



## Lone Working Policy

Inmind Reference:	OPS30
Category:	Operational Policies
Version Number:	V1.0
Reviewed on:	February 2018
Next review date:	February 2020
Lead Officer:	Operations Director
Equality Impact Assessment completed:	Yes

<b>Applicable Legislation/Regulations:</b>
The Health and Safety at Work Act 1974 The Management of Health and Safety at Work Regulations 1999
<b>Codes of Practice:</b>
HSE Working Alone: Health and safety guidance on the risks of working alone, May 2013 RCN Guidance on Personal Safety
<b>Purpose:</b>
To ensure that systems are in place to maintain the safety of employees and workers within Inmind Healthcare Group who Lone work as part of their role and duties.

Version Control Table		
Date Ratified	Version Number	Status
		Live

Date	Key Revision

***Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).***

## **1.0 The Policy**

- a) Inmind Healthcare Group has a duty to provide a safe working environment for all staff. Where employees have to work alone, personal safety must be a priority consideration and Inmind has a duty to ensure that lone workers are made aware of all necessary steps to avoid putting themselves at risk either from the work itself, or the work environment.
- b) Inmind will use the following definition of Lone Working from the Health and Safety Executive (HSE) guidance document Working alone: a Lone Worker is defined as someone who works by themselves without close or direct supervision.
- c) The Registered Manager is responsible for ensuring lone-working within their locality is risk assessed on a regular basis.
- d) The safety of staff must remain a key consideration in all clinical decisions and the risk of individual service users towards lone-workers must be clinically risk assessed.
- e) It is important for all staff to be aware that risk can fluctuate, and there may be occasions where lone-working occurs in an unplanned way, for example in case of emergency. It is therefore important for all staff to be aware of procedures and guidance relating to lone-working contained within this policy.
- f) Staff must prioritise their own safety at all times.

## 2.0 The Procedure

### 2.1 Overview

- a) Where lone-working may be a required element of the staff member's role, a risk assessment must be undertaken and documented.
- b) This should take into account age, religious belief, disability, learning disability, sexual orientation, cultural or gender issues and give due consideration to gender specific support.
- c) Each risk assessment should consider if the lone worker is exposed to higher risks, by virtue of working alone, including any vulnerabilities of the Lone worker within a healthcare setting.
- d) Typical examples of Lone Working in Inmind Healthcare Group include:
  - Staff who work alone in a building
  - Staff who take service users out in the community
  - Staff who see service users for individual sessions in wards/meeting room/personal space rooms
  - Staff who complete assessments /reviews in citizens own homes
  - Staff who perform in reach and outreach duties
- e) The induction procedure allows for a period of working in a supernumerary capacity. Lone working will not be undertaken by staff until they have been assessed and agreed as competent to complete this role by the Registered Manager.
- f) Where a staff member has any concerns regarding their ability to fulfil the lone-working task they must communicate this to their immediate line manager.
- g) Where concerns have not been raised by the staff member, regular refusal to undertake lone-working may be reviewed by the Registered Manager under the appropriate HR process to resolve the issue.

### 2.2 Guidelines for lone-working within Inmind premises

- a) Staff must be aware of and comply with security procedures within their service.
- b) Staff intending on undertaking lone-working must ensure effective communication with colleagues to enable the associated risks to be minimised. Information communicated should include the location and expected duration of lone-working to enable the safety of the lone-worker to be monitored.
- c) It is the responsibility of the lone worker to ensure that they have familiarised themselves with the risk assessment of the service user they are supporting.
- d) The lone worker is expected to be aware and remain aware of their surroundings including easy escape routes and exits.

### 2.3 Guidelines for lone-working outside Inmind premises

- A “Buddy” system should be implemented. This is defined as a person who is the nominated contact for the period of the staff member working alone. (NHS SMS Identified LW Guidance 2009)
- a) Nominated contact for the period of the staff member working alone. (NHS SMS Identified LW Guidance 2009)
  - b) Staff intending on undertaking lone-working must ensure effective communication with their identified “Buddy” to enable the associated risks to be minimised. Information communicated should include the location, expected duration of lone-working, contact number and what to do in the event that the lone worker does not return as planned to enable the safety of the lone-worker to be monitored. There must be a record kept of the above. The lone worker must inform their “Buddy” upon their return to their work base and make a record of their return.
  - c) Inmind will provide staff who lone work a company mobile phone to use in the event of an emergency whilst supporting a service away from the work base. Personal mobile phones can only be used in the case of an emergency unless agreed by the line manager prior to the activity.
  - d) Where a staff member requires emergency support whilst away from Inmind premises, the emergency services should be contacted by dialling 999. Where possible, the staff member should then notify their “Buddy”/place of work and give a detailed description of the issue /incident that has occurred.
  - e) If a lone worker does not return at the expected time the following should take place:
    - The “Buddy “will attempt to contact the LW using the details provided in the agreed plan prior to the activity
    - If no contact is made the “Buddy” should escalate their concern to their immediate line manager /on call manager.
  - f) The line manager/on call manager will direct what happens next. This must include considering reporting the incident to the police. The incident reporting procedure should be followed.

### 2.4 Reporting incidents to manage ongoing risk

- a) Staff must ensure any incidents, however minor they may seem, are reported to the Nurse in Charge. This enables risk to be monitored on an ongoing basis and reduced to its lowest practicable level.

**Appendix 1**

**Equality Impact Assessment for this policy**

<b>Protected Characteristic (domain)</b>	<b>Area of conflict</b>	<b>Resolution</b>
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.