

Lone Working & Personal Safety

Version:	Owner:	Created:
1.5	Helen Harvey-Wilson (Senior Peoples tea Co-Ordinator.)	1 st January 2014
Published:	Approving Director:	Next Review
29/10/2025	Mike Duncan (Director of People)	22/10/2028

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1. Introduction

BrisDoc is committed to providing a safe and secure working environment for all members of staff. BrisDoc recognises that the consequences to an individual of feeling at risk at work, for example low morale, stress/anxiety, loss of confidence; may have an adverse impact on the efficient and effective working of the organisation leading to, for example reduced productivity, sickness and recruitment/retention problems. This in turn could have an adverse impact on patient care.

It will often be safe to work alone and there are no absolute restrictions otherwise. However, the law requires employers to think about and deal with any health and safety risks before people are allowed to do so. The Health and Safety at Work Act (HSAWA) 1974: Section 2 sets out a duty of care on employers to ensure the health, safety and welfare of their employees whilst they are at work. The Management of Health and Safety at Work Regulations (MHSWR) 1999: Regulation 3 states that every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work.

The aim of this policy is to

- help staff identify and address actual or potential risks that could arise because they are working alone,
- ensure an approach to minimising and reducing risks through the introduction and management of control measures is embedded into everyday working practice,
- ensure staff feel safe, supported and confident when working alone,
- ensure staff have the appropriate knowledge and skills to deal with any risk situation in which they may find themselves.

BrisDoc has a risk assessment system, as part of its Risk Management Policy, to be used to identify personal safety concerns, and to develop safe systems to promote and /or ensure personal safety wherever possible. BrisDoc is committed to providing training to assist in managing violence and aggression and resolving conflict in an effective manner. Ensuring staff safety and well-being supports BrisDoc achieve its core values as set out in its 4way business model.



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2. Definitions

Lone Workers are those staff members who work by themselves without close and direct supervision. This might be because they work in the community away from a work base; or they work separately from others or outside of normal hours.

Personal safety is the freedom from worry that an individual might suffer physical harm and threats of physical harm. Personal safety also includes psychological safety, which is the freedom from worry about physical safety. When physical and psychological safety are compromised, an individual's fundamental rights are at risk.

NHS Protect “Not Alone” A Guide for the Better Protection of Lone Workers in the NHS provides the following definition: “Lone working may be defined as ‘any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague”.

3. Staff at Risk

At risk staff groups include those where they are working:

- out of hours.
- alone in a building or in an isolated area for all or part of the working day
- in a remote geographical area or in a poor physical environment e.g. inadequate lighting.
- with e.g. controlled drugs or expensive equipment.
- on a Reception with people who are or maybe ill, frustrated or have been kept waiting.
- Clinical staff visiting patients in their own home
- Drivers waiting in cars whilst clinical staff are visiting patients

4. Responsibilities

4.1 Executive Directors

BrisDoc Executive Directors are responsible for:

- leading and securing an organisational culture that ensures staff safety and well-being is of paramount importance,
- ensuring risk assessment and safety processes are implemented,
- ensuring resources are made available for the provision of training and equipment etc. in the organisation,
- providing a safe place of work,
- staff safety.

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4.2 Heads of Service and Practice Managers

Managers are responsible for:

- ensuring staff receive training and information/guidance that enables them to have the knowledge and skills to manage a challenging situation,
- ensuring that staff only work alone when absolutely necessary
- ensuring staff have the appropriate supervision, equipment and resources to feel safe when working alone including empowering them with permission to walk away from an unsafe environment,
- ensure staff have the means for communicating a risk situation and receiving support/help,
- undertaking risk assessments when a). staff commence in post for lone working and b). for lone working situations,
- developing and implementing safe systems that control and manage risks for lone working situations that are relevant, practical and workable for the staff and/or work environment,
- monitoring the implementation of safe systems by staff,
- consulting with staff in identifying risks and developing safe systems,
- ensuring staff who have experienced a challenging situation are appropriately supported personally and receive counselling if requested,
- sharing examples of good practice that eliminate or reduce risk in lone working situations,
- report incidents and issues to their Health and Safety Steering Group.

4.3 Employees/Contractors

Staff are responsible for:

- taking reasonable care of themselves and colleagues,
- not intentionally or recklessly interfering with anything provided for the purposes of protecting health and safety or welfare at work, including personal protective equipment,
- working in accordance with safe systems including saying “no” and retreating from a home visit or setting explicit instructions to a patient/family member,
- following guidelines and safe systems set to protect their safety and well-being,
- assessing the risk of any situation in which they find themselves prior to proceeding with their task e.g. safe egress and entry to a patient’s home,
- undertaking training provided that ensures they have the knowledge and skills to manage a challenging situation,
- reporting issues and concerns, either to themselves or colleagues, using the incident reporting process to their Line Manager
- sharing examples of good practice that eliminate or reduce risk in lone working situations,

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- taking all reasonable steps to minimise risks.

4.4 Head of Governance

The Head of Governance will:

- monitor and review risk assessments,
- ensure audit of compliance with safe systems is undertaken,
- support the recording and reporting of incidents on the Integrated Risk Management System,
- provide or source expert advice,
- ensure risks associated with lone working are reviewed by the relevant Health and Safety Steering Group which reports to either a urgent care or practice services governance Board
- report appropriately to external agencies e.g. RIDDOR.

4.5 Workforce Department

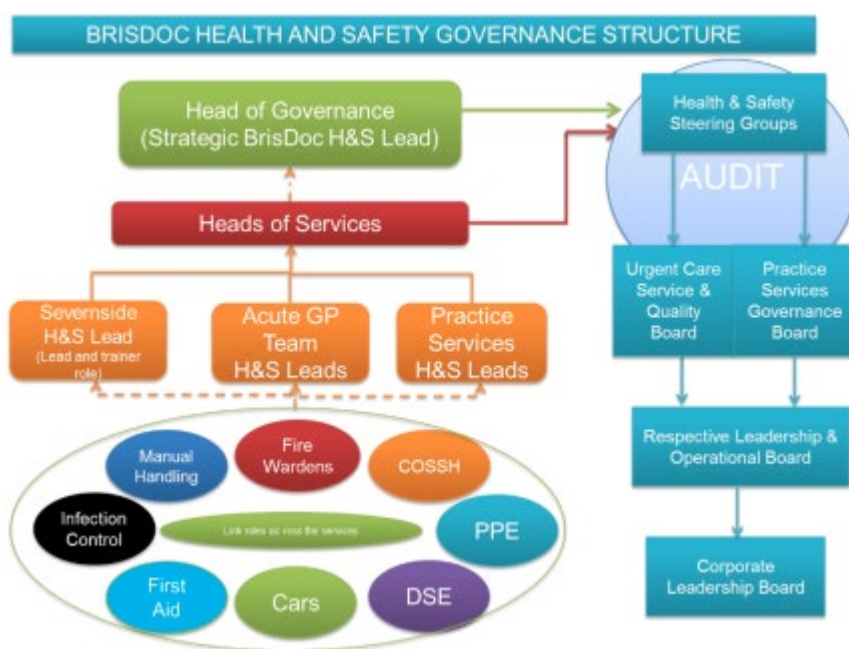
The Workforce Team will: ensure an assessment of each member of staff's role is undertaken for risks associated with that role when they commence their job

- source and organise appropriate training in conflict resolution and managing violence and aggression (mandatory for all staff who have direct contact with patients and the public)
- confirm and communicate to each staff member their statutory and mandatory training requirements
- monitor and report to Line Managers training uptake and completion
- support staff access counselling when needed.

5. Risk Assessment

A risk assessment reviews the likelihood and severity of a hazard from which controls may be identified to reduce, eliminate or manage that risk thereby allowing staff to work safely in an informed and measured way. BrisDoc's Risk Management Policy sets out the risk assessment process and matrix for assessing hazards. Risk are recorded on the Integrated Risk Management System, will be reviewed regularly and are reported, based on their score, to the relevant urgent care or practice services governance Board, and the Corporate Leadership Board

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6.Guidelines

The following Guidelines will help managers and staff assess whether they are lone workers for either most or part of their working time, or whether they work in other higher risk areas. Risk Assessments should consider the working pattern of the Lone Worker and how it relates to those of other workers.

6.1 Safer Working

The list of identified risks within the Guidelines is not exhaustive and where staff or managers identify additional risks, these must be eliminated or controlled. The Guidelines identify risks in the following situations:

- Working Safely in the Community
- Working Safely in Healthcare Premises
- Potentially Unsafe Situations

6.1.1 Working Safely in the Community- All Services

BrisDoc will take all steps to ensure that staff do not work alone and that community visits to patients are undertaken wherever possible by a driver accompanying a clinician. This is not always possible as in some of our services i.e. BMC where a driver is not available to escort a GP on a home visit. If staff in any of BrisDoc's services are undertaking visits as a lone clinician then the following clauses apply. They also apply to any Sevenside drivers undertaking patient transport duties.

If the answer to any of these questions is **NO** the Service will draw up local procedures to eliminate or minimise the risks faced by staff and patient/clients.

Does someone know where you are? Y N

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Does someone know the route you will be taking? Y N

Does someone know your anticipated time of return? Y N

Will someone check if you do not return as planned within a given timeframe? Y N

Does someone know if you are driving alone, with a colleague or with a patient/client? Y N

Are the details of your car, including registration number, recorded at your base? Y N

Do you have a way of contacting base e.g. mobile phones? Y N

Does someone know who you wish to have contacted in case of emergency? Y N

For all visits undertaken as a lone clinician the following actions must be undertaken:

- Leave details either at your base, or with a nominated person, of where and whom you will be visiting and the location of the visit.
- Phone into your base/nominated person when leaving each visit.
- Give a contact number for each visit where possible
- Give an approximate length of time for the visit(s).
- Give an approximate time of return to base/home and confirm arrival either in person or by phone if staff member goes home direct
- Where applicable, give an idea of the route to be taken for the visit(s).
- Ensure you have a mobile phone with you and that your base has the number of that phone

Travelling details

Keep handbags, wallets, keys and other valuables/equipment locked away out of sight in the car. Make sure you have your mobile phone with you and switched on (if necessary, a BrisDoc mobile will be supplied).

If you are travelling with a patient/client

Assess where the patient/client should sit in the car. Is the vehicle adequate to carry the patient/client – is any additional equipment necessary? Keep a 'clean-up pack' in the car to use if the patient/client is ill.

Details to be held at each Base

It is suggested that the following information be held, confidentially, within each area for use in an emergency. Emergency contact name and telephone number for each member of staff.

Working Safely in the Community – Severnside home visits

The specific risks relating to Severnside Home Visits need to be taken into account and therefore control measures targeted at these specific risks need to be in place. The specific risks in question are:

- Visits will be made to patients not previously known to the service and therefore risks relating to the patient's behaviour or their environment will not be known

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- Visits will be made in the evening and overnight period in darkness as well as daylight and when neighbours/local residents may not be available to assist or raise the alarm
- Visits may be made to rural locations which are remote from other properties/communities

The following control measures will be adopted:

- All visiting clinicians will be accompanied by a driver
- All vehicles are tracked and their positions monitored
- All cars will be fitted with a mobile phone and a Phablet for use by the clinician (for communicating with the control room as well as between clinician and driver)
- All drivers will be required to accompany the clinician into the house if the clinician so requests and indeed should make that offer explicit upon arrival at the house
- The clinician will review the case notes and any special notes from the patient's own GP or previous IUC encounters to assess any risks of entering the house without the driver
- The car Phablet has a 2-tap emergency option (SOS App) that sends an automatic message to the car mobile and Shift Manager mobile, and GPS location; seeking immediate assistance "the clinician is car <> requires immediate assistance, there location is at <>". The Phablet also has a speed dial facility to the driver's mobile phone in the parent car and to the Shift Manager.
- If the clinician requires assistance at any time, they will alert the driver.
- If the clinician has been in the house for more than 30 minutes the driver will as a matter of routine contact the clinician by phone to ascertain all is well.
- If the driver cannot contact the clinician s/he will raise the alarm with the Shift Manager who will contact the emergency services accordingly.
- Standard Operating Procedures for Driver's to follow in the event of an emergency.

6.1.2 Working Safely in Healthcare Premises

Actions to help reduce risk

- Do not invite unknown people in the workplace when working (e.g. patients / clients, deliveries, visitors).
- Activate any digital or swipe locks.
- Keep handbags, wallets, keys and other valuables locked away out of sight.
- Ensure doors and windows are locked.
- At the end of the shift conduct a security check; windows, doors and toilets.
- If possible, keep in regular telephone contact with others.
- Maintain In/Out boards to ensure staff are aware of who is in the department/base/office.
- Keep these out of view of the public.

Risk Assessments of the base's physical environment should be undertaken by the Line Manager with the Service Health and Safety Lead to e.g. ascertain any 'weak' areas in security.

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Staff who feel at risk should approach their manager to discuss their concerns and any action required to minimise the risks faced. Where required BrisDoc will seek an independent expert opinion to assess risks and design control measures.

6.1.3 Potentially Unsafe Situations

The following advice covers a number of possible emergencies, which may arise on a home visit. This list of possible emergencies is not exhaustive and local arrangements should be drawn up for other emergencies, which can be anticipated. When faced with an unsafe situation Clinicians will undertake a dynamic risk assessment to determine their best course of advice and action with respect to the patient, their family and themselves.

Suspected Burglary

If on a home visit, a burglary is suspected:

- Do not enter the premises.
- Contact the Police.
- Leave the scene of crime untouched.
- Inform your Line Manager and base of the situation.
- Await the arrival of the Police.
- On return to base complete an Incident Form to record the event.

Possible Gas Leak

If on entering a property on a home visit there is a smell of gas:

- Do not turn on the lights.
- Do not use any electrical switches.
- Do not allow the patient/client or any other household member to smoke or use naked flames.
- Do not use a mobile phone.
- Do turn the gas off.
- Do open windows for ventilation.

If you suspect a gas leak the following should be undertaken in addition to the above:

- Establish the safety of the patient/client, other household members and yourself.
- Contact the Emergency Gas Board 0800 111 999
- Inform your Manager and base of the situation.
- Contact the patient/client's next of kin.
- Await the arrival of the Gas Board.
- On return to base complete an Incident Form to record the event.

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Electrical safety in client's home

Before using the electrical supply and any equipment in the patient/client's home the following visual checks must always be undertaken:

- Visually inspect the electrical power sockets – if damaged and/or loose do not use.
- Visually inspect the electrical flex on any equipment to be used to ensure it is in good condition – if it is frayed and/or damaged do not use.
- Visually inspect relevant plug tops – if damaged and/or loose do not use.
- Ensure that electrical power outlets do not have excessive or dangerous multi-way adaptors fitted.
- Ensure trailing power leads are routed safely to avoid creating a tripping hazard.
- Check that any equipment to be used is not sited in an unsuitable environment, e.g. electrical equipment on a draining board or blocking a fire exit.
- For BrisDoc equipment, check that both the item of equipment and the plug top carry an in-date inspection and test sticker. If not, do not use and report to Line Manager.
- The above checks may not highlight all electrical problems and the additional safety precaution of using a residual current device maybe appropriate in older homes.

If a serious accident, injury or medical emergency occurs whilst in a patient/client's home, the Ambulance Service must be called immediately. The visiting staff member must remain with the patient/client and provide appropriate care until further help arrives. On return to base complete an Incident Report Form to record the event.

Threatening or potentially uncomfortable behaviour

In the event of any threatening behaviour or violence by the patient/client or other persons present, the visiting member of staff should leave the household calmly, without engaging in any argument, and report the incident without delay to their Line Manager. The staff member and Line Manager must complete an Incident Form. A Risk Assessment Form should also be completed. Staff should discuss whether a 'vulnerable child or adult' situation is present.

General guidelines for dealing with episodes of violence

- Remove yourself and others from the situation immediately if there is a real risk of violence.
- Summon help, if needed, as quickly as possible.
- Listen carefully to the person – 'unreasonable behaviour' is often a coping mechanism when under stress.
- Do show that you are taking their problem/enquiry seriously.
- Try to appear calm and confident – this is reassuring for the other person.
- Talk to the person – don't ignore them.
- Talk quietly – raising your voice increases confrontation.
- Be aware of the tone of your voice as well as what you are saying.

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- Do repeat information clearly and politely – angry people do not listen properly.

6.2 General Hints and Tips for Personal Safety

Despite headlines and news stories, the average person's chance of physical attack at work is generally low. However, staff should not get complacent. The following list provides some hints and tips to help improve staff confidence with regards to personal safety. This is not an exhaustive list and staff may think of additional points that relate more directly to others' roles.

- Prepare before going out on visits – check records to see if patient/client (or others in household) has a history of violence. Discuss the procedures for visiting the patient with Line/Shift Manager.
- Make sure someone knows the whereabouts of staff.
- Ensure that any mobile phones, radios etc. are charged and operating before going out.
- Conceal valuables, particularly in cars.
- Consider parking positions in relation to the destination and the direction you will be leaving in – don't risk getting boxed in.
- Know an escape route, particularly when inside.
- Whenever possible, keep yourself between your patient/client and the door.
- Try to think about your own mannerisms. Aggressive stances, raised voices and invading someone else's space can escalate a situation.
- Look alert and confident when out and about.
- If you receive an obscene or indecent phone-call, hang up without showing emotion. Report the matter as a non-clinical incident and discuss with your line manager.
- Wear sensible shoes that are easy to move around in.
- Be vigilant when walking and talking on a mobile phone.
- Try to keep to well-lit streets. Avoid alleyways or waste-ground when possible.
- Park in a well-lit area. Try not to park near trees or walls.
- Carry BrisDoc ID so patients/clients can verify your identity.
- Do not keep anything with your home address (e.g. a bill) with your house keys.
- Remember, if you are inside and feel your personal safety is in jeopardy – **GET OUT.**

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7. Related Policies and Procedures

Risk Management

Incident Reporting

GP Out of Hours Home Visit Standard Operating Procedure

GP Out of Hours – Patient Transport Policy

8. Reference Material

Royal College of Nursing “Lone Working”

NHS Protect “Not Alone – a guide for the better protection of Lone Workers in the NHS”

Royal College of Nursing “Work Related Violence”

Health & Safety Executive “Working Alone”

9. Change Register

Date	Reviewed and amended by	Revision details	Issue number
26/03/2014	CLN	Inclusion of NHS Protect definition, further control measures and use of car Phablet, dynamic risk assessment in unsafe situations, and location of reference material documents on RADAR.	
16/09/2016	CLN	Include new values slide and governance reporting structure. Change reporting (4.4, 5) to Workforce Governance Board. Include phablet is for clinician use (6.1.1).	
August 2019	CLN	Update to new governance structure, titles	
September 2019	CLN	Routine review and update	1.2
27/02/2024	MD	Change of owner	1.3
17/06/25	MD	Review extended by 3 months as agreed by RH	1.4
29/10/2025	MD	document has been checked for compliance and has been reset with a new review date. Legislation/frameworks checked Health and Safety at	1.5

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		Work Act 1974, Management of Health and Safety at Work Regs 1999, HSE Lone Working Guidance	
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