LONE WORKER POLICY

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APPROVED BY:	**Operational Management Team**
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October 2013	Operational Governance & Support Director	Approved to be extended for 2 years due to minimal changes
April 2016	Reviewed and updated author	Head of Security & Risk
04 May 2016	Few amendments agreed.	Policy Group - agreed
June 2016	OMT	Approved OMT, minor update changes

CONTENTS

1 Introduction

1.1 West Midlands Ambulance Service NHS Foundation Trust (The Trust) takes extremely seriously the health, safety and welfare of all staff. It recognises that violence towards staff is unacceptable and that staff have the right to be able to perform their duties without fear of abuse or violent acts. No member of staff should consider violence or abuse to be an acceptable part of their job.

1.2 It also recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision in the community, in isolated work areas and at any time of the day or night. Working alone can bring risks to the work activity and the dangers of lone working cannot always be foreseen or avoided. The purpose of this policy is to protect staff, so far as is reasonably practicable, from the risks of lone working.

1.3 There are many different situations where staff are required to work alone, and it would be impractical to address each situation individually. This policy has been designed to be as wide ranging as possible, but still assist managers and staff to minimise the risks of lone working.

1.4 The Policy takes into account the NHS Protect directions on protecting "Health Staff" and the options available to take action against those who abuse or assault them.

1.5 The Trust also recognises it has an obligation under the Health and Safety at Work Act (1974), Management of Health and Safety at Work Regulations (1999). For the health, safety and welfare at work of its staff Manual Handling Regulation 1992, *Personnel Protection Equipment at work regulations 1992 and Work Related Stress (HSE Management Standards*) These responsibilities equally apply to those staff that for whatever reason work alone. They require the Trust to identify hazards, assess the risks and put measures in place to avoid or control the risks.

2 Scope

2.1 This Policy applies to all Trust staff and also includes contractors & volunteers. The policy applies to all situations involving lone working arising in connection with the duties and activities of our staff.

3 Definition of Lone Workers

3.1 *'Lone* working is not unique to any particular group of staff, working environment or time of day. The Trust defines a lone worker as
Any situation or location in which both clinical or non-clinical staff works without a colleague nearby; or when someone is working out of sight or earshot of another colleague whilst engaged on Trust business'

3.2 In addition to this there are some heightened risks associated with Lone Working these include:

- **3.2.1** Violence & Personal Safety – the nature of some work that staff carries out may increase the risk of physical and verbal abuse.
- **3.2.2** Lifting & Handling – attempting moving and handling tasks when alone may result in injury.
- **3.2.3** Fire – isolated workers may have difficulty evacuating buildings when the alarms are activated
- **3.2.4** Undertaking work in isolated areas
- **3.2.5** Undertaking work within potentially known high-risk areas, *including any flagged address's as detailed on the 'Emergency Operations Centre' (EOC) C.A.D. system*
- **3.2.6** Visiting patients in their own home
- **3.2.7** Coming into contact with people with known risk factors such as, violence and/or aggression, *alcohol & mental health issues*.
- **3.2.8** Carrying medication, equipment or valuables
- **3.2.9** Travelling, when solo, between one location and another.

4 Policy Statement

4.1 The Trust 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.

4.2 Lone working exposes staff and others to certain hazards. The Trust *will do everything possible* to remove the risk from these hazards or, where elimination is not reasonably practicable, to reduce the risk to the *minimum possible.*

4.3 This policy aims to:

- **4.3.1** Ensure that the risk of working alone is assessed in a systematic and ongoing manner, and that safe systems of work are put in place to eliminate risks to staff working alone or to reduce those risks to the lowest reasonably practicable level.
- **4.3.2** Ensure that appropriate training is given to staff in all areas that equips them to recognise risk and provide practical advice on safety when working alone on a bi-ennui basis
- **4.3.3** Ensure lone workers are aware of the types of risks they may

encounter and the precautions required to be taken to control those risks. This will include suitable and sufficient training, supported by effective ongoing supervision and monitoring.

4.3.4 Ensure that appropriate support is available to all staff. (Counselling if required or requested & incident de-brief)

4.3.5 *Ensure that all staff and all Trust managers are aware of, and adhere to this policy.*

4.3.6 Reduce the number of incidents and injuries to staff related to lone working.

4.3.7 Ensure that the Trust takes action, where ever possible against those people who harass abuse or assault our staff.

4.3.8 Ensure that the Trust complies with relevant health and safety Legislation, best practice and recommendations from NHS Protect

5 Responsibilities

5.1 Lone working environments present unique Health and Safety challenges. Although there is no specific legal guidance on working alone, under the Health and Safety at Work Act 1974, and the Management of Health and Safety Regulations 1999, *Personnel Protective Equipment at work regulations 1992 and Work Related Stress (HSE Management Standards)* the Trust must organise and control the health and safety of lone workers.

5.2 The Chief Executive is responsible for:

- Overall responsibility for the implementation and review of this policy
- The Trust Board will both individually and collectively ensure that the policy is implemented, reviewed and appropriate resources committed to ensure its effectiveness.
- Promoting and supporting the aims and objectives of this policy.
- Ensure that there are arrangements in place for identifying, evaluating and managing risk associated with lone working.
- All Trust managers will support the CEO in ensuring the aims and objectives of the policy are pro –actively managed and supported.

5.3 Employee Responsibility

Individual members of staff will take all reasonable care for their own safety and that of others affected by their acts or omissions. In particular staff will:

- Follow Trust policies and procedures
- Undertake training as per 4.3
- Undertake individual risk assessments on activation, en route and/or arrival at scene. (“Dynamic” Risk Assessment.)
- Dynamic risk assessments will be carried out / updated as information is received from the EOC. Updated information will be passed onto the staff as soon as the EOC receive it.
- Report incidents of violence, abuse & harassment using the

agreed process in accordance with the Trust Incident Reporting Procedures.

- Staff can verbally report an incident to the EOC where they feel the location/individual requires highlighting immediately. However, this must be followed up with the correct documentation (ER/WMAS 54 -223 etc.) within 48 hours. **(On occasions staff may not be able to submit a WMAS54, 223 etc due to hospitalisation, need for respite etc, in this scenario an initial verbal report to the EOC will be accepted.)**
- Immediately following a reportable incident the staff member must complete and submit an electronic/paper incident report form ER/WMAS54.
- Report to their line manager or the EOC any potential sources of violence, *abuse & harassment*, which they may encounter in their work.

6 Employee Support

6.1 Staff will receive clear guidance and appropriate training on how to minimise risk of violence to themselves and others. In the event of incidents of violence, staff will be provided with help and assistance in coping with the incident, and will be provided with advice and support in dealing with the aftermath, and with specialised counselling where necessary (e.g. SALS or an external provider).

6.2 Employees who have been subjected to assaults will be supported by the Trust in the prosecution of the assailant(s).

6.3 Lone workers will not be expected to commit to the scene of incidents, address or locations highlighted on the EOC computer system until the scene is confirmed as safe and secure, normally by the police.

6.4 Staff involved in incidents may require support and counselling. This can be provided in many forms, dependent on the incident and on the reaction of the individual. Any employee who requires further support following an incident may seek guidance from their Line Manager, Human Resources or they can self refer to the Occupational Health Service. In some cases specialist counselling may be necessary. This will normally be arranged by Human Resources in liaison with the Occupational Health Service.

6.5 Judgements made by Lone Workers.

6.5.1 Lone workers are entitled to expect that their managers and colleagues will judge their actions and reactions with understanding.

6.5.2 The Trust will be supportive to staff who suffer violence, *abuse & harassment* and will provide support in warning offenders against further such conduct and/or in securing prosecution of offenders

7 Risk Assessment

7.1 Members of staff will undertake individual dynamic risk assessments on activation, *en route* and/or arrival at scene.

The nature of the work precludes the possibility of a "cover-all scenarios" risk assessment. Managers and all staff will be expected to conduct "Dynamic Risk Assessments" and act accordingly. This is an assessment of the presenting risk / situation at a particular moment in time.
This allows staff to assess risks on specific occasions, with due regard to the over-arching risk assessment, and to training given in assessing risks.

In all cases the Trust and members of the Trust will be supported in making a dynamic risk assessment regarding emergency activations. Deployment decisions must take into account the presenting situation.

Lone Workers have the absolute right to decline *an instruction* if this is considered unsafe.

When lone workers are assigned to incidents and request assistance they will be 'supported immediately.

7.2 Risks are likely to be greater in certain circumstances as identified below; therefore EOC must carry out a 'Dynamic Risk Assessment' before considering the activation of a Lone Worker to:

- **7.2.1 Patients with mental health issues.**
- **7.2.2 Individuals under the influence of alcohol or drugs.**
- **7.2.3 Patients who are known to have a history of violence.**
- **7.2.4 Individuals who are clearly angry and/or reluctant to receive treatment either on location or at hospital.**
- **7.2.5 Patients with certain medical conditions such as, diabetes or epilepsy.**
- **7.2.6 A patient who has experienced a longer than normal response time.**
- **7.2.7 Poor signal reception areas, particularly in rural areas, crowds at nightclubs or pubs or other locations with concealed spaces or restricted access.**
- **7.2.8 Forced entry to premises in order to gain access to patient.**
- **7.2.9 Public Houses – (local knowledge and information from the incident being critical*).***
- **7.2.10 Incidents under pre-alert conditions (unknown Criteria) when further information is not clarified before arrival.**
- **7.2.11 Activation to an area where the Lone Worker has no local knowledge.**

7.3 Deployment of Lone Workers staffing solo response vehicles

7.3.1 The primary purpose of Solo Response Units is to ensure that the

Trust is able to provide optimum geographical cover to reach all patients with potentially life threatening emergencies promptly

7.3.2 Between the hours of 06:00 and 22:00hrs solo response units will deploy to a pre-determined area and provide cover in that area as agreed in the EOC deployment protocols.

7.3.3 Solo response units will be given the opportunity of standing by at a designated stand by point or be a roaming response within a two minute drive time of the designated standby by point. This will be agreed on an individual basis without prejudice.

7.3.4 Between the hours of 22:00hrs and 06:00hrs solo responders will not be expected to provide roaming cover as described above. During these times solo responders will be assigned to either an Ambulance Hub or a pre-determined and agreed safe standby location. This will be agreed on an individual basis without prejudice.

7.3.5 All standby locations will be identified and agreed within each locality by the respective management team and staff with consideration as to location, time of day and availability of support. Local risk assessments should be undertaken and completed in conjunction with staff side representatives to ensure minimum standards are available (Toilet etc)

7.3.6 This will ensure the safety of responders as well as enable a good geographical spread of cover through the night to maintain a fast response to patients.

7.3.7 Consideration must be given to Lone Workers working outside their normal geographical area in relation to standby points and the proximity of ambulance stations.

7.3.8 Lone workers / First Responders responding to any incident where there is a potential or perceived risk of violence/aggression will, inline with EOC guidance (i.e. Pathways), identify with the EOC a safe point (RVP) to “Stand Off” until back up arrives/confirmation of scene safety is identified. The time of arrival at the “Stand off Point” (RVP) will be logged as the “On Scene” time inline with the DH KA34 guidance. The time that the resource arrives with the patient should be noted in the incident notes log

7.3.9 The arrival of the clinician at the patient’s side will be documented on the Patient Report Form / Electronic Patient Record and on the incident notes of the EOC computer system. The clinician must advise the EOC of all times relating to this incident

7.4 Staff who find themselves working alone but are not normally employed to do so.

7.4.1 It is important to recognise that not all staff are comfortable working alone and therefore all steps must be made to ensure in such circumstances staff are supported accordingly.

7.4.2 Where a member of staff finds they are working alone, for example, where a crew member commences duty to find they are solo crewed, they will immediately ensure that EOC (or line manager in the case of non operational staff) are aware.

7.4.3 E&U staff that do not normally work alone have the right to decline to do so. Discussions between the lone worker, the EOC and local management teams where possible will always bring about a satisfactory conclusion. Where staff have declined to work alone they may either:

- Crew with another suitably skilled lone worker who is also solo.
- Be crewed on an alternative vehicle where the crew on that vehicle are happy to be separated, and one member will operate as a lone worker.
- Be crewed on an Ambulance with a Solo Responder. This will be undertaken with mutual agreement between all parties.
- Undertake 3rd manning with another crew at the discretion of the Senior Manager or Duty Manager on call for each division.

7.5 It is accepted that public perception where an emergency ambulance vehicle arrives at the scene of an incident could be that the responder should be able to convey the patient. Where a crew member finds themselves single crewed and are happy to operate as a lone worker but not utilising an Emergency Ambulance Vehicle EOC / Operational Managers will identify a response car for the member of staff to use

7.6 There may be occasions when "Lone Workers" will be required to respond in an "Emergency Ambulance Vehicle" until a suitable alternative is located. (Ref to 7.2 considerations) but not between 22:00 & 06:00hrs unless individuals are happy to do so.

7.7 EOC procedures will:

- Obtain as much information as possible about the call in order to prepare crews for any problematic situation.
- Record incidents/addresses where violence/abuse has occurred on the EOC CAD, from the ER/WMAS54 incident reports.
- Immediately alert lone workers where an incident is received to a flagged location.
- Follow the communications procedures for both lone and crewed workers.
- Advise lone workers of any incident updates either by radio or data transfer.
- Activate an additional response as soon as possible preferably from the local police or if resources are unavailable or they decline to attend internal resources from within the Trust.
- Where solo responders have requested immediate support the assigned ambulance will not be diverted unless a nearer resource becomes available.
- Document on the EOC computer system any verbal requests by operational staff for locations / individuals who need to be highlighted immediately for future visits by

staff, which will be followed up by the appropriate paperwork from the requester within 48hours(See 5.3, bullet point 6).

- Request ad-hoc testing of emergency devices for requesting assistance, i.e.ARP, AVL and this should be recorded in the EOC log book for audit purposes.
- Allow Lone Workers adequate time to complete a ER/WMAS54 following reportable incidents.
- Not contest individual's rights to decline working alone when they do not normally do so.

7.8 PTS Planning and Day Control procedures will:

- When taking bookings, ask whether the patient and/or escort might constitute any risk to the crew or to a lone worker.
- Ensure that, where a risk is identified, the crew is alerted and, where appropriate, the patient/escort will be transported by a crew and not by a lone worker, OR the booking may be refused (See Refusal to Treat Procedures).
- Report any refusal, or consequential reduction in time standards for that patient to the Assistant Director PTS for onward reporting to the commissioning Trust/ group.
- Follow the communication procedures for both Lone and crewed Workers.

8 Information

8.1 Information flow between staff and the EOC should be *detailed* & effective to ensure:

8.1.1 A full information flow about the *whole incident &* patients, alerting staff to patients/relatives known for violent tendencies towards others, *abuse & harassment.* This is intended to enable staff to make a more accurate assessment of potential aggression, violence, abuse & harassment.

8.1.2 A full and prompt information flow to patients in order to prevent feelings of frustration/aggression arising in patients/relatives, which could lead to violence, abuse & harassment.

9 Communication

9.1 Staff will be supported by effective communication systems to enable them to maintain contact with their base/EOC, and where necessary, summon assistance. The nature of the systems and the equipment provided will depend on the risk assessment for their role

9.2 Such equipment may include any/all of the following:

- Vehicle radio (ARP where applicable)
- Mobile phone / PDA

- Mobile radio hand-held portable
- *Landline telephone*

9.3 Emergency codes will be utilised so that staff can request emergency assistance without having to explain the situation, and therefore without alerting the assailant(s).

- Call "Code Blue" on the R/T = "violence to the crew/lone worker//vehicle"
- *Emergency AVL button*
- *Emergency Button ARP*
- *Mobile phones/PDA*
- In all cases, EOC will immediately respond the police

9.4 When activated on a case, the lone worker will initiate communication with control within 10 minutes of arrival on scene (this enables a primary survey to be completed and a dynamic assessment of the risk of aggression and violence occurring). EOC need to be extra vigilant about communications with lone workers, ensuring that contact is maintained at regular intervals.

9.5 Where contact with a lone worker is unsuccessful, the EOC, after 15 minutes of being on scene, will either activate an Area Support Officer to scene (remembering that the Area Support Officer is also a Lone Worker), another ambulance resource or consider summoning Police assistance.

9.6 It is acknowledged that, on occasion, the reason for no response from a lone worker could simply be that they are unable to interrupt patient care/treatment in order to respond. However, crew / individual safety is of paramount importance, and a decision to summon Police assistance should be made in any case of doubt.

9.7 All work undertaken by lone workers will be assessed for its suitability for the "Lone Worker". Through this process the Trust will ensure all facilities utilised for "Lone Worker" situations are suitable and safe, with the appropriate means of communication to allow notification of any concerns or injury.

9.8 Ideally lone workers should not be allocated to a particular stand by point for longer than 30 minutes at any one time *(Although this time frame may be extended up to 60 minutes dependant on individual localities*). However, should this occur dependant on demand then the lone worker can contact the control centre for new instructions if appropriate. Times on standby will be subject to review

10 Non Operational staff undertaking 'Lone Worker' Scenarios.

10.1 All persons (Admin, Domestics etc) who occasionally operate in "Lone Working" situations are to inform their direct Line Manager of the time, date and duration of the lone working period.

10.2 The Lone Worker, can if necessary, contact the EOC on 'Talk Group' for advice etc as and when required.

11 Training

11.1 All staff will receive appropriate training in 'Conflict Resolution' (CRT). The Training Department will ensure that all staff, on Induction and in update training, *(bi-ennui)* receives such training. All training will take into account the recommendations from NHS Protect.

11.2 Such training will include as a minimum:

- Interpersonal skills
- Dynamic Risk assessment
- Avoiding aggression/violence
- Reducing aggression/violence
- Policy and procedure awareness
- Understanding the legislation
- Reporting procedures
- Management of the aftermath of an incident
- PPE

11.3 All Managers will identify and prioritise any additional and/or specific training needs for staff, and will, in liaison with the Training dept, identify means of training delivery.

11.4 The Director of Workforce & Organisational Development will ensure that managers are supported in the identification of specific training needs and in the delivery of local training and service-wide training.

12 Incident Reporting

12.1 Incidents' of actual or potential violence including verbal *abuse/harassment* must be reported using the Trust's electronic (ER) 54 or if necessary a paper WMAS 54.

12.2 Where injury and/or ill effects are caused, a full investigation, (In line with the Trust's investigation policy) of the incident must be undertaken and documented in accordance with the Trust's Incident Reporting Policy.

12.3 Incidents will be analysed and monitored to facilitate the prevention of future incidents. *Specific feedback, in a written format will be given to staff members involved in the incident.*

13 Policy and Procedure Evaluation

13.1 This policy and associated procedures will be the subject of on-going and regular formal evaluation, supported by statistical evidence and analysis.

13.2 Review of the performance indicators will be a regular agenda item at Health Safety & Risk Committee, *Locality Performance and Governance & Regional Governance & performance meetings.*

13.3 Performance indicators will include:

- The number of incidents
- The proportion of staff involved in violence & aggression incidents
- Any reductions or increases in occurrences
- The number of incidents where prosecution has taken place
- The outcomes of such prosecutions
- The trends in numbers and outcomes of prosecutions
- Review of this policy will be undertaken initially at 6 months from the live date.