitable information, instruction and, where necessary, training to staff who are lone workers
- to provide support and assistance to lone workers so that they can work effectively and efficiently and deliver excellent professional care to patients
- to provide lone workers with information on addresses they may visit (special situation feature application)
- to ensure that all incidents involving lone workers are reported and investigated
- to provide staff with suitable post-incident support
- where appropriate, to liaise with external agencies following any assaults on lone workers.

5. Roles and Responsibilities

5.1 Trust Board

5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the effective implementation of this and other associated health and safety policies.

5.1.2 It will also ensure that there are suitable and sufficient arrangements for the management of health and safety and the identification, assessment and management and control of risks to patients, staff, the general public (anyone affected by the activities of the Trust), Community First Responders, Contractors, Agency Staff and Bank Staff.

5.2 Chief Executive

5.2.1 The Chief Executive has overall accountability for ensuring that the Trust fulfils its legal responsibilities, and that the policy objectives are achieved and that effective machinery is in place for the achievement of the policies concerned with health, safety, welfare, security and environmental protection.

5.3 Director of Patient Care and Service Transformation

5.3.1 The Director of Patient Care and Service Transformation has delegated responsibility for ensuring that there are safe systems in place for lone working.

5.3.2 The Director of Patient Care and Service Transformation's responsibilities include:

- coordinating and ensuring the implementation and continued development of the Lone working policy throughout the Trust

- communicating the Trust's commitment to the Lone working policy throughout the organisation
- ensuring there are effective arrangements in place for the identification and interpretation of new legislation and guidance in relation to lone working and associated risks
- ensuring there are effective arrangements in place for receiving and monitoring all risk and adverse incident reports, identifying trends and producing statistical data for the Trust Board
- ensuring that there are arrangements in place to provide all patient-facing staff who are lone workers with initial and refresher conflict resolution training
- advising the Chief Executive, Directors and Board on matters of lone working
- coordinating and obtaining assurances from each of the Executive Directors in relation to lone working
- acting as the Trust's designated Board and executive level lead for risk
- acting as the designated executive lead for security management.

5.4 Executive Directors

5.4.1 The Executive Directors have delegated responsibility for the Lone working policy and will be responsible for ensuring that the policy is adopted, implemented and promoted in their respective areas.

5.4.2 Responsibilities of the Executive Directors will include ensuring that in each of their respective Directorates:

- there are arrangements in place for the carrying out of suitable and sufficient risk assessments on staff, and others who act for or on behalf of the Trust, who are lone workers
- there are suitable measures and processes (safe systems of work) in place to protect and ensure the safety of lone workers
- managers make adequate arrangements to ensure that lone working staff follow any safe systems of work put in place in accordance with the Trust's Risk Management Strategy and associated health and safety policies
- there are arrangements in place for the investigation of incidents involving lone workers
- there are arrangements in place to provide and access appropriate support to lone workers following any incidents.

5.5 Head of Risk and Security

5.5.1 The Head of Risk & Security will support the Assistant Director of Quality in managing risks throughout the Trust. The Head of Risk and Security will provide specialist advice and support to line managers with regards to lone working.

5.5.2 The Head of Risk and Security is a trained and accredited Local Security Management Specialist and will:

- carry out and assist Managers with the carrying out of risk assessments on lone working
- investigate incidents and assist Managers with the carrying out of investigations

into incidents involving lone workers

- where appropriate, liaise with the police and other external agencies to ensure that appropriate follow up action is taken following an incident involving a lone worker
- assist the Trust with regard to having appropriate policies, procedures and security measures in place to protect and ensure the safety of lone workers
- liaise with Demand Management to ensure that a special situation feature on an address (special situation feature application) at the request of staff following an incident.

5.6 Health, Safety and Security Officer

5.6 The Health, Safety and Security Officer will support the Head of Risk and Security by assisting with the managing of risks throughout the Trust. The Health, Safety and Security Officer will provide specialist advice and support to line managers with regards to lone working and will:

- carry out and assist Managers with the carrying out of risk assessments on lone working
- investigate incidents and assist Managers with the carrying out of investigations into incidents involving lone workers
- where appropriate, liaise with the police and other external agencies to ensure that appropriate follow up action is taken following an incident involving a lone worker
- assist the Trust with regard to having appropriate policies, procedures and security measures in place to protect and ensure the safety of lone workers
- liaise with Demand Management to ensure that a special situation feature on an address (special situation feature application) at the request of staff following an incident.

5.7 Managers and Supervisors

5.7.1 The responsibilities of Trust Managers and Supervisors will include:

- identifying all of their staff who are lone workers and assessing their suitability to carry out lone working;
- carrying out suitable and sufficient risk assessments on their staff who are lone workers and/or who raise any concerns about lone working; and ensuring that appropriate control measures are in place to ensure their safety;
- escalating any risks beyond their control or outside their level of authority up to the next level of management and recording this on the risk assessment;
- regularly reviewing these risks assessments to ensure that they are still current and valid;
- notifying the Risk Department of all posts that involve lone working and sharing with them all associated risk assessments on lone working and providing confirmation that all necessary control measures have been put in place;
- informing any of their staff who are working late and on their own of the arrangements in place for exiting the building and making it secure;
- to take action and escalate, to the police if necessary, if one of their lone working staff does not return from a visit and/or make contact as per the previously agreed arrangements;
- providing support to their lone working staff who have been assaulted and advising them of the arrangements the Trust has for post-incident support

(such as Occupational Health, the confidential Counseling service, Trauma Risk Management - TRiM);

- ensuring that all of their lone workers who are patient-facing receive initial and refresher conflict resolution training;
- fully supporting the implementation of the Lone working policy within their department;
- ensuring that their department as a whole is effective and efficient in the management of lone workers;
- ensuring that Trust decisions in relation to lone working are carried out and all relevant policies and procedures are implemented and monitored;
- working collaboratively with the Police following situations where police cover has not been timely or appropriate.

5.8   All staff

5.8.1   All Trust employees and those carrying out work for or on behalf of the Trust will:

- comply with this Lone working policy and any professional codes of conduct, processes and systems of work put in place to ensure their safety
- take reasonable care for their own health and safety and that of others who may be affected by their work; and not act in a way that puts themselves or others at risk
- inform their manager of any concerns they may have with regard to lone working
- take into account any advice and instructions relating to the area, site or location they visit
- inform their line manager/Clinical Coordination Centre that they will be working in an area alone and agree the frequency of welfare checks; and inform them of when they will be leaving the premises
- not interfere with or misuse anything (equipment, etc.,) provided for their protection and safety
- follow any appropriate guidance and attend any relevant training provided;
- where necessary, carry out a continuous dynamic risk assessment and be conscious of changing circumstances; and take appropriate action such as requesting further assistance and/or withdrawing if necessary and seeking further advice and assistance; (See appendix C)
- report any identified areas of risk immediately or within 24 hours in accordance with the Trust's Adverse Incident and reporting policy and with regulation 14 of the Management of Health and Safety at Work Regulations 1999
- take action and escalate to their manager, and to the police if necessary, if one of their colleagues that they are acting as 'buddy' for does not return from a visit and/or make contact as per the previously agreed arrangements
- where applicable, cooperate with the police and any other external agencies
- carry their identity card at all times whilst they are at work and produce it upon request.

5.8.2   In addition to the above, non-operational staff should ensure:

- that when carrying out any visits on their own they inform their manager and/or colleague (buddy) of the address they are going to, their contact details and their expected return so that if they do not return or make contact, the manager

and/or colleague can investigate and if necessary contact the police;
- that if they are going straight home after the last visit of the day they notify their manager beforehand. They should also make arrangements with a relative/friend to notify the Trust if they fail to arrive home or at the agreed meeting point at the expected time.

5.9   Clinical Coordination Centre (CCC)

5.9.1   When dispatching a lone worker to a job, the Shift Officer/Team Leader/Dispatcher will:

- inform the lone worker of any special situation features on the address that they are being sent to
- assess the risk of violence and aggression to the lone worker; and if necessary, stand the lone worker down from attending; (this does not preclude the lone worker carrying out their own dynamic risk assessment)
- contact the lone worker within 20 minutes of them booking on scene to see how they are
- arrange for and send assistance if it is requested by the lone worker
- automatically phone for police assistance if the lone worker presses the 'person down' button (otherwise known as the 'man down' button) on their radio; and then contact the lone worker to ascertain how they are
- inform the Duty Manager on Call that a 'person down' button has been pressed and provide them with details of the incident and any subsequent updates on the situation
- where necessary, contact the Police and obtain support for the lone worker.

5.10 Demand Management

5.10.1 Demand Management are responsible for the placing and managing of special situation features on addresses following any requests from management or staff; in particular they are responsible for:

- assessing the type and content of the special situation feature and placing it on the system
- managing all of the non-clinical special situation features on the system that are concerned with violent and aggression and staff safety issues and ensure that all such features are reviewed annually or less, depending on particular circumstances
- managing all of the clinical special situation features on the system
- removing from the system any clinical or non-clinical special situation features which are no longer current and valid.

6. Definitions

Lone workers: The Health and Safety Executive (HSE) define lone workers as "…those who work by themselves without close or direct supervision. They may be found in a wide range of situations."

Lone working: the former NHS Protect echo the HSE's definition and define lone working

as: "…any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague." Please note, that NHS Protect has been replaced by NHS England and NHS Improvement.

6.1 This policy has been devised bearing both definitions in mind. Therefore, lone workers within the Trust can include:

- Paramedics, Technicians, Emergency Care Assistants, Specialist Paramedics, Nurses, Associated Ambulance Practitioners
- Patient transport service staff
- Community first responders
- Staff who have to travel between Trust premises to provide a service
- Office based staff who may work on their own outside of normal office hours

6.2 An individual, however, does not have to work for an entire shift to qualify as a lone worker. It can apply to short periods in a shift, say 10 to 15 minutes. Therefore, lone working may be a normal part of a person's usual job or it could occur infrequently, as and when circumstances dictate.

7. Lone worker procedure

7.1 Risk assessments

7.1.1 The Trust will put arrangements in place to carry out suitable and sufficient generic risk assessments of all lone working activities and also, where necessary, specific risk assessments (on individuals and/or particular circumstances) and will implement all control measures, so far as is reasonably practicable, to provide for and ensure the health safety and welfare of staff.

7.1.2 The risk assessments will identify, assess and record:

- all significant hazards associated with lone working in the workplace, working environment, and working practices, that have the potential to put staff at risk
- the capability of the staff to carry out lone working and whether or not the job imposes any extra demands on the lone worker's physical or mental stamina; and whether the lone worker suffers from any illness that might be exacerbated by lone working
- all associated existing controls measures to decide if they are adequate and from this evaluate the level of risk
- identify who and how many staff will be affected
- identify any further additional controls measures that are necessary to minimise the risk to the lowest level reasonably practicable;

7.1.3 Where possible and practicable, the assessment should be carried out before the employee starts any lone working.

7.1.4 The risk assessment will be reviewed periodically and also whenever there is a reason to suspect it is no longer valid and/or whenever there is a significant change to the matters to which it relates such as a change in the personnel carrying out the work, changes to work processes, changes to the equipment used and the environment wherein the activity (work) takes place.

7.1.5 The completed risk assessments on lone working will be shared with:

- staff, the Risk Department and the Education and Training Department so that any training needs can be identified and addressed.
- each Directorate and area for them to develop their own specific lone working risk assessments which reflect their particular circumstances.

7.1.6 Individual members of staff working alone must undertake a dynamic risk assessment on approach or at the scene of a situation to identify significant hazards and any associated control measures and from this evaluate the level of risk and decide whether or not it is safe for them to work on their own. (See appendix C). Staff should be aware that personal safety is a shared responsibility between the Trust and staff and that they have a responsibility to help themselves to be safer. Staff will not be penalised if it is deemed unsafe to attend an incident and have the full support of the Trust in such cases.

7.1.7 If the lone worker has reservations about attending the incident these should be taken into account. They should be deployed to a location close to the scene (Rendezvous Point – RVP) and undertake a dynamic risk assessment from a place of safety. The lone worker should inform the Clinical Coordination Centre (CCC) that they require and request police assistance. The member of staff must book on scene when they arrive at that point. (See appendix C).

7.1.8 While lone workers may face higher risks, it is important that these risks are not over-emphasised, creating an unnecessary fear amongst staff that is disproportionate to the reality of the risks faced. It is therefore important that work to minimize risks is based on fact.

7.2 Control Measures

7.2.1 If there is a known risk from a patient then, where possible, consideration should be given to rescheduling the visit so that the lone worker can be accompanied.

7.2.2 Staff required to work alone will be provided with suitable portable means of summoning immediate assistance should it be required. Such equipment might include a mobile telephone, portable radio and panic alarm. Depending on the circumstances, failure to provide this equipment could result in the vehicle being declared 'Vehicle off Road' (VOR) until rectified.

7.2.3 Clearly defined "Safe Systems of Work" will be developed for all lone working posts (See Appendix B).

7.2.4 Staff required to undertake lone working will be provided with such information, instruction and training as is necessary to enable them to undertake their work safely.

7.2.5 The Trust will provide initial and refresher conflict resolution training (CRT) in accordance with the recommendations from NHS England and NHS Improvement.

7.2.6 Staff required to work alone will only be tasked to do so if assessed by a manager as being competent to undertake such tasks.

7.2.7 No member of staff will be knowingly sent alone to an incident where there is an actual or could be potential threat of violence. Any member of staff who feels that a situation

is unsafe may withdraw until the situation can be confirmed to be safe or assistance has arrived.

7.2.8 Where Operational staff are dispatched to work on their own a form of welfare check will be performed. This will be an automated process; and the first welfare check will be 10 minutes after the lone worker has arrived on scene and then every 20 minutes. If contact is attempted and no response is gained from the lone worker, consideration should be taken to escalate to a senior manager to inform the police and/or mobilise the nearest available resource/officer to ascertain whether or not they are safe.

7.2.9 Staff working alone will have access to suitable and sufficient first aid equipment to enable them to provide emergency treatment to themselves should they become injured.

7.2.10 The Tetra radios issued to staff have a tracking device so the location of staff, provided they keep their radio on them, can be tracked. Alternatively, the vehicles can be tracked and located.

7.2.11 Lone workers should be informed that they should contact their Line Manager during normal working hours if they experience difficulties. For operational ambulance staff this will be the Duty Manager within the Clinical Coordination Centre (CCC), or the Duty Officer.

7.2.12 The Trust is part of the NHS Litigation Authority's Risk Pooling scheme for NHS Trusts which provides Employers' Liability Insurance, which includes cover for lone workers working for or on behalf of the Trust. This is irrespective of their base, provided they are on official Trust business.

7.3 Incident reporting system, Datix

7.3.1 An integrated risk management software system, Datix is used by the Trust to record incidents, complaints and patient experience inquiries. It will also be used to identify trends to enable efforts and resources to be targeted towards high risk areas.

7.3.2 The Risk Department will collate all incidents reported on the Trust's Incident reporting system (Datix) and will produce monthly and/or bi-monthly and/or quarterly reports on incident statistics and summaries for the Health, Safety and Risk Group. Incidents involving clinical risk will be placed on the agenda of the Patient Safety Group for discussion.

7.4 Special situation feature application procedure

7.4.1 The Trust has a special situation feature application procedure, whereby staff who are subject to abusive, aggressive and/or violent behaviour from patients/patient's relatives/friends/others can report this on the Trust's Incident reporting system, Datix, and can request that a special situation feature is placed on the patient's address to forewarn other Trust staff, including lone workers, who may visit the patient at a future date, that this patient/patient's relatives/friends/others may display abusive, aggressive and/or violent behavior towards Trust staff.

7.4.2   When dispatching a lone worker to an address the dispatcher will check the address to see if there is such a feature and will advise the lone worker of the details and carry out a risk assessment. (This does not preclude the lone worker carrying out their own dynamic risk assessment).

7.5   Employee Wellbeing Service

7.5.1   The Trust commissions an Employee wellbeing service and staff, including lone workers, can access counseling and support via this service.

7.5.2   Details of the confidential counseling service are available at each Trust location.

7.6   Trauma Risk Management Service (TRiM)

7.6.1   The Trust provides Trauma Risk Management (TRiM) which staff, including lone workers, can access if they have been involved in a critical incident which is defined as 'any situation that causes a person to experience unusually strong reaction, which have potential to interfere with their ability to function.'

7.6.2   Details of how staff can access TRiM are available at each Trust location.

8. Training

8.1   All staff will receive information, instruction, training and, where necessary, supervision in relation to health and safety, risk management and adverse incident reporting.

8.2   The Trust will provide initial and refresher conflict resolution training (CRT) in accordance with the recommendations from the former NHS Protect. Please note that NHS Protect has been replaced by NHS England and NHS Improvement.

8.3   The Trust will deliver training on risk assessment, risk management and root cause analysis to relevant staff and managers.

9. Equality and Diversity

9.1   An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 6.

10. Monitoring

10.1   The effectiveness of this policy will be monitored in the following way.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of Incident reports about lone	a) An annual report from the Risk Team which will include	a) Risk Team.	a) Health, Safety	a) Annually, as minimum.

| workers received by the Trust's Incident reporting system, Datix in a financial year. | details of the number of incident reports about lone work reported and/or reviewed in a financial year. | | and Risk Group. | |

11. Consultation and Review

11.1   A consultation exercise on the policy will be carried out with the stakeholders listed below.

11.2   This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and Staff	28/2/2018 to 21/3/2018	Y
Health, Safety and Risk Group	28/2/2017 to 21/3/2018	Y
All Managers and staff	24/12/2020 to 14/1/2021	Y

12. Implementation (including raising awareness)

12.1   The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

13. References

- Health and Safety at Work Etc Act 1974
- Management of Health and Safety at Work Regulations 1992 (Amended 1999)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

14. Associated documentation

- Health and safety policy and procedures
- Risk management strategy
- Adverse incident reporting and investigation policy
- Management of violence and aggression policy
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) policy

- Lone working risk assessment
- Security policy
- Sickness management policy

15. Appendix 1: Review Table

Version	Reason for change	Overview of change
V7	Review of policy.	Adoption of new policy template. Many sections amended or rewritten. Section 1.1: addition of " and this includes all staff who carry out lone working for the Trust." Deletion of 1.3 Section 2 Scope – the scope of the policy amended. Section 3: Insertion of Equality statement. Section 4: Aim – the aim of the policy amended. Section 5: Each of the sub-sections amended. Section 5.3: Director of Patient Care amended to Director of Patient Care and Service Transformation, here and throughout the policy. Section 5.7.1, 5th bullet point: Emergency Operations Centre amended to Clinical Coordination Centre (CCC), here and throughout the policy. Section 5.8 Emergency Operations Centre/Patient Contact Centre amended to Clinical Coordination Centre (CCC). Section 7.1.7 and 7.3.8: Emergency Operations Centre (EOC) amended to Clinical Coordination Centre (CCC). Section 7.3.8: EOC manager amended to Clinical Coordination Centre manager. Section 7.3.11: EOC changed to CCC. Section 11.1 and 11.2 moved to section 7.2. Section 14: Inclusion of Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) policy.

		Appendix 2: Emergency Operations manager amended to Clinical Coordination Centre Manager. Emergency Operations Centre amended to Clinical Coordination Centre (CCC). EOC amended to CCC. Appendix 3: deletion of section on Workshop staff.
V8	Amendments to policy following the consultation.	Title of policy on the front page changed to: Health and safety policy (Appendix D) Lone working policy 5.4.1 area amended to areas. 5.6.1 and 5.6.2 additional bullet point added to both sections about taking action if a lone working employee does not return or contact as previously agreed. Section 14: Sickness absence policy changed to Sickness management policy. Section 17. All references to Emergency Operations Centre changed to Clinical Coordination Centre, here and throughout the policy.
V9	Amendments following discussion at the Health, Safety and Risk Group meeting.	Section 7.2.8 revised and amended. Appendix 3: reference to Emergency Care Practitioner (ECP) changed to Emergency Care Assistant (ECA).
V10	Review of policy.	Section 4.2, third bullet point and Section 22, part 2: add 'control, manage and' so sentence reads: '…to control, manage and reduce that the risks to staff…' Section 4.2, fourth bullet point and Section 22, part 2, fourth bullet point: add 'where necessary' so sentence reads: '…to provide suitable information, instruction and, where necessary, training…'

| | | Section 4.2, sixth bullet point and Section 22, part 2, sixth bullet point: add 'Special situation' so sentence reads: '… (special situation feature application)'

Section 5.5.2: delete 'and the Non-Clinical Risk Manager are' and change 'Specialists' to Specialist so sentence reads: 'The Head of Risk and Security is a trained and accredited Local Security Management Specialist…'

Section 5.5.2, fifth bullet point: delete 'place and add 'liaise with Demand Management to ensure that…' and 'special situation' and '(special situation…'

Section 5.5.2: delete sixth and seventh bullet points.

Insert new section 5.6, which outlines the responsibilities of the Health, Safety and Security Officer.

Section 5.9, first bullet point, add: 'special situation' so it reads: 'any special situation features…'

Section 5.9, add new seventh bullet point which reads: 'where necessary, contact the Police and obtain support for the lone worker.'

Insert new section 5.10, which outlines the responsibilities of Demand Management.

Section 6, add 'the former' and 'Please note, that NHS Protect has been replaced by NHS England and NHS Improvement.'

Section 7.1.2, third bullet point: change 'controls' to 'control' and add 'measures' so it reads: '…existing control measures…'

Section 7.1.2, fifth bullet point, change 'controls' to 'control' and add 'further' and 'measures' so it reads: '…further additional control measures…'

Section 7.1.5, first bullet point, add 'Education' so it reads: '…the |
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		Education and Training Department…'
		Section 7.1.6, change 'controls' to 'control' and add 'any' and measures so it reads: '… any associated control measures…'
		Section 7.2.5, delete NHS Protect and replace with 'NHS England and NHS Improvement.'
		Section 7.4, add 'Special situation' to the sub-heading so that it reads: 'Special situation feature application procedure'
		Section 7.4.1, add 'special situation' so that it reads: 'special situation feature application…'
		Section 8.2, add 'the former' so it reads '…the former NHS Protect.' Add the sentence: 'Please note that NHS Protect has been replaced by NHS England and NHS Improvement.'
		Section 22, part 3, add 'the former' so it reads '…the former NHS Protect.'
		Section 24, section 2: delete reference to Philip Astle.
V11	Amendments to policy following the consultation.	Numbering from 5.7 to 5.9 corrected. Section 6.1: Addition of reference to: Associated Ambulance Practitioners Section 7.2.8 amended to read: This will be an automated process; and the first welfare check will be 10 minutes after the lone worker has arrived on scene and then every 20 minutes. Section of 8.1 and 8.3, delete 'also'. Section 16/appendix 2: major Incident amended to major incident.

16. Appendix 2: Types of incidents where a solo response MAY not be appropriate

In committing any solo responder to an incident, the safety of Trust staff or those acting on behalf of the Trust must be paramount. A risk assessment must be undertaken by the Dispatcher/Clinical Coordination Centre Manager based on the information available from the caller and any other information that may be available regarding that location e.g. Computer Aided Dispatch (CAD), Features application. Such information **must** be passed to the attending ambulance staff.

The risk assessment process should be conducted in line with the flowcharts in Appendix 4 which cover the following types of incidents:

- Alcohol and Drugs
- Assaults
- Mental/Emotional

This risk assessment **must** be conducted prior to committing a lone worker to scene. It is however important that the member of Operational staff responds to the emergency immediately. The Clinical Coordination Centre (CCC) staff will be undertaking the risk assessment during this time. Following the completion of this and if the situation is assessed as safe, they will authorise the solo responder to commit to scene.

In addition to the risk assessment conducted by CCC, the lone worker, upon arrival at scene, must also carry out their own dynamic risk assessment.

The following incidents, whilst not exclusive, are given as examples where it **may not** be appropriate to mobilise a solo responder:

- Assaults where the assailant is still at the scene;
- Domestic violence where both parties remain at the scene;
- Public disorder e.g. pub fights etc. (not including major incidents);
- Any address, scene or individual where there is a current and valid feature recording a history of violence.

If police or other emergency services or security staff are confirmed as being in attendance at any of these incidents, then the solo responder can be sent to the scene.

17. Appendix 3: Systems of Work for Lone Worker Posts

Operations Front Line Staff

Within Operations the following staff could respond as a lone worker:

- First Responder
- Service Responder
- Community Responder
- Qualified officer in a lease vehicle
- Emergency Care Assistant (ECA)

Before responding to an emergency response the lone worker should be informed of the nature of the call and be provided with as much detail as the Clinical Coordination Centre staff have available to them.

The incidents which are deemed unsuitable for front line Operations staff are detailed in Appendix 2.

Patient Transport Service Staff

Patient Transport Service staff must ensure that they are always aware of the potential risks when lone working as they may be placed in danger or be left open to abuse or complaint. Staff must therefore be vigilant to this possibility and, if necessary, withdraw immediately. The situation should be reported to the Clinical Coordination Centre immediately. Patient Transport Service staff should not be sent on their own to patients who are likely to give rise to problems to an individual member of staff i.e. mental health and known abusive or violent patients.

Patient Transport Service staff working alone must make constant and proper use of either their hand portable radio or mobile phone to keep the Patient Contact Centre (which is based in the Clinical Coordination Centre) aware of their circumstances at all times.

Volunteer Ambulance Service Staff

Volunteer Car Service drivers must ensure that the Patient Contact Centre is fully aware of the route they intend to take, the order of pickup and the start and arrival times of each journey. In the event of the volunteer feeling uncomfortable with the situation they must withdraw immediately and report to the Patient Contact Centre.

Protocol for Other Staff

Other staff may from time to time be required to attend meetings and/or work on their own. When travelling on their own staff should take extra precautions to ensure their own safety. When staying away from home on Trust business they should not do anything that puts them in danger.

All staff are entitled to a Trust issue personal security alarm, held by the Head of Risk & Security. Applications should be made via the member of staff's line manager.

18. Appendix 4 (a): Alcohol and Recreational Drugs Overdose
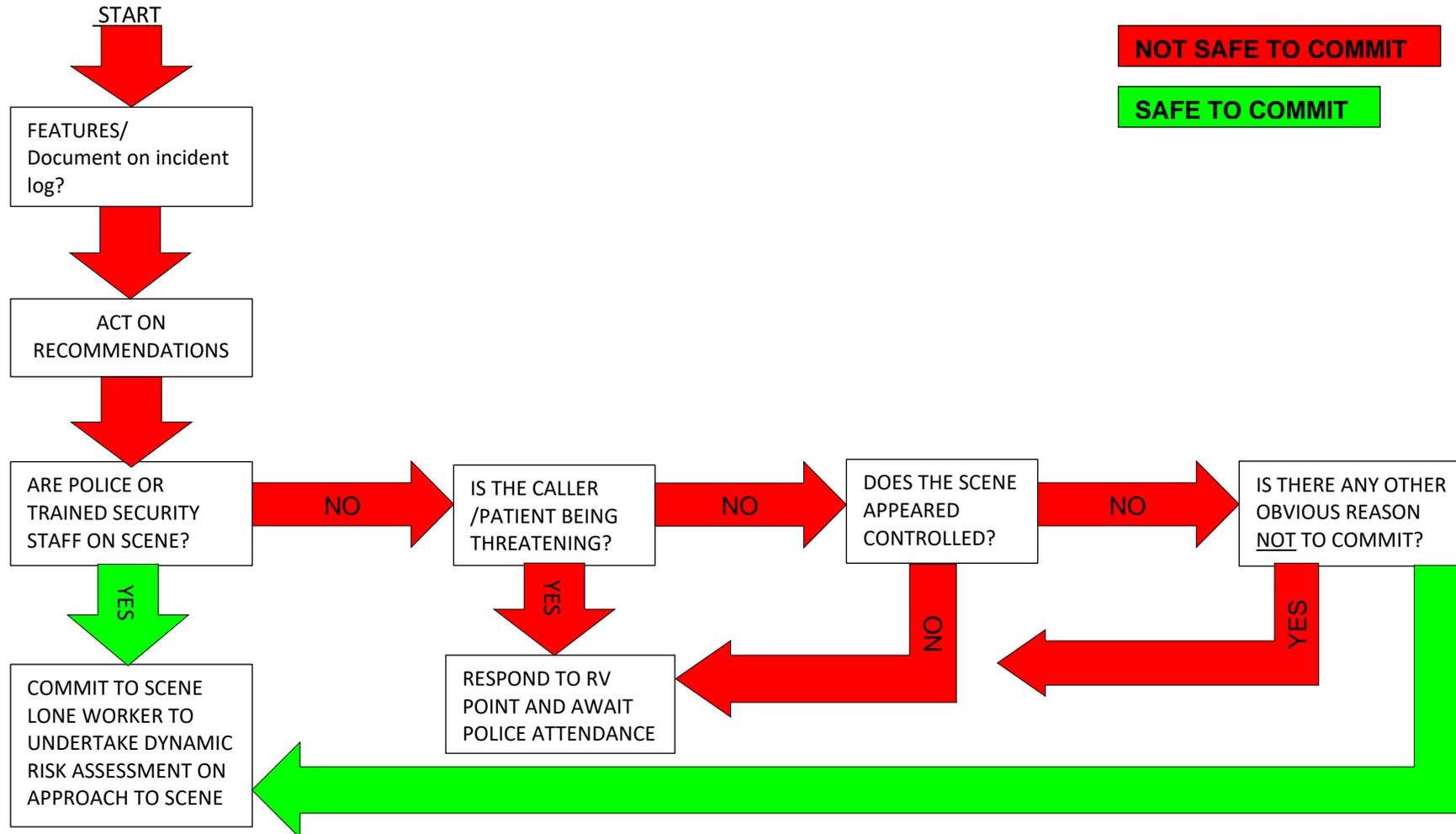
START

FEATURES/ Document on incident log?

ACT ON RECOMMENDATIONS

NOT SAFE TO COMMIT

SAFE TO COMMIT

ARE POLICE OR TRAINED SECURITY STAFF ON SCENE? → NO → IS THE CALLER /PATIENT BEING THREATENING? → NO → DOES THE SCENE APPEARED CONTROLLED? → NO → IS THERE ANY OTHER OBVIOUS REASON NOT TO COMMIT?

YES

COMMIT TO SCENE LONE WORKER TO UNDERTAKE DYNAMIC RISK ASSESSMENT ON APPROACH TO SCENE

YES

RESPOND TO RV POINT AND AWAIT POLICE ATTENDANCE

NO

YES

*CLINICAL CO-ORDINATION CENTRE (CCC) STAFF TO DOCUMENT ON INCIDENT LOG REASONS FOR HOLDING OFF FOR POLICE
*INSPECT PREVIOUS CALLS FOR INCIDENTS AND RELAY RELEVANT INFORMATION TO LONE WORKER/ATTENDING CREWS

19. Appendix 4 (b) Assaults

START

NOT SAFE TO COMMIT

SAFE TO COMMIT

FEATURES/ Document on incident log?

ACT ON RECOMMENDATIONS

ARE POLICE OR TRAINED SECURITY STAFF ON SCENE?

→ NO → ARE THE OFFENDERS STILL ON SCENE?

→ NO → DOES THE SCENE APPEARED CONTROLLED?

→ NO → IS THERE ANY OTHER OBVIOUS REASON NOT TO COMMIT?

YES

YES

NO

YES

COMMIT TO SCENE LONE WORKER TO UNDERTAKE DYNAMIC RISK ASSESSMENT ON APPROACH TO SCENE

RESPOND TO RV POINT AND AWAIT POLICE ATTENDANCE

*CLINICAL CO-ORDINATION CENTRE (CCC) STAFF TO DOCUMENT ON INCIDENT LOG REASONS FOR HOLDING OFF FOR POLICE
*INSPECT PREVIOUS CALLS FOR INCIDENTS AND RELAY RELEVANT INFORMATION TO LONE WORKER/ATTENDING CREWS

20. Appendix 4 (c) Mental/Emotional

START

FEATURES /
Document on Incident
Log?

ACT ON
RECOMENDATIONS

ARE POLICE OR
TRAINED SECURITY
STAFF ON SCENE?

NO → IS THE CALLER/
PATIENT BEING
THREATENING?

NO → DOES THE PATIENT
HAVE A HISTORY OF
THREATS AGAINST
OTHERS

NO → DOES THE PATIENT
HAVE SELF INFLICTED
INJURIES?

NOT SAFE TO COMMIT

SAFE TO COMMIT

YES → COMMIT TO SCENE.
LONE WORKER TO
UNDERTAKE
DYNAMIC RISK
ASSESSMENT ON
APPROACH TO
SCENE

YES → RESPOND TO R/V POINT
AND AWAIT POLICE
ATTENDANCE

YES

IS THERE ANY
OTHER OBVIOUS
REASON NOT TO
COMMIT?

NO

NO

YES

NO

DOES THE PATIENT
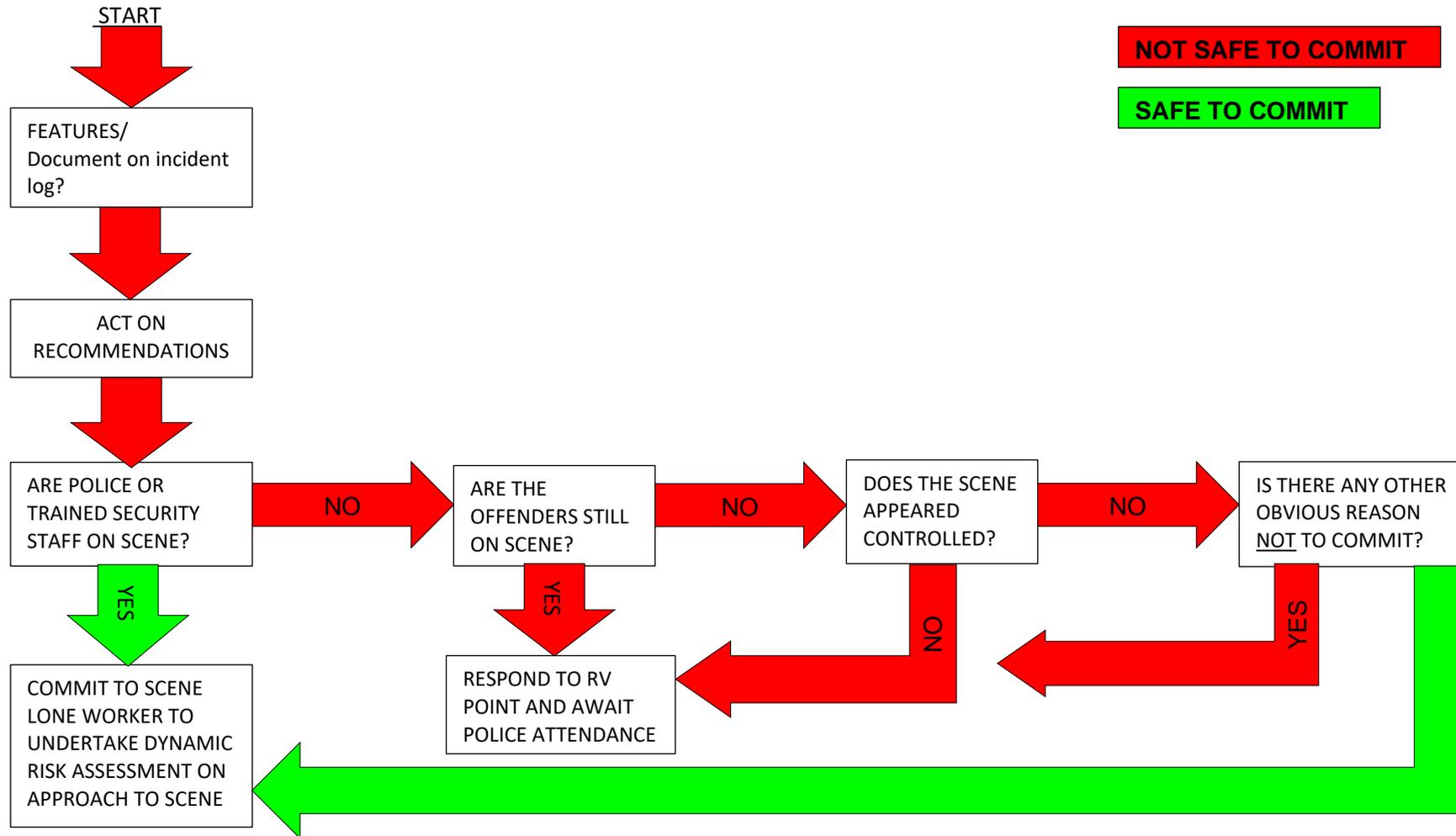STILL HAVE ACCESS TO
THE IMPLEMENT?

YES

* CLINICAL COORDINATION CENTRE (CCC) STAFF TO DOCUMENT ON INCIDENT LOG REASONS FOR HOLDING OFF FOR POLICE.
* INSPECT PREVIOUS CALLS FOR INCIDENTS AND RELAY RELEVANT INFORMATION TO LONE WORKER/ATTENDING CREW
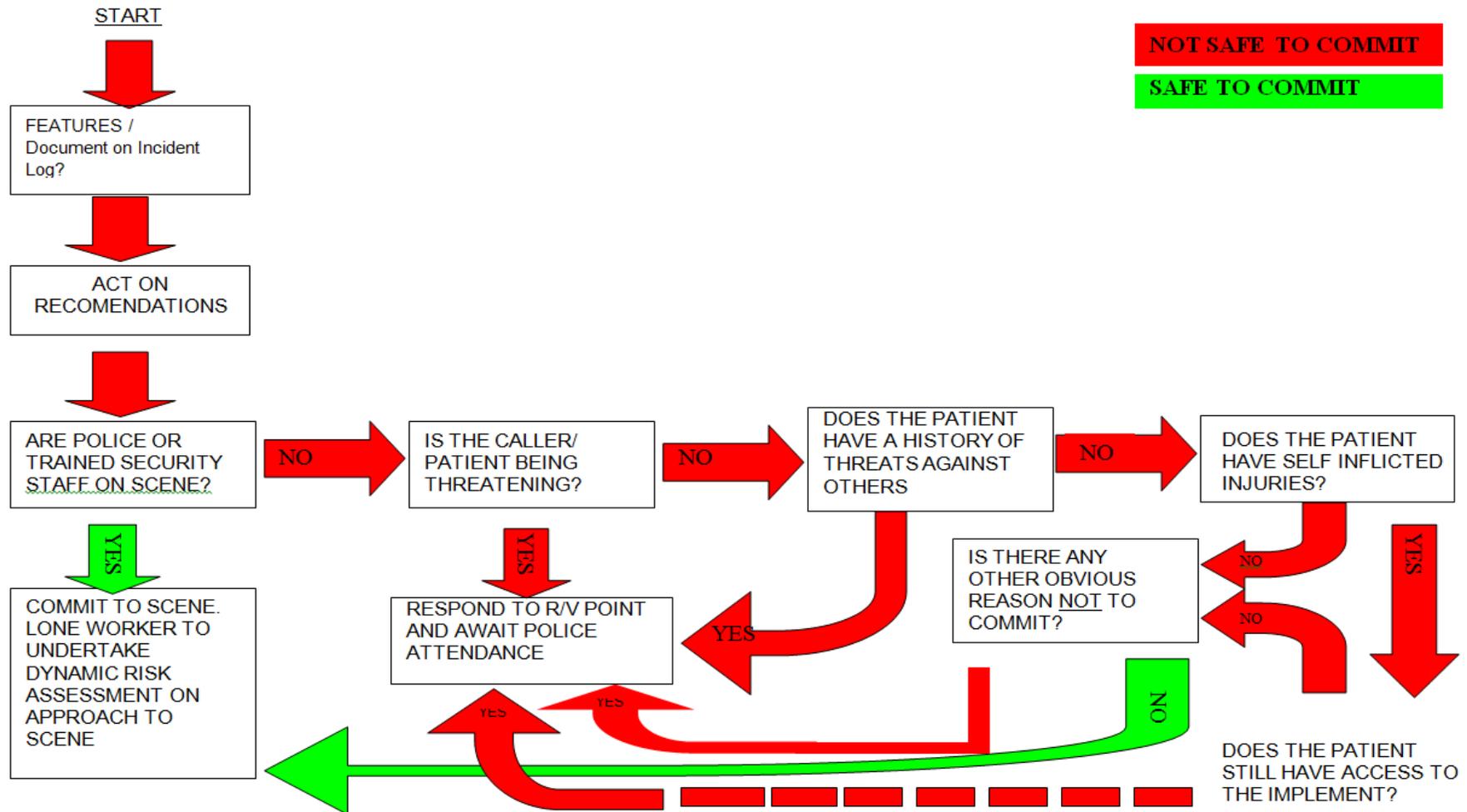
21. Appendix 5: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive +Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	Human Resources Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology Control Board.	Quality and Safety Committee	Committee decision

Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Patient Care and Service Transformation.	Patient Safety Group	Quality and Safety Committee	Committee decision

22. Appendix 6: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Lone working policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

1.   What is the main purpose of the strategy, function or policy?
To assist the Trust with the protection of all staff, but in particular those staff who work on their own as per the definition of lone workers by the Health and Safety Executive and NHS Protect.
2.   List the main activities of the function or policy? (for strategies list the main policy areas)
The organisational objectives of this policy are to provide an effective framework to assist the Trust in complying with statutory requirements by ensuring that there are arrangements in place: • for the effective implementation of this policy throughout the Trust • for the carrying out of suitable and sufficient risk assessments on lone working, including the carrying out of dynamic risk assessments • to ensure that all appropriate controls, so far as reasonably practicable, are put in place to control, manage and reduce that the risks to staff who are lone workers • to provide suitable information, instruction and, where necessary, training to staff who are lone workers • to provide support and assistance to lone workers so that they can work effectively and efficiently and deliver excellent professional care to patients • to provide lone workers with information on addresses they may visit (special situation feature application) • to ensure that all incidents involving lone workers are reported and investigated • to provide staff with suitable post-incident support • where appropriate, to liaise with external agencies following any assaults on lone workers.
3.   Who will be the main beneficiaries of the strategy/function/policy?
All staff, but in particular those staff who work on their own as per the definitions of the Health and Safety Executive and the former NHS Protect.
1. Use the table overleaf to indicate the following:- a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
GENDER	Women	✓	✓	There is a potential negative impact, in that female staff who work on their own could be more vulnerable. However, the policy is designed to protect all staff, including female who work on their own.
	Men	✓	N/A	Policy is designed to protect all staff who work on their own.
RACE	Asian or Asian British People	✓	N/A	Policy is designed to protect all staff who work on their own.
	Black or Black British People	✓	N/A	Policy is designed to protect all staff who work on their own.
	Chinese people	✓	N/A	Policy is designed to protect all staff who work on their own.
	People of Mixed Race	✓	N/A	Policy is designed to protect all staff who work on their own.
	White people/white other	✓	N/A	Policy is designed to protect all staff who work on their own.
DISABILITY	Disabled People	✓	N/A	Policy is designed to protect all staff who work on their own. Where necessary, a risk assessment would be carried out and reasonable adjustments would be made.
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect all staff who work on their own.

AGE	Older People (60+)	✓	N/A	Policy is designed to protect all staff who work on their own.
	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect all staff who work on their own.
RELIGION/BELIEF	Faith Groups	N/A	N/A	Policy is designed to protect all staff who work on their own.
	Equal Opportunities and/or improved relations	✓	N/A	Yes – ensuring that a fair and consistent process is followed for all Trust staff.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5.	If you have indicated that there is a negative impact, is that impact:		
		Yes	**No**
Legal (it is not discriminatory under anti-discriminatory law)			✓
Intended			✓
		High	**Low**
Level of Impact			✓

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:

6(b). Could you improve the strategy, function or policy positive impact? Explain how below:

7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed: John Dunn.

Name: John Dunn, Head of Risk and Security.

Date: 16/3/2021.

23. Appendix 7: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Lone working policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

Part A

1. Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender	X
Race	N/A
Disability	N/A
Sexual Orientation	N/A
Age	N/A
Religion/Belief	N/A

2. Summarise the likely negative impacts:-

    Female staff, in particular operational staff could potentially be more vulnerable when working on their own. However, the policy and the measures to be taken should help reduce the risk to all staff, including female staff who may work on their own.

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	Standard 21 days' consultation across the Trust.
Race	Standard 21 days' consultation across the Trust.
Disability	Standard 21 days' consultation across the Trust.

Equality Target Groups	Summary of consultation planned or taken place
Sexual Orientation	Standard 21 days' consultation across the Trust.
Age	Standard 21 days' consultation across the Trust.
Religion/ Belief	Standard 21 days' consultation across the Trust.

4.   What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

Standard 21 days' consultation across the Trust.

....

....

5.   Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	Health and Safety Executive research on lone working staff.
Race	Health and Safety Executive research on lone working staff.
Disability	Health and Safety Executive research on lone working staff.
Sexual Orientation	Health and Safety Executive research on lone working staff.
Age	Health and Safety Executive research on lone working staff.
Religion / Belief	Health and Safety Executive research on lone working staff.

6.   If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

NO.

Lone working policy   V11

☐ Yes (Please list them and explain how you will obtain their views)

....

....

| X | No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

....

....

....

....

8. Will the changes planned ensure that negative impact is:

Legal? | Y |

(not discriminatory, under anti-discriminatory legislation)

Intended? | N |

Low impact? | Y |

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes | Y | No | |

9b. How will this monitoring/evaluation further assess the impact on the equality target

groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

Monitoring will include the collation and examination of all incident reports involving physical assault to staff, including lone workers to identify how many of these incidents involved lone workers.

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed: ....

Name: **John Dunn**

Date: **16/3/2021.**

South Central Ambulance Service NHS
NHS Foundation Trust

EQIA ACTION PLAN

Issue	Action Required	Lead Officer	Timescale	Resource Implications	Comments

Please continue on another sheet if you need to.

24. Appendix 8: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Lone working policy.
Author's Name and Job Title	John Dunn, Head of Risk and Security.
Review Deadline	
Consultation From – To (dates)	28/2/2018 to 20/3/2018; 24/12/2020 to 14/1/2021.
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	Y
If No, please list comments not included along with reasons	
Equality Impact Assessment completed (date)	27/2/2018; 23/12/2020; 16/3/2021.
Name of Accountable Group	Health, Safety and Risk Group.
Date of Submission for Ratification	16/3/2021.

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	9/4/2018.
Date Policy is Active	30/4/2018
Date Next Review Due	April 2021.
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Chief Operations Officer.