LONE WORKING

A lone worker is defined as a member of staff whose terms and conditions of employment require him/her to work alone, or who has been authorised by their manager to work alone, as an exception to their normal duties. Lone workers may be working away from their base within the community, e.g. district nurses, health visitors etc. Alternatively, lone working may take place on Trust premises e.g. certain on call staff or, an office worker working late/during a weekend to meet a deadline in exceptional circumstances.

It is recognised that, in accordance with the Trust's duties under the Health & Safety at Work Act 1974, establishing safe working arrangements for lone workers is no different from managing the safety of other employees. Employee duties under the Health & Safety at Work Act 1974 to take reasonable care of themselves and other people affected by their work and to co-operate with their employer are particularly important with respect to lone workers.

The Leeds Teaching Hospitals NHS Trust recognises that lone working is potentially more hazardous than working with others. The practise of lone working should be questioned, and if it is essential, it must be subject to risk assessment in accordance with the Management of Health and Safety at Work Regulations 1999 and measures put in place to minimise the associated risks. Staff working alone may be particularly at risk from violence and aggression.

COMPLIANCE REQUIREMENTS

- **The Health and Safety at Work Act 1974.**
- **The Management of Health and Safety at Work Regulations 1999.**
- **The Leeds Teaching Hospitals NHS Trust Conflict Resolution**
- **The Leeds Teaching Hospitals NHS Trust Vulnerable Adults policy.**

RISKS

The following are some of the risks that may result from lone working;

- Violence & Personal Safety – the nature of some work that staff carry out may increase the risk of physical and verbal abuse. Some staff have also experienced contact with dangerous animals
- Incidents involving car related theft, car jacking or a crash.
- Lifting & Handling – attempting moving and handling tasks when alone may result in injury.
- Fire – isolated workers may have difficulty evacuating buildings when the alarms are activated.

Some of the high risk activities undertaken by staff may include:

- Undertaking work in isolated areas
- Undertaking work within known high-risk areas
- Working/visiting patients in their own home
- Working alone at base
- Working with people with known risk factors, i.e. violence and/or aggression
- Staff carrying medication, equipment or valuables
- Staff travelling between site/homes/offices
- Staff handling cash and/or banking

RISK CONTROL MEASURES

ROLES AND RESPONBILITIES

Chief Executive

The Chief Executive has overall accountability for ensuring the Trust puts in place the necessary management systems for the effective implementation of all risk management related policies, including the Health, Safety & Welfare Policy & manual.

All Directors

Directors are responsible for ensuring that appropriate procedures and suitable precautions, including appropriate training, are in place to safeguard the health, safety and welfare of lone workers.

The Workforce Development Team (Estates & Facilities)

The Workforce Development **Team** has responsibility for the organisation of annual mandatory and refresher Conflict Resolution Training across the Trust, ensuring that accurate records of training undertaken are maintained, evaluating staff feedback and uptake and targeting those who have not attended annual updates. The Trust has developed its Conflict Resolution Training in line with national guidelines set by the Counter Fraud Security Management Service. Conflict Resolution Training will include:
- Causes of violence
- Recognition of warning signs
- Relevant interpersonal skills
- Details of working practices and control measures
- Incident Reporting
- Entering premises (where applicable)

Local Security Management Specialist (LSMS)

The LSMS is responsible for;
- liaising with the local police in the event of a physical or non-physical assault to assist with any investigation,
- undertaking an investigation where the police are unable to do so and where the Trust's SMD (Security Management Director) requests the LSMS (Local Security Management Specialist) feedback to the victim on the progress of any police or LSMS investigation into physical or non-physical assault,
- provision of security advice to the Trust and at the request of the SMD,
- assisting managers to carry out risk assessments of selected sites where lone workers are based.

Managers

Professional judgement should be exercised regarding who should be required to work alone, this may include;
- Health professionals on home visits
- Ancillary/security staff working in buildings/offices/receptions/wards on their own
- Staff who work from home
- Staff working out of hours or returning to the site when on call
- Staff working separately from others
- Students in training,
- Newly qualified staff,
- Volunteers, etc.

Managers are responsible for raising awareness of this guidance throughout their departments and assessing the need to work alone, carrying out and reviewing suitable and sufficient risk assessments of all lone worker activities which have a potential to cause harm to employee/s, supporting those employees who have been involved in an incident and investigating such incidents and making recommendations to prevent recurrence, developing, implementing and ensuring the awareness of appropriate procedures and suitable precautions to account for and trace the whereabouts of lone workers (and regularly checking these procedures are followed), ensuring that systems are in place so that all information about patients referred from other departments/agencies is passed on, (particularly if there is a known risk or previous history of violence or aggression), roll-out of appropriate information and training, to safeguard the health, safety and welfare of lone workers, including using the Lone Working Risk Assessment at Appendix G of this policy.

Managers must take account of the individual capabilities when allocating tasks to staff. However, work placement or other visitors to the Trust should not be required to work alone.

Irrespective of the working location of a member of staff classified as a lone worker, managers must ensure that the worker has the necessary capabilities, disposition and training for working alone.

In addition, managers of staff who are working alone in the community must,
1. Provide mobile phones and personal attack alarms. Personal attack alarms can be requested from the Security Department.

2. Ensure that there is a documented 'safe system of work' place for lone workers and that this is communicated to and understood by those involved.
3. Decide the extent of supervision required for lone workers. This depends on the risks involved and the proficiency and the experience of the employee to identify and handle safety issues. Employees new to the job, undergoing training, doing a job, which presents special risks, or dealing with new situations may need to be accompanied at first. Safety supervision may take the form of periodic visits to the lone worker.

Staff

Where staff are classed as 'lone workers' they must take account of the following:

Lone working in the community

1. Ensure that the mobile phone provided, or other security items is in working order and carried at all times and that they are familiar with the methods of use. The Trust will provide personal attack alarms
2. Follow the safe system of work for lone working at all times ensuring that any concerns relating to working alone are brought to the attention of their line manager or supervisor.

Lone working on Trust premises

1. Review the work to be carried out, i.e. can the work be carried out at a different time, in an area where there are other workers.
2. Obtain the authorisation of their line manager before working out of hours on their own, and where practicable, let a colleague/someone at home know what their intentions are and give an instruction to contact the police if there is any concern.
3. It is recommended staff should not enter buildings during out of hours unaccompanied. It is recommended 2 people should enter buildings out of hours and leave buildings out of hours.

Community and Domiciliary Visits/ Night visits

Measures that should be taken to enable staff to work effectively without feeling threatened by isolation include;

Before undertaking community/domiciliary visits:

1. On an initial visit Undertake a risk assessment, that must be documented and made available to staff required to work with client or client group. The risk assessment must be reviewed and changes to the risk assessment must be documented.
2. Patients and relatives must be contacted to agree an appointment time in accordance with patient's charter standards and given sufficient information about the reason for the visit/treatment. Ideally, first visit should not be carried out during hours of darkness.
3. Where possible, contact should be made with other health professionals, social workers or alerts, to ascertain the patient's home environment and any pre history before undertaking a home visit for a new patient, e.g. clinical history of disturbed behaviour, aggressive relatives, vicious animals and investigation of complaints. Where circumstances arise, this must be reported to a supervisor or manager and all such risks must be highlighted and documented.
4. Where there is knowledge of a potential risk, if practicable, two health workers should visit together, e.g. Dietician and Health Visitor, District Nurse & Colleague etc.   This is particularly important for an initial visit during which time a risk assessment for future visits must be made.
5. Itineraries containing information regarding the patient's addresses and times of visits must be left with a nominated person.
6. Suitable clothing should be worn, although it is recognised that the wearing of uniforms can sometimes bring unwanted attention. Trust Photo-ID badges must be carried at all times and be available for inspection at all times.
7. For their own safety, staff must ensure that their car is in good working order, and have sufficient petrol for the return journey. .
8. Provide information on the risks presented to staff by specific patients/relatives and on 'high risk' geographical areas, especially to new or deputising staff.
9. Adopting extra security procedures for visiting 'high risk' patients, and/or 'high risk' areas, especially on night visits and/or where female members of staff are involved.
10. For visits after 5pm it may be necessary to conduct visits in pairs or with operational arrangements as instructed by a supervisor or manager. Such visits must be subject to a documented risk assessment.
11. Consideration must also be considered as to how staff members travel to night visits.
12. Students on placements with the Trust should not conduct night visits alone.

Note- where there is doubt about the safety of a particular visit (geographical location, patient's condition, past history of violence etc) it may be more advisable to arrange for interviews/treatments to be carried out on NHS property.

If this is not possible, consideration must be given to requesting that the police accompany staff for the visit. If the police are not prepared to accompany staff, or if the general view is that it is not beneficial to the health worker, i.e. for fear or reprisals at a later date, then the visit is not carried out. This must then be documented and discussed with the line manager and if appropriate to a more senior level for decision regarding the future care of the client.

The decision to exclude a client can only be taken by a Head of Service or Director, in conjunction with Trust Chief Executive.

Reporting incidents

Staff are encouraged to report all security related incidents and near miss incidents to their line manager and the incident must be recorded on the Trust's IR1 form. Staff are also encouraged to contact the police where necessary.

Using Public Transport

- Avoid isolated bus stops- walk to a bus stop that is well lit or less deserted.
- On a empty bus, sit near the driver.
- On a train avoid sitting in deserted compartments.
- If you are harassed whilst travelling on a bus or train, move away from the aggressor and report it to the driver or guard.
- If necessary report the incident to the police.
- Always carry you mobile phone.
- Carry a personal attack alarm
- Report all incidents on your return to your line manager and complete and IR1 form.
- Make sure someone knows your movements your estimated time of arrival at your location or base unit.

Using Taxis

- Use the Trust's approved taxi provider.
- Always book taxis in advance.
- Carry a personal attack alarm.
- Make sure someone knows your movements and estimated time of arrival at your location or base unit.

Whilst working in the community

1. Staff should not enter premises of patients that they feel are unsafe to enter, e.g. where there are vicious animals, unsafe buildings, etc, but should inform their supervisor or line manager or out of hours the deputising manager or manager.
2. Drugs/valuable equipment must not be carried unless essential, but if carried must not be left on view.
3. Where staff are working alone in an isolated clinic another person should always be accessible, as well as there being an appropriate system for raising the alarm.
4. If the lone worker fails to respond to the welfare call, the nominated colleague should attempt to contact the last person on the lone workers appointment schedule. If it is not possible to trace the lone worker, the colleague should work back through the lone workers appointment schedule to make contact/gather relevant information. The colleague may then ring the lone worker at home. If it is the end of the day, the home workers home telephone number should be tried prior to working back through the appointment schedule.
5. If the lone worker cannot be traced, the nominated colleague must inform the workers line manager, out of hours Trust on call Manager. If there is cause for concern, the police should be contacted and requested to visit the patient's homes. An incident report form should be completed and forwarded to the designated Manager.

Staff working in isolated areas

Staff working alone and/or in isolated areas of Trust property will encounter similar issues to those working in the community or carrying out domiciliary visits.

Staff are to be encouraged to ensure that locations are secure and that a locking up/opening procedure is followed to secure the building/area in which they are required to work. Other measures taken as a result of a risk assessment might include,
1. A review of work carried out by the member of staff, i.e. can the work be carried out at a different time, in an area where there are other workers.
2. If the work must be carried out in the location, is it possible to move another worker into the location both to provide company and greater sense of security.
3. Fitting a security alarm that can be activated by the member of staff.
4. Initiating a regular reporting system, for example initiate a 'buddy system' with colleagues in other areas.

Control of Contractors

Only authorised contractors are permitted to carry out work within the Trust buildings. Contractors must inform Trust local management of the nature and type of work to be carried out. Contractors must take all reasonable procedures not to lone work.

Twilight visits

It is recommended that all such visits carried out after 5pm are conducted in pairs or a risk assessment is completed to justify

FURTHER INFORMATION

Appendix A
Guidelines for staff working alone within an Office during Working Hours

Appendix B
Guidelines for staff working alone within a Department outside Office Hours

Appendix C
Guidelines for Lone working off site

Appendix D
Guidelines for visiting patients in their own homes/premises

Appendix E
Guidelines for Interviewing/treating patients in the office/clinic

Appendix F
When a colleague does not return as expected

Appendix G
Lone Worker Risk Assessment

Appendix A

Guidelines for Staff working alone within an Office during Working Hours

Wherever possible this situation should be avoided; where it is unavoidable, staff should:

- Ensure that they are near a telephone to call for help if needed.
- Ensure that your working area is safe; be particularly careful in layout of furniture and equipment; ensure no potential weapons are lying around.
- Ensure their manager/colleagues know they are working alone and know where they are working alone.
- Secure valuables in an appropriate place.
- Ensure that keys are secured and not accessible to visitors.
- If they become anxious regarding their safety, call security (where appropriate) or emergency services for help.
- Avoid meeting people if they are alone in the workplace.
- If they are meeting someone, let other people know who they are meeting, when and where and telephoning them to let them know that Mr X has arrived and that they will get back to them at a certain time.
- Not let visitors place themselves in front of the exit point.
- Not tell any potential visitors/external persons that they are alone in the workplace.
- Report any incidents or near-misses to the relevant manager as soon as practical after any events.
- Ensure that all windows and doors are secured to prevent unauthorised access, so that the working environment is as safe as possible.
- Not open doors to any strangers no matter what identification they have; if they are meant to be there, they will either have keys or another means of access.
- Never give security codes or keys to any stranger; again there are channels they can use to gather information if they are legitimate and are meant to have access
- Make sure fire escape routes are available and not locked (they might be locked outside normal working hours).
- Not use lifts at these times, as they may become trapped inside and unable to gain assistance or attention.
- If the fire alarm activates whilst inside the office alone, leave the building immediately by the nearest fire exit; go to the front of the building, a safe distance away and wait for the emergency services to arrive.
- Not attempt to repair or tamper with the controls if any problems with equipment are discovered whilst alone in the office; if it is not serious, report it to the manager the following working day.
- On leaving a department, ensure that all windows are closed and doors locked.
- Ensure access to a phone in case of need to call the emergency services.
- Park as close to the building as possible, in a well lit area; close to the building if necessary, to minimise the risks if leaving the building alone.
- If an incident or near-miss occurs, follow the Trust Incident Reporting Procedures.
- **Never assume it won't happen to you – plan to stay safe**.

Appendix B

Guidelines for Staff working alone within a department outside Office hours

From time to time, staff may need to carry out their office-based work outside of normal office hours, such as weekends and evenings. The following precautions, aside from those described in Appendix A for those working alone in an office within office hours, must be taken to ensure that health and safety of staff continues to be protected outside office hours:

- Where applicable, let the Caretaker, Security Guard or Receptionist know if you are staying behind in an office at the end of the normal working day, so that they will know to check on you before they leave.
- If you are working at weekends or very late at night/early in the morning let a friend or relative know your whereabouts and the time that you are expected back. Contact them at regular intervals to verify that you are okay. If your plans change, let your contact know immediately.
- Where applicable, liaise with security, who in turn should liaise with anyone else in the building about estimated exit times, their whereabouts during extended hours and when they plan to leave the building.
- Where applicable, when there are only two members of staff left working and when one is ready to leave the other will also be required to cease working.
- **Never assume it won't happen to you – plan to stay safe**

Appendix C

Guidelines for Lone working off site

When making lone worker visits it is important to communicate with others about your intentions during the delivery of your services.

You must inform a colleague of:

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

Colleagues may be aware of issues that you are not, and vice versa; you should always provide and ascertain as much information as possible about an appointment, use the list below as a reference:

- Do you need physical support from another colleague during the visit?
- Is it necessary to carry a personal attack alarm with you?
- Is your mobile phone fully charged and does it have satellite coverage and signal reception?
- Do you have any credits on your phone or spare change or a phone card in case of emergency?
- Can you park your car (if using one) close to the visit address without putting yourself at risk, i.e., in a darkened road or cul-de-sac?
- Is it necessary to have an exit strategy in the event of an emergency arising?
- Do you require directions/a map of the area? Know your route and avoid the need to ask strangers for directions
- Accessibility of the off-site place of work and whether there is public transport within easy walking distance

Take additional precautions in inclement weather – ensure warm, waterproof clothing is in the car plus a snack and a drink and consider whether your journey can be re-scheduled.

Referrals for home visits

For referrals for home visits, staff should get as much information about the patient. If there is any doubt regarding the visit, or if there is a threat of Physical assault or fear Violence, the staff member should consult their line manager and consideration must be made to conduct the visit in pairs**.**

Guidelines for visiting patients in their own homes/premises

In addition to the precautions described above (lone working off site), visits to a patient's home represent a series of particular risks which a lone worker and the Trust should aim to minimise. Visits to a patient's home must only take place when it is impossible, due to their physical state, for them to come to Trust premises for attention. Before making a home visit alone, the member of staff should assess the risks and ascertain whether it is safe enough to attend alone. The assessment must be fully documented where there is a residual risk which cannot be controlled; this should be agreed and discussed with the Department Manager and shared with all relevant staff and always available to them. If there are any concerns regarding the safety of a particular home visit, either a colleague should accompany them, or the visit should be rearranged to a time when the risks can be minimised.

This guidance is designed for all staff who visit patients within their own homes.

Prior to a home visit taking place, staff should:

- Obtain as much information as possible about the patient, their families and location to be visited.
- Review existing information regarding the patient, such as case notes, GP records, previous referrals, etc
- Review the last documented risk assessment, or if this is unavailable, contact the referrer to ascertain whether or not there are any relevant risk factors present and/or whether there is any reason why it would be unadvisable to visit the client alone; it is best practice to design referral forms to your department so that they automatically capture such information
- Double check the address and telephone number
- In the event of a call-out, check the authenticity of the call
- In the event that no records or information is available, re-schedule for another time, when you have been able to gather all relevant information

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

- Consider whether or not visiting the patient presents potential high risks
- Consider whether it would be appropriate to arrange to have a second staff member present for the duration of the visit
- Always ensure that fellow workers know where you are; details should include: expected time of return, names and addresses of the patents being visited and time of appointments when visiting alone, mode of contact (i.e., mobile phone number, patient's phone numbers), by completing the log sheet at Appendix B of this policy
- Make sure that you carry appropriate personal identification, i.e., name badge, ID card, to verify your authenticity
- Dress appropriately for the area or patient to be visited, particularly when the patient's culture demands that women are covered; do not wear expensive-looking jewellery items
- Wear shoes and clothes that do not hinder movement or ability to run in case of an emergency (refer to the Appearance and Dress Code Policy)
- Ensure that the means of communication and any personal attack alarms are working and accessible, i.e., keep mobile phone in pocket of clothing worn as opposed to at the bottom of a bag; programme the work base number and any emergency numbers into mobile phones so that they can be speed dialled

In any home situation there is the potential for violence or aggression, whether from a patient or a patient's family or friends. Such risks can be higher where:

- There is a previous history of violence and aggression
- Drugs and alcohol are involved
- Disputes or stressors exist within the home setting
- The nature of the home visit may cause perceived threat or anger
- Disputes exist between the patient/family and member of staff, or any other statutory body
- There are unpredictable elements, i.e., confusion or disorders of perception

En route to the home visit:

Ensure –
- That the vehicle is well maintained and has sufficient fuel and it is recommended that you are covered by a suitable breakdown service, i.e. the RAC, AA etc.
- Bags, drugs and equipment are concealed and cannot be seen when the vehicle is parked or en route
- You only carry to individual appointments equipment that is needed

Consider –
- The time, the location and the route; take particular care in high rises, noting exit routes
- Lock car whilst driving and waiting

If you are you being followed or you feel uneasy-
- Remain with or return to your vehicle, drive away for a short while, to a place of safety
- If you are away from your vehicle, cross the street and make your way to your vehicle or towards shops or other place of safety, whichever is closer
- If suspicions are confirmed, use your personal attack alarm and contact the police

Trust your instincts - your personal safety is paramount

On arrival –
- Be alert, aware, safe
- Park with care – as near to the address as possible, in a lit area away from subways and waste ground, in a position prepared to drive away quickly in an emergency, eg, not facing into a cul-de-sac
- Lock your car at all times when leaving it
- Keep your car keys about your person so that they are accessible in an emergency
- Do not leave nursing equipment/valuables on display in your car.
- Assess the situation on approach and be prepared to abandon or postpone the visit if there is a concern for safety
- Have identity badges available on request
- If the person answering the door makes you feel uneasy about entering then an excuse should be made not to enter; for instance, when the patient or relatives are aggressive, drunk or 'high' on non-prescribed drugs
- You should follow the occupants in when entering and not take the lead
- Remain alert while in the house – look for anything that may present a problem
- When taking a seat within the property, ensure you are near an exit route and be aware of entrance/exit points
- Be aware of any obstacles that may prevent you from exiting the premises quickly
- Be aware of any potential weapons lying around and ensure that your own equipment is not within any potential aggressors reach, if it has the potential to be used as a weapon, eg., scissors, scalpels
- Consider other people present during the visit and what introduction is necessary
- If it is possible that a rapid exit may be necessary, avoid spreading equipment out
- If the situation deteriorates during a visit, consider terminating the visit, perhaps by making an excuse, and leave – trust your instincts - your personal safety is paramount
- If useful, consider phoning your base on a pretext, explaining your whereabouts, so the patient recognises that you are in contact and your whereabouts are known
- Have a recognised departmental password to inform colleagues covertly if you are in danger
- If an animal is causing concern, speak to the owner to enlist their co-operation; if co-operation is not forthcoming, consider terminating the visit and leaving

If in doubt –
- Do not enter premises
- Plan your action

IF VIOLENCE IS THREATENED - LEAVE IMMEDIATELY

Personal Safety –
- Park in well lit areas
- Do not take short cuts off main, well lit pavements
- Walk facing oncoming traffic
- Avoid rowdy groups of people
- Carry a torch in the dark
- Have a personal attack alarm readily at hand

On return to the car –
- Have your keys ready
- Check the exterior/interior before getting in
- Lock the doors as soon as you get in

Checking back with the team following a home visit

- If for whatever reason you find you will not be back at the expected time you must ring and let colleagues know of any alterations
- If you have to make a first visit at the end of a shift, ensure that you have a mobile phone, and report back to base or to another designated person
- Review any risk assessment carried out; record any perceived risks and discuss with your manager and colleagues; review care plans accordingly

Known high risk home visits

- If any visit is deemed to be a potential high risk, it may be necessary to visit in pairs and/or request a police escort. The need for such additional support should be discussed with your manager so that appropriate arrangements can be made.
- For such visits, it is recognised as good practice for staff at base to contact the employee mid-visit (instituting emergency procedures if contact cannot be made or covert password is used) and for the employee to report back to their work base to confirm that the visit has ended and that they have safely left the patient. A record must be made of the times entering and leaving the patient's home.

Appendix E

Interviewing/treating patients in the office/clinic

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

- Use interview/treatment rooms with panic buttons where possible
- Make sure your working areas are safe; be particularly careful in layout of furniture and equipment. Ensure no potential weapons are lying around; ensure that your own equipment is not within any potential aggressors reach, if it has the potential to be used as a weapon, eg., scissors, scalpels
- Sit nearest the exit
- Staff should make themselves aware of locks, bolts on doors, exits, etc, and observe how they work
- Ensure that colleagues are aware that an interview/treatment is taking place
- If there is ever a need to take a patient/visitor through a coded security door ensure that they do not see the code, or knock on the door to allow main security to let you through

When a colleague does not return as expected

If one of your colleagues has not returned back to the office or rung in to confirm their whereabouts, then the first and most important thing is to remember not to panic! It may be that they have genuinely forgotten to let you know of changes to their plans or have been delayed. Staff should make themselves aware of local policies and procedures.

- Ask your colleagues whether they have heard from them, or have been properly informed of changes to their plans
- If not, ring their mobile phone number and check to see that they are safe
- If you receive no answer, or if they answer but sound distressed **(in this latter instance call the police before taking any further steps),** then you should notify **their manager immediately. If they are not available, notify the most senior person on the premises and/or the on-call Duty Director via the Trust manager on call list.**
- If it has not been possible to obtain an answer from their mobile, the Manager should then try to contact them at home or through their next of kin **before contacting the police**
- In cases where the person answers but appears to be in distress, the police should be called immediately

Lone Worker Risk Assessment

Area………………………..……..…….. Manager……………………….………..Assessor………………..…………… Date……………..…

Risk Filter

Complete the following prior to carrying out any assessment.

	Yes	No
Does the activity need to be carried out alone?		
Does the activity need to be specially authorised before lone-working can commence?		
Does the workplace present a special risk to the lone worker?		
Is there a potential risk of violence/aggression?		
Does the task being undertaken have the potential to cause anger?		
Is the area being visited a known trouble spot?		
Is there a safe way in/out?		
Can the building be secured to prevent entry but still maintain sufficient emergency exits?		
Are there known drug, alcohol or mental health issues?		
Can the risks of the job be adequately controlled by one member of staff?		
Will the visit/meeting be taking place out of hours? If yes are controls measures implemented?		
Is the member of staff medically fit and suitable to work alone?		
Are people of a particular gender especially at risk if they work alone?		
Are younger workers especially at risk if they work alone?		
Are existing controls measures in place, i.e. mobile phones, personal attack alarms, panic attack alarms?		

Appendix G continued

<div align="center"><u>Lone Worker Risk Assessment</u></div>

Area……………………..…….…….. Manager……………………….…….Assessor…………………..…………. Date……………..….

Risk Filter

Complete the following prior to carrying out any assessment.

	Yes	No
Is the there lighting?		
Is the lighting adequate?		
Is the area visited quiet/unfrequented?		
Is the area used after dark?		
Is the area visited or used at the weekends?		
Is the area used after normal working hours?		
Has the area got adequate security controls measures i.e. panic alarms, telephones, other staff contact?		
Is there a need to use tunnels or underpasses?		
Do the staff feel safe when visiting the area?		
Do the staff feel safe when visiting a patients home?		
Is the work area safe?		
Can the windows and doors be locked to prevent unauthorised access?		
Have the staff member received conflict resolution training?		
Have there been past problems with patients?		
Others?		

Risk Assessment – Significant Risks: Action and Additional Risk Controls

Risk (type of hazard and description)	Who might be harmed?	Risk Score (likelihood x severity)	Description of Action	Lead Role	Timescale	Risk Score following action

What to do with the completed risk assessments?
Please undertake the following:-
Inform all staff of the significant risks identified by the Risk Assessment
If it is possible, take local action to control the risk.   **Copy the document and forward it to your Manager and Trust H & S**
Coordinator
Issues requiring significant resource must be referred to your manager.   **Place the original in the Department Risk Assessment File**

4. Risk Score (Likelihood x Severity = Risk Score)

A risk scoring system is a simple form of quantified risk assessment, the higher the score the greater the risk. Any action plan to introduce additional risk controls must focus on the risks with a high risk score. The following table provides guidance on the suggested response for various bands of risk.

Risk Assessment Matrix

Severity	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Likelihood				

Risk Register Colour	Risk Score	Risk Assessment	Suggested Action
LOW	1-4	Low Acceptable Risk	**Insignificant severity and / or likelihood. Acceptable risk no action required. Maintain and periodically review existing risk controls.**
MEDIUM	5-10	Medium Moderate Risk	**Review existing risk controls, regular auditing of effectiveness of risk controls. Annual reassessment.**
HIGH	12- 25	High	**Unacceptable, Action should be taken immediately to reduce them to at least medium**

Safe Systems of Work

- ❖ What training is needed to make sure the staff member is competent in safety matters?
- ❖ Have staff received the training which is necessary to allow them to work alone?
- ❖ How will the member of staff be supervised?
- ❖ What happens if a member of staff becomes ill, has an accident, or if there is an emergency?
- ❖ Are there systems in place for contacting and tracing those who work alone?