

Lone Working Policy & Procedures

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	June 2005
2	Update of Policy to reflect organisational changes and "All Wales NHS Violence & Aggression Training Passport and Information Scheme" template.	Nov 2009
3	Updated to reflect organisational changes and new guidance.	Sept 2012
4	Updated to reflect organisational changes.	Aug 2017
5	Updated to reflect organisational changes and review of content.	Jan 2021
6	Changes to Environment Directorate and roles and responsibilities	March 2022
7	Review of Policy.	February 2024

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Senior Health & Safety Officer

Circulated to the following for Consultation

Date	Role / Designation
22 Jan 24	Health & Safety Group members

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

Fully documented with the reference section of this policy

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					An Equality Impact Assessment has been undertaken.
Age	X				A summary can be found in the table on the left.
Disability	X				
Gender Reassignment.	X				
Pregnancy and Maternity.	X				
Race	X				
Religion or Belief	X				
Sexual Orientation	X				
Welsh Language	X				
Marriage and Civil Partnership	X				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No- Risks will be reduced when the policy is implemented.</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>Possibly, Local resource issue may be identified when implementing this policy.</p>					

1. Introduction

Powys Teaching Health Board (PTHB) recognises the duties imposed on it under the Health and Safety at Work Etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 in relation to lone working. The risks posed by the hazards facing staff while working alone, either in the community, on premises owned by the organisation or on premises used by PTHB employees. This policy should be read in conjunction with other relevant PTHB policies these include but are not limited to:

HSP-001 Corporate Health & Safety Policy
HSP-005 Violence and Aggression Policy
HSP-013 Control of Substances Hazardous to Health Policy
HSP-010 New and Expectant Mothers Policy
HSP-018 First Aid at Work Policy
FTP-005 Security Protective Measures Policy

All these policies can be found on the relevant pages of the organisations Intranet site.

2. Objective

This policy's objective is to provide a safe working environment for all staff involved in lone working activities. It aims to eliminate risks where possible or to reduce any residual risks posed by lone working to an acceptable level. This will be done by introducing management guidelines, procedures, risk assessments and training that will result in a safe system of work for all situations where staff are made vulnerable by working in isolation from their colleagues or other PTHB staff.

3. Definition of Lone Working

The health board have adopted the Health and Safety Executives definition of lone working – as “those who work by themselves without close or direct supervision”. Examples of lone working can include but are not limited to the following:

- employees working in isolation away from their base, including carrying out community visits and driving between premises for work.
- where only one person works at a premise or within a department, this could be caused by being the first to arrive or last to leave.

- where people work separately from others, such as in treatment/interview rooms, reception work, stores, maintenance, porter services or site delivery.
- those that work outside normal hours such as cleaners, maintenance, security and on-call staff.

4. Organisational Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility and is accountable to the board of PTHB for the management of health & safety within the organisation. This includes the responsibility for the resourcing and implementation of all measures needed to comply with this policy, relevant legislation and guidance. These responsibilities are outlined in more detail within HSP-001 Corporate Health and Safety Policy.

4.2 Executive Directors

Executive Directors are responsible to the PTHB Board and for ensuring that all risks associated with lone working are adequately controlled within their areas of responsibility. They are also responsible for ensuring appropriate resources are available for the effective implementation of this policy and any measures required to control the risks associated lone working and that any incidents involving lone working are reported and investigated in line with this policy. This will include ensuring that all risk assessment action plans are adequately monitored and that incident investigations are fully completed.

4.3 Executive Director of Therapies and Health Science

In addition to the responsibilities outlined in 4.2, the Executive Director of Therapies and Health Science will take lead responsibility for the corporate management of health & safety within the organisation and is accountable for this to the Board of PTHB. These responsibilities also include ensuring that the organisation receives competent advice and guidance regarding the management of health & safety, including lone working, and that adequate training and monitoring takes place.

4.4 Senior Managers

For example: Assistant Directors/Business Managers/Heads of Services and those responsible for service delivery.

Senior Managers for each locality/directorate have responsibility for the day-to-day management and monitoring of health and safety within their area of responsibility.

They are directly accountable to their management for ensuring full compliance with health & safety legislation, including ensuring all lone working activities are adequately risk assessed and controlled within their areas of responsibility. They are also responsible for ensuring that the local and departmental lone working procedures are developed and implemented in accordance with section 7 of this policy, to address specific risks or specific groups of staff.

4.5 Line Managers, Ward Managers, Team Leaders and Supervisors etc. with day-to-day responsibility for staff

Are responsible for:

- Identifying lone working activities and employees who lone work within their areas of responsibility.
- Ensuring lone working risk assessments are undertaken and suitable control measures are identified, implemented and followed to mitigate any risk.
- Developing, co-ordinating and implementing lone worker procedures in accordance with section 7 of this policy, relevant to the type of work being undertaken and lone worker risk and ensuring these are followed.
- Ensuring the risks associated with lone working, along with control measures and procedures to be implemented are disseminated to the lone working employees for which they are responsible.
- Ensuring clear and accurate guidance relating to dealing with issues of lone working is provided to staff.
- Keep in regular contact with lone workers in their areas of responsibility.
- Assessing the training needs of their employees and ensuring training is provided appropriate to their needs.

	<ul style="list-style-type: none">• Ensuring incidents and accidents are reported, investigated and accurately recorded on Datix.• Monitoring and reviewing the effectiveness of lone worker arrangements on a regular basis.
4.6	Senior Health and Safety Officers <p>The Senior Health and Safety Officers will be responsible through the health boards Health and Safety management system for:</p> <ul style="list-style-type: none">• Reporting to Health and Safety Group any reported incidents relating to lone working and the action taken to prevent recurrence.• Monitoring and review of the effectiveness of PTHB Lone Working Policy.• Advising Managers on the development and implementation of lone working procedures.• Assisting and reviewing the process of risk assessment.• Communicating changes in legislation and best practice.
4.7	Employees <p>In addition to their duties under the Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999 and subsequent legislation and guidance, employees will assist their managers by:</p> <ul style="list-style-type: none">• complying with requirements of this policy, local procedures and risk assessed control measures.• adhere to all lone working procedures and report any lone working issues to their managers.• take all reasonable steps to protect themselves and others from harm.• attending training as required• reporting all accidents and incidents relating to lone working

5. Risk Assessment

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires every employer to make a "suitable and sufficient" assessment of the risks to all employees while at work and to persons not in their employment who might be affected by the way they conduct their operations.

All posts should be assessed to decide whether lone working can be avoided. Where lone working is essential, a specific risk assessment must be undertaken before the task begins. Consideration must also be given where new buildings or building re-configuration is planned, to ensure the isolation of staff and lone working can be eliminated or reduced to an acceptable level by the implementation of suitable control measures. In all instances the organisation's Risk Assessment Toolkit and Guidance must be followed in order to identify;

- (i) the hazards
- (ii) those who could be harmed and how.
- (iii) the likelihood and severity of injury
- (iv) existing control measures and if these are sufficient.
- (v) further control measures as required.
- (vi) Document and review on a regular basis

Hazards that may be identified during the risk assessment process could include:

- Violence and Aggression.
- Isolated areas/difficult terrain.
- Sudden illness
- Building condition
- Substances Hazardous to Health
- Animals
- Vehicle breakdowns
- Weather hazards
- Stress, mental health and wellbeing
- Emergency situations

The above list is not exhaustive and other hazards may be identified during the Risk Assessment Process. Further guidance can be found in Appendix 1 of this policy and within the PTHB Risk Assessment Toolkit and Guidance.

6. Control Measures

Control measures must be adequate, as far as is reasonably practicable, to eliminate, reduce, isolate or control the identified risk. These will include:

- Reducing the need and the likelihood of staff working alone.
- Identifying whether a particular task can be adequately controlled by one person.
- Removal/ withdrawal of treatment from patient if identified by risk assessment in line with "All Wales" guidance within the Policy for Protecting Employees from Violence and Aggression.
- Assessment of any medical condition, work activity and wellbeing, that may preclude a person from lone working.
- Identifying and providing effective means of communication.
- Adequate supervision of staff.
- Emergency plans for missing persons.
- Access to a mobile phone for each member of a team working alone in the community when working away from base.
- The provision and use of lone worker systems both local and monitored.
- Further detailed risk assessments of individuals, premises, dwellings/other buildings and working methods may be required.
- Where violence and aggression has been identified as a risk PTHB / HSP 005, Policy for Protecting Employees from Violence and Aggression must be adhered to. Adequate training in Personal Safety, Breakaway Techniques etc must be provided where a suitable and sufficient risk assessment has identified a risk, and a control measure is required.
- Where Substances Hazardous to Health have been identified as a risk PTHB / HSP 013 Control of Substances Hazardous to Health Policy must be adhered to.

7. Local Implementation Procedures

Local procedures will address the specific risks for specific areas and specific groups of staff. These should be based on the risk assessment process and may include many of the control measures identified above. These can be broadly categorised as follows:

7.1

- Reducing the need and the likelihood of staff working alone. Identifying if the job can be adequately controlled by one person.
- Except in exceptional circumstances patient/client referrals should not be accepted without adequate information being provided by the referrer. Where this is not possible staff should not visit alone.
- Adequate supervision of staff.
- Assessment of any medical condition, work activity and wellbeing, that may preclude a person from lone working.
- Tracking systems and emergency plans for missing persons.
- Further detailed risk assessments of individuals, premises, dwellings/other buildings, working methods may be required.
- Identifying and providing effective means of communication.
- Adequate training in Personal Safety, Breakaway Techniques.
- Where violence and aggression has been identified as a risk the Policy for Protecting Employees from Violence and Aggression must be followed.
- Where substances hazardous to health have been identified as a risk, the PTHB's Control of Substance Hazardous to Health Policy must be followed.
- Removal/ withdrawal of treatment from patient if identified by risk assessment in line with "All Wales" guidance within the Policy for Protecting Employees from Violence and Aggression.

7.2 Training

- The statutory & mandatory training programme includes risk management and health & safety training at

	<p>appropriate levels for all staff.</p> <ul style="list-style-type: none">• All staff are required to complete Personal Safety Training as part of the statutory & mandatory training programme.• All staff identified as high-risk lone workers must attend Personal Safety Training at the second level. This includes Modules B & C of the "All Wales" passport scheme and includes information and training on lone working.• COSHH- All PTHB staff must attend training as detailed within PTHB's COSHH Policy. Further training may be needed for identified at risks groups of staff that work alone.
7.3	Tracking Systems & Hardware <ul style="list-style-type: none">• Diary Tracking Systems<p>A list of visits including names, addresses, telephone numbers (home and mobile), vehicle type and registration and estimated time of return for each lone worker is left at base. This should be monitored by a responsible nominated person. It should incorporate a "Missing Person Procedure" in the event of staff not reporting in at the designated time.</p>• Log-in/Log-out Systems<p>Where these systems have been identified as necessary, they should be introduced. Logging systems should be paper based, backed up by telephone logging. The system should be continuously monitored when lone working staff are on duty (including out of hours) and should incorporate a "Missing Person Procedure" in the event of staff not logging out of the system at the designated time.</p>• Buddy Systems<p>Managers may set up a buddy system whereby staff working within a particular team or area contact each other at predetermined intervals throughout their shift. The nominated buddy should:</p><ul style="list-style-type: none">○ Be fully aware of the movements of the lone worker.○ Have all the necessary contact details for the lone worker, including next of kin.○ Have details of the lone workers known breaks or rest periods

- Attempt to contact the lone worker if they do not contact the buddy as agreed.
- Follow the local escalation procedure if the lone worker cannot be contacted or if they fail to contact their buddy within agreed and reasonable timescales.
- The nominated buddy must be aware of their role and responsibilities and contingency arrangements should be in place for someone else to take over the role of the nominated buddy if they are not available e.g. annual leave.

- **Mobile Phones**

All staff working alone in the community must have access to a mobile phone. They are essential for logging in and out and for raising the alarm in the event of an emergency. If no signal is available and help is needed dialling 112 gives access to all networks. This is the equivalent of 999 and should only be used in an emergency.

- **Monitored Lone Worker Devices**

Where identified through risk assessment the provision 3rd party monitored lone worker devices which may include video capability.

- **Personal Alarms**

These raise the alarm, create confusion and buy time to escape. These are normally issued and used in conjunction with Personal Safety Training & Breakaway Training.

- **Panic Alarms**

These should be provided within premises where staff are made vulnerable by being isolated visually and aurally from other staff who would be able to help in an emergency. They should form part of an overall hierarchy of control that would try to eliminate and then reduce any residual risk. They must not be relied upon as the only means of reducing the risks to lone workers.

8. Incident Reporting

In the event of an accident or an incident occurring, the organisations policy must be followed, the accident/incident is to be investigated by line management and a Datix incident report completed.

9. Monitoring Compliance, Audit & Review

Monitoring and auditing of compliance with this policy will be undertaken as part of the corporate health & safety audit schedule.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

10. References

The Health and Safety at Work Etc. Act 1974

<https://www.legislation.gov.uk/ukpga/1974/37/contents>

The Management of Health and Safety at Work Regulations 1999 (Reg 3 risk assessment)

<https://www.legislation.gov.uk/uksi/1999/3242/regulation/3/made>

Health and Safety Executive- Lone Working Guidance

<https://www.hse.gov.uk/lone-working/employer/index.htm>



Appendix 1: Guidance on Risk Management and Assessment for Lone Workers

Appendix 1– Guidance on Risk Management and Assessment for Lone Workers

It must be made clear to staff that they should not enter into lone working situations where they feel their safety, or the safety of their colleagues could be compromised. A common-sense approach should be adopted and encouraged. Staff who carry out a dynamic assessment of the risks that they face, should not be penalised for not performing their duties if they perceive that their personal security and safety, or that of others, may be in jeopardy. However, this needs to be balanced against providing a good standard of care for patients/service users. Where there are perceived or real risks, alternative provision should be made such as arranging treatment in secure premises or organising accompanied visits.

Risk Assessment

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

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

There should be a clearly documented risk assessment process in place which:

- Identifies risks in relation to lone working.
- Assess the risks to lone workers.
- Implements measures to reduce the risks to lone workers.
- Evaluates the control measures and ensures that risks to lone workers are properly managed.
- Feeds into the risk register

The risk identification process should be carried out to identify the risks to lone workers and any others who may be affected by their work. It is

important that these individuals are made aware of the outcome of the risk assessment and informed of all necessary control measures. The risk assessment process must document the action required to control the risks. Risk assessment is a dynamic process and risks need to be re-assessed as conditions change. Further details and Risk Assessment Tools can be found within the PTHB Risk Assessment Tool kit and Guidance. The steps below based on the Health & Safety Executives (HSE) "Five Steps to Risk Assessment" will assist in this process.

Step 1 – Identifying Hazards

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

Risk identification - Look for the Hazards.

Some of the hazards you may wish to consider may include:

Workplace/Working Conditions:

Identify hazards specific to the workplace / environment, which may create risks for lone workers, e.g., remote areas, laboratories, workshops, confined spaces. Consider access requirements, transport and parking arrangements, etc. Consideration must be given to working conditions: normal, abnormal and hazardous conditions such as dangerous steps, unhygienic or isolated conditions, poor lighting.

Process:

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

Equipment:

Identify hazards specific to the work equipment, which may create particular risks for lone workers, e.g., manual handling, operation of essential / emergency controls, carrying equipment that makes them a target for theft or makes them less able to protect themselves.

Individual:

Identify hazards specific to the individual, which may create risks for lone workers e.g., medical conditions, disabilities, female employees, expectant mothers, age, being inexperienced. Is there access to

adequate rest, hygiene, refreshment, welfare and first aid facilities, etc?

Work Pattern:

Consider the lone worker's work pattern and how it relates to those of other workers, in terms of both times, particularly outside normal hours, and geography.

The risk identification should also consider:

- Particular work activities that might present a risk to lone workers, such as prescribers carrying prescription forms and medicines on their person, particularly controlled drugs.
- Staff delivering unwelcome information or bad news: whether they have received suitable and sufficient training to deliver sensitive or bad news and diffuse potentially violent situations.
- The possibility of an increased risk of violence from patients/service users due to alcohol abuse, or drug misuse in relation to their clinical condition or response to treatment, and the risk of violence from their carers or relatives.
- The lone worker wearing uniforms when visiting certain patients/service users.
- Working in or travelling between certain environments or settings.

Step 2 – Assessing the Risk

(Please refer to the PTHB Risk Assessment Toolkit/Guidance and the Policy for Protecting Employees from Violence and Aggression)

The key to risk assessment is to identify hazards, understand how and why incidents occur in lone working situations and learn from that understanding to make improvements to controls and systems to reduce the risk to the employee. Control measures must be achievable, realistic and importantly proportionate.

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

public etc. The effect of a hazard can depend on a number of factors such as individual characteristics e.g., age, sex, health, etc;

Account should also be taken, in particular to:

- Young workers/trainees.
- Agency or bank staff
- Level of training.
- Knowledge.
- Attitude.
- People sharing the workplace.
- Visitors
- Contractors.
- Patients

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

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

Other points to be considered:

Are your staff...

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

Have they...

- Understood the importance of previewing cases?
- Left an itinerary?
- Made plans to keep in contact with colleagues?

- The means to contact you - even when the switchboard may not be in use.
- Got your home telephone number (and you theirs)?
- A sound grasp of your organisation's preventive strategy?
- Authority to arrange an accompanied visit.

Do they...

- Have access to a computer for Datix Web reporting of incidents.
- Appreciate the need for this procedure?
- Use them?
- Feel confident to terminate an interview prematurely?
- Know how to control and defuse potentially violent situations?
- Appreciate their responsibility for their own safety?
- Understand the provisions for their support by your organisation?

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

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

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

A range of precautionary measures needs to be considered:

- Supervision: The extent of supervision required will depend upon the level of risks involved and the ability and experience of the lone worker. A few examples of supervisory measures which may be useful in some circumstances include:
 - Periodic telephone contact with lone workers,
 - Periodic site visits to lone workers,
 - Regular contact (telephone, radio, etc),
 - Manual warning devices, e.g., panic alarms, etc.,
 - End of task / shift contact (i.e. returning keys)
- What to do in an emergency
- Training - identify the level and extent of training required, considering the nature of the lone working activity. Consider the knowledge and experience of individuals, particularly young and new workers. Lone workers should be given information to deal

with normal everyday situations but should also understand when and where to seek guidance or assistance from others, i.e., unusual or threatening situations, etc.

- Identify any equipment requirements, duress alarms, mobiles phones etc.
- In the case of lone workers working at PTHB premises; carry out site surveys to look at the physical security of the lone working area and recommend any improvements.
- Managers could identify unsafe areas by using a questionnaire to lone workers.
- Establish close working links with the Police, Social Services and Local Authorities. By sharing information potential risks to staff can be identified, reduced and incidents can be avoided. Under the Crime & Disorder Act lead authorities have a duty of care to provide information that may prevent the commission of an offence, in particular, offences of violence.
- Negotiate agreement between the police, social services, mental health and ambulance Trusts on effective and consistent procedures for the detention of patients under the Mental Health Act that ensure the safety of all staff. This is vital to prevent staff from different agencies clashing during emergencies because of different procedures or priorities.
- Providing a health board driver, police escort, or a taxi if appropriate, in areas where cars might be vandalised, or staff must go through unsafe areas to make visits.
- Arrange for patients or clients to be seen at clinics rather than at home, where possible.
- Indicate on patient notes if a potential problem exists. This enables other health care staff to prepare and assists with risk assessment. Arranging for another member of staff or a reliable relative of the patient or client to be present during the visit, e.g., if a member of staff is vulnerable to sexual harassment while visiting a member of the opposite sex.
- Someone should always be aware of a lone worker whereabouts and movements - it is vital that there are procedures in place so members of a team can be traced. Other procedures that complement this include phone-in arrangements and buddy

systems.

- An escalation process should be in place outlining who should be notified if a lone worker cannot be contacted or if they fail to contact the relevant individual within agreed or reasonable timescales.
- Organising support across different Health Boards or agencies. Such arrangements exist, for example, between midwives and ambulance services or police, and between Community Health Workers and social services.
- Maintaining, and adhering to, a list of types of incidents that community staff working on their own are not allowed to attend, unless there is adequate support e.g., presence of police. These would include, for example, pub fights, domestic violence, overdoses and certain problem locations.
- Increased security (e.g., CCTV, secure access, personal alarms.)
- Increased lighting at entrances, exits, car parks.

Other safeguards to consider are;

- Provision of suitable items, dependent on the level of risk, such as mobile phones, lone worker alert devices and personal alarms.
- Awareness of driving/parking in built-up areas and suitability of vehicles. For example, parking in well-lit areas, close to premises being visited, and in such a position as to allow quick departure. Not leaving items on display in the car e.g., "Nurse on Call" sign, sharps box. Personal awareness including what belongings are being carried/worn, e.g., jewellery.
- Appropriate training, for example, personal safety training including recognising and defusing potentially difficult situations.

High Risk Lone Workers

The criteria for identifying high risk lone workers are:

Those staff working in PTHB Minor Injuries Units who may be isolated from their colleagues, particularly out of hours.

Those staff who work alone (and those who may visit in pairs due to levels of risk) in the community or away from their hospital/clinic base and have direct patient/client contact AND any of the following:

- Visit patients without prior knowledge of the patient or venue e.g., first visits.
- Visit patients/families with a history of violence, drug or alcohol abuse or clinical conditions which may heighten the risk.
- Work alone in darkness hours
- Visit areas of social deprivation or that are geographically isolated.
- Unplanned visits Wales wide

Step 4 – Recording

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

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

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

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

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

- Must be updated when any change occurs.

As a result of risk assessment an action plan/profile must be generated providing a register of risk assessments and the action required to reduce or eliminate the associated risks. Staff must be informed of the risks and the action required.

The risk management plan should clearly identify the priority order in which the risk treatment options/action plans should be implemented. Factors influencing the priority order might include:

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

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

Step 5 – Monitoring and Review

It is necessary to continue to reduce risks to their lowest level through monitoring and review. Ongoing monitoring is essential. It is best conducted through normal but vigilant day-to-day management. The review should be consciously carried out as part of any and every change activity, whether to arrangements, processes, systems or services.

A formal review of risk assessments must be undertaken to ensure that existing control measures are effective and should identify and additional control measures required.

Risk assessments will need to be reviewed and updated if it is suspected that the risk assessment is no longer valid or there has been a significant change. This will be required when equipment, machinery, substances,

technology, legislation, evidence-based research practices and procedures etc. are changed. The appropriate health and safety legislation should be consulted regarding the frequency of reviewing the health and safety risk assessments.

Control measures will not ensure adequate control unless their effectiveness is monitored. This involves paying attention to the maintenance of the control measures and ensuring that the selected control measures are properly and consistently used. This can be done by:

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

The relevant line manager will need to continuously monitor and review control mechanisms. Monitoring methods will vary depending on the type of risk assessment. As monitoring continues and as information on the action and results of a risk assessment are fed back to staff, they will be able to see the positive effect of the control measures introduced. This should promote a positive attitude towards the concept of risk management throughout the Health Board.

Dynamic (on the spot) Risk Assessment

A dynamic risk assessment focuses on reducing the prevalence of a problem. This is a continuous process of identifying hazards and the risk of them causing harm and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. The dynamic risk assessment involves staff:

- Being alerted to warning signs

- Carrying out a '10-second risk assessment'; if staff feel there is a risk of harm to themselves, they should leave immediately.
- Placing themselves in a position to make a quick escape.
- Being aware of all entrances and exits
- Being aware of the positioning of items that could be used as a weapon.
- Making a judgement as to the best course of action – to continue working or withdraw.
- Utilising appropriate physical security measures e.g., Lone worker alert devices
- Ensuring they can operate door locks in case of the need for an emergency exit.
- Avoiding walking in front of a patient/service user and not positioning themselves in a corner or in a situation where it may be difficult to escape.
- Remaining calm and focussed during an incident to make rational judgments.
- Being aware of their body language

Risk Management

A log of known risks should be kept recording the location and details of patients/service users/other people that may be visited by staff, where a risk may be present. The log should be kept secure and should be accurate and reviewed regularly. It should be made available to lone workers ahead of any visit they may make. Staff should inform their line manager or buddy if they must make a visit to an address or person on that log (so long as the risk assessment has deemed lone visits to be appropriate). Where appropriate, a violent marker should be placed on the patients' record.

Information concerning risks of individuals and addresses should be communicated internally to all relevant staff who may work with the same patient /service user. Information should also be shared with external organisations such as health, social care and other public sectors, where appropriate (refer to information sharing protocol for guidance on what information can be shared, how and to whom).

Personal Protective Equipment

If a lone worker has been given equipment, such as a mobile phone or lone worker alert device, for safety purposes then this personal protective equipment supplied in support of providing a safe working environment as required by health and safety legislation. All due care should be taken by the lone worker to maintain the equipment in good working order and ensure that it is fully charged and ready to use.

As part of the planning process, the emergency equipment that may be required should be assessed. This might include a torch, a map of the area, telephone numbers for emergencies, a first aid kit etc.

Tracking Systems

Lone workers should always ensure that someone is aware of their movements in line with local arrangements. This means providing the address where they will be working, details of the people they are visiting or working with, telephone numbers if known and expected arrival and departure times. Arrangements should be in place for ensuring that a lone worker has returned safely or completed their duties for that day.

Contact arrangements should be made for visits/appointments that are delayed or must be cancelled. Local escalation processes should be in place for staff to follow in the event of a lone worker not attending a visit or arranged appointment within an agreed time, or to make contact as agreed. This should include risk assessment and identification of contact points at appropriate stages, including a line manager, senior manager and, ultimately, the police. Any individual nominated as an escalation point should be fully aware of their role and its responsibilities.

Training

It is essential that staff are given appropriate training in identifying, preventing, managing and de-escalating potentially violent situations. All high-risk lone working staff should attend Violence and Aggression Module B & C training. All lone workers should be given the necessary training and awareness to enable them to carry out their duties in a positive, confident and caring manner. In all situations, they should try to attend to the needs of the individual involved and recognise their sensitivities and concerns. Training should be delivered for any specific equipment or devices that may be issued to lone workers.

Animals

If there is a known problem with animals at a particular address or location, the occupant should be contacted and politely requested to remove or secure the animals before staff arrive. If the lone worker is confronted by an aggressive animal on a visit, they should not put themselves at risk – if necessary, they should abandon the visit and report the incident. This information should be shared with other relevant internal or external parties.

Car Parking

Lone workers should always try to park close to the location that they are visiting in a well-lit area facing the direction in which they will leave.