Guidelines for lone workers

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Signature Sheet

I have read, understood and agree to adhere to the attached Policy and Procedure:

Print Name	Signature	Area of Work	Date

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1.0 Introduction

1.1 In health and safety terms lone workers fall into the vulnerable group category. As lone workers are more at risk than other employees, extra risk control measures may be required to ensure the safety of the lone worker.

1.2 The Health Service Executive (HSE) recognises this and endeavours to provide a safe working environment for all employees, including lone workers. These guidelines should be read in addition to existing controls and any necessary arrangements must be taken to enhance the safety of the lone workers' working environment.

2.0 Purpose

2.1 The principle purpose of these guidelines is to ensure a safe and healthy working environment for all lone workers employed by the Health Service Executive (HSE).

2.2 In addition the HSE will bring about the reduction so far as is reasonably practicable, of all reasonably foreseeable risks associated with lone working and to implement any necessary arrangements to achieve this reduction in line with legislative requirements.

3.0 Scope

3.1 These guidelines are applicable to all HSE lone workers as defined in Section 6.0 of the guidelines.

4.0 Objective:

4.1 These guidelines are developed to assist the Health Service Executive to:-

- To ensure the management of Safety, Health and Welfare is achieved in accordance with relevant legislation.

- Provided safe working practices for staff and assist in the implementation of same.

5.0 Relevant Legislation

5.1 The Safety Health and Welfare at Work Act, 2005 (2005 Act) requires all employers to provide among other things, safe places and safe systems of work.

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5.2   Section 19 of the 2005 Act requires every employer to identify the hazards in the place of work under his or her control and assess the risks presented by those hazards and to be in possession of a written assessment of the risks to the safety, health and welfare at work of his or her employees, including the safety, health and welfare of any single employee, group or groups of employees who may be exposed to any unusual or other risks under the relevant statutory provisions.

5.3   The General Safety and Health Provisions and the General Applications regulations 2007, require employers to take the necessary measures to ensure the Safety, Health and Protection of Employees. These regulations require that employers must take account of changing circumstances and carry out risk assessments accordingly. Training on matters of Health and Safety must also be provided to ensure the Safety Health and Welfare of employees.

6.0   Definitions and Abbreviations

6.1   "Lone Workers" are those who work by themselves without close or direct supervision. *Source: Health and Safety Authority*

6.2   For the purpose of these guidelines a lone worker is anyone who works alone, without a colleague.

6.3   Lone workers include those who:
- work outside normal hours
- work away from their base
- work separately from others
- are the only person on the premises
- work outside in the community
- visit people in their homes

6.4   People who work alone without interaction with other workers or without direct supervision are known as lone workers.

7.0   HSE commitment

7.1   In line with corporate policy the Health Service Executive (HSE) will strive to provide a safe working environment and safe systems of work for lone workers, so far as is reasonably practicable. Management will not tolerate in any form, verbal/physical harassment of its staff by service users'/members of the public or others. In the event of an incident the member of staff involved must report this to their immediate supervisor/local management without undue delay. All foreseeable hazards in relation

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to lone working must be identified and associated risks assessed and documented. To assist in the hazard identification and risk reduction process lone workers need to be consulted and receive appropriate training and information.

7.2   These guidelines should be read in conjunction with existing HSE policies including the Lone Worker Policy.

8.0   Responsibility

8.1   Employers

8.1.1   Under section 8 of the 2005 Act, every employer shall ensure, so far as is reasonably practicable the safety, health and welfare at work of his or her employees. As lone workers are more vulnerable than other workers these duties take on an even greater significance.

8.2   Senior Managers e.g. Regional Directors of Operations/Area Managers/Assistant National Directors/General Managers Responsibilities include:

- To promote and support the aims and objectives of the policy and guidelines

- To accord it equal status with all other relevant documents and management functions

- To ensure that adequate and appropriate procedures/arrangements are in place in order to implement and disseminate the policy and guidelines

- To ensure that arrangements exist for the reporting and investigation of any incident involving lone workers no matter how apparently trivial an incident may at first appear, and to make appropriate recommendations to prevent recurrence of such incidents.

- To ensure the resources are available to enable staff to implement the aims and objectives of the policy and guidelines

- To ensure all staff receive appropriate training in accordance with the risks associated with their work activities.

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8.3   Line Managers e.g. Clinical Nurse Managers/Supervisor Responsibilities include:

- To adequately risk assess any staff/areas that fall within the scope of these guidelines

- To be responsive to the concerns of staff in relation to lone working

- To be familiar with and understand the contents of these guidelines

- To promote and support the aims and objectives of these guidelines

- To integrate the guidelines into daily safe work practices

- To ensure the appropriate measures are in place in order to disseminate, implement and monitor the effectiveness of these guidelines

- To investigate and record in writing all incidents/accidents involving lone workers and make appropriate recommendations to prevent a recurrence

- To ensure the department/section has a robust "safe system of work" relative to lone workers

- To ensure that lone workers receive adequate information, instruction, training and supervision to enable them to perform their work safely

- To ensure that appropriate support is provided to staff involved in any incident in terms of both immediate and follow up support.

8.4   Employee responsibilities include:

8.4.1   Employees also have responsibility under Section 13 of the 2005 Act, to take care of their own safety health and welfare and to co-operate with the employer (i.e. the HSE) in discharging its statutory duties.

8.4.2   Employee's duties include:

- To take reasonable care of their own safety and the safety of others when working alone.

- To co-operate with their employer to enable him/her comply with safety and health legislation

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- To report any defect in the place of work, the systems of work without unreasonable delay

- To report any work being carried on, or likely to be carried on, in a manner which may endanger the safety, health or welfare at work of the employee or that of any other person,

- Having regard to his or her training and the instructions given by his or her employer, make correct use of any article or substance provided for use by the employee at work or for the protection of his or her safety

8.4.3   In addition each member of staff must:

- Obtain as much background information as possible on the service user before visiting.

- Prioritise any concerns arising from the information before the visit takes place.

- Always report any incident, no matter how trivial it may seem.

9.0   Guideline

9.1   Consultation

9.1.1   In order to identify the significant hazards relative to lone workers or hazards that may be unique to a specific group of lone workers, local management must establish and maintain an appropriate consultative mechanism. In addition this forum should be utilised to bring to the attention of the relevant personnel, policies procedures and protocols as appropriate. This should be viewed as a support mechanism for the lone worker.

9.2   Training

9.2.1   Local management are responsible for ensuring that lone workers have received all appropriate training prior to engaging in lone working activities. Training should include at minimum induction training that may enhance the safety of the working environment for the lone worker or a particular group of lone workers.

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9.3   Risk Assessment

9.3.1   Each Department/Section Head is responsible for ensuring that risk assessments are completed for all foreseeable situations faced by lone workers and are based on a hazard identification process which will include:

- Physical Hazards
- Chemical Hazards
- Biological Hazards
- Psychosocial Hazards

9.3.2   Initially managers should complete a generic risk assessment using the following non exhaustive headings:-

- Physical/Sexual assault
- Verbal abuse/threatening behaviour
- Theft/criminal damage
- Road traffic accidents/breakdowns/punctures
- Slips/trips/falls
- Patient Moving and Handling / Manual Handling

9.3.4   More specific risk assessments can be carried out for the following non exhaustive factors:

- People
- Environmental
- Geographical areas
- Weather conditions
- Times i.e. day or night

9.3.5   Suggested risk reduction controls/arrangements (individual/combined) if deemed appropriate through the risk assessment/consultative process:

- Detailed plan of staff whereabouts and movements
- The "Flagging System" flagging up potentially violent/aggressive
- Working in pairs
- The "Buddy System"
- Gardai presence/liaison system
- Removing identification from cars
- Technology i.e. mobile phones, pagers etc

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9.4   Information Sharing

9.4.1   In order to carry out their job safely and efficiently it is important that all one Workers have access to appropriate information. Good quality information in relation to contacts and locations can prove very helpful.

9.4.2   Each department/section head should ensure that there is an appropriate flow of information to and from other departments/outside teams. This is especially important where there is a higher risk of assault from a service user, relative or carer.

9.4.3   Where practicable, both the line manager and the employee should obtain as much information as possible from a wide variety of sources e.g. GP's, Social Services, Consultants, Clinics and other Hospitals as appropriate.

9.4.4   Lone workers should be made aware that if, at any stage during a visit they encounter aggression they should promptly reassess the situation and withdraw from visit if necessary. Lone workers should report this to their relevant line manager and complete the relevant incident report form.

9.5   Referrals

9.5.1   All referrals, or requests for a visit, should be made through an authorised source where possible. This may not always be possible given the ethos and practice of self referral. The practice and ethos of self referral highlights the need to do all that is reasonably practical to ensure a safe system of work is in place. It is the responsibility of line management and each individual lone worker to obtain as much information as is possible prior to consultation.

9.5.2   Line Managers and lone workers should ensure whenever possible that all service users, relatives and carer's are aware that the preferred channels of communication are through an authorised source. This should be communicated in detail to lone workers prior to commencing lone working activities where possible.

9.5.3   Lone workers should never provide their personal telephone or pager numbers to service user's relatives or carers.

9.5.4   Where self referral is made from a client that is not known to the service, lone worker should be accompanied by a colleague where possible

9.6   Supervision

9.6.1   Given the unique working conditions of the lone worker supervision becomes even more significant as it offers a source of valuable support to the lone worker. This can be carried out when checking the progress of the work, it may take the form of periodic site visits combined with discussions in which health and safety issues are

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raised. The extent of the supervision is directly related to the risk assessment e.g. an employee new to a job or undergoing training may need to be accompanied at first.

9.6.2   Regular contact between the line manager and the lone worker should be encouraged and fostered which forms a key part in ensuring the safety of the lone worker.

9.6.3   At all times a colleague should be aware of where and when employees are in client's homes and when they leave

9.7   Control point

9.7.1   A control point should be established for the employee to leave details of their lone working visits. This will assist in the implementation of appropriate action being put in place should an employee be in difficulty. In the likelihood of a service user, address or area giving cause for concern, the lone worker should be able to advise the control point of any deviation from their planned itinerary.

9.7.2   In light of the above it is necessary for each department to establish an appropriate control point to manage lone working visits.

9.7.3   The following options used individually or collectively may prove effective. Selection should be guided by risk assessment and consultation:-

●   Office base manned at all times when staff are lone working
●   An answer phone that is regularly checked
●   Nominated person with a mobile phone

9.7.4   The control point should also hold details of all the lone workers to ensure that in the unlikely event of a lone worker failing to return to/contact the control point at the end of a visit, appropriate steps can be taken i.e. the escalation procedure:-

9.7.5   If base/control point becomes sufficiently concerned for the safety of the lone worker an escalation procedure must be put in place.

9.7.6   The escalation could be to:-
●   Line Manager
●   Head of Department
●   Nominated buddy
●   Directorate manager
●   The gardai

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9.7.7 For each lone worker the details should include:-

- Name
- Address, home telephone number and emergency contact
- Mobile phone number and/or pager number
- Work start time
- Itinerary of visits:
- Name, address and telephone number of each service user
- The order of visits
- Expected time of visit or call-in
- Car registration make and model

9.8 Visits

9.8.1 In order to reduce the risk to the lone worker all visits should be notified. The method of notification should be by mutual agreement between managers and the lone workers.

9.8.2 No matter what the reason that planned visits are missed/changed the control point should be informed.

9.8.3 It is also important for management to know when a lone worker has completed their visits/shift. Each Department/Section must have a system in place enabling lone workers to call in at the end of the day/shift.

9.9 Implementation of these guidelines

9.9.1 An implementation plan must be developed in consultation with both local management and staff

9.9.2 Awareness sessions for staff detailing the contents/provisions of these guidelines should be arranged

9.9.3 A designated person should oversee the implementation of these guidelines and report any difficulties encountered

9.10 Effectiveness of these guidelines

9.10.1 The effectiveness of these guidelines will require the co-operation of both management and staff at all levels throughout the HSE and should encompass the following

- Method of communication to be used for the escalation of unresolved issues

- Local implementation of these guidelines

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- Review of accidents / near miss incidents in order to determine effectiveness of these guidelines (identify trends/patterns)

- Monitoring of staff practices in relation to compliance with these guidelines

- Meetings of management and staff to discuss the measures put in place should be organised.

9.11 Monitoring

9.11.1 To achieve success in terms of these guidelines implementation it is important to recognise difficulties early on and to address them in a realistic and achievable manner. Difficulties encountered by staff should be promptly brought to the attention of the relevant line manager in order to achieve a swift and satisfactory outcome. If the issue cannot be resolved at local level then it must be forwarded as an agenda item on the next scheduled meeting of the local management team or escalated to the next level through identified escalation process.

9.12 Employee Assistance Services

9.12.1 The HSE recognises the need for specific and specialised support to staff who may encounter, in the course of their work, situations which may have a potentially traumatic effect of their personal and professional life.

9.12.2 This support is offered through the Employee Assistance Service, by a group of specially trained personnel. It is confidential and addresses the person's issues in relation to the incident. Although this service follows an identifiable procedure it does not exclude the support which managers and colleagues can give to persons who may find themselves in such a situation.

9.13 Initial Lone Worker Risk Assessment Guidelines

9.13.1 Contact Stage:-

- Did the request come from the base or recognised control point?
- Have you been made aware of any issues surrounding the patient or address concerned?
- Are you happy to attend on your own? (risk assessment)
- Does the base/control point know what time to expect a check-in call?
- Do you have your mobile phone/pager etc. with you?
- Do you know how to /have means of contacting the control point?
- Does your transport have sufficient fuel to make the return journey?

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9.14 Risk Assessment

- Have you been able to park in a well –lit area
- Are the premises well lit?
- Are you still happy to be on your own? (risk assessment)
- Is the patient or other person likely to become agitated, angry or violent?
- Are there persons on the premises who appear to be under the influence of alcohol or drugs?
- How easy would it be for you to leave if you wanted to?
- Are there any dangerous animals loose on the premises?

9.14.1 If any issues arise as a result of the risk assessments the lone worker should raise the issue with their line manager.

9.14.2 Lone workers have the right to refuse to enter/withdraw from any premises at any stage if they feel their safety is compromised.

9.15 Community Visits:-

- Is the service user unknown to you/others?

- Check all available records/reports on the person prior to your visit.

- Ensure somebody knows where you are going, who you are visiting and when you are expected to leave

- When the door is answered check who you are talking to. Under no circumstances enter the house if the appropriate person is not available.

- Inform the people you visit how much of their time you will require.

- Acknowledge that it is their home and allow them lead the way.

- If the person appears to be under the influence of drugs/alcohol or acting aggressively it would be prudent to immediately leave.

- On entry, check how the front door locks.

- Study your surroundings and try to sit nearest the door.

- Take only what you need into the house.

- Remain alert at all times. Watch for changes in moods, movements or expressions.

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- Arrange to call / contact base after each meeting, as the lack of a call will alert someone to a potential problem. ***If you do not call in on time, someone from the base should contact you***

9.16   Rapid Risk Assessments (RRA) :-

9.16.1   If you have to carry out a home visit at very short notice the following Rapid Risk Assessment (RRA) should be used.

- Do you know the service user and their family?

- Is there a known history of violence or harassment/sexual harassment from the service user/family member?

- Have you contacted base in relation to your whereabouts and estimated contact time with service user?

- Speak with a colleague who may have carried out a previous visit.

- Is the task you are about to undertake likely to trigger anger or violence?

9.17   Procedure - lone worker not calling in at the end of a visit/shift

9.17.1   The following information should be to hand at the base/control point:-
- Name
- Address, home telephone number and emergency contact
- Mobile phone number and/or pager number
- Work start time
- Itinerary of visits:
  - name, address and telephone number of each service user
  - the order of visits
- Expected time of visit or call-in
- Car registration make and model

9.18   Initial Response:-

9.18.1   After allowing a reasonable time for an overdue call time the base/control point should attempt to track the lone worker's movements by using the information above, until found.

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9.19   Escalation:-

9.19.1   If base/control point becomes sufficiently concerned for the safety of the lone worker an escalation procedure must be put in place.

9.19.2   The escalation could be to:-

- Line Manager
- Head of Department
- Directorate manager
- The gardai
- Nominated buddy

9.20   Personal Safety P.L.A.N. for it

Prepare Yourself

- Know exactly where you are going and how to get there

Look Confident

- Be alert, walk tall, keep your head up and be aware of your surroundings
- Keep fit – stamina and strength are aids to self-protection**.**

Avoid Risk
- When going out of the base leave details in writing of your movements and when you expect to be back
- If you change your plans contact base
- If anything seems dubious contact base first
- Avoid taking potentially dangerous shortcuts particularly when on foot
- Assess the potential risk of a situation

Always aim to get away fast if confronted with violence or aggression

Never assume
- It wont happen to you
- Your fears are unfounded
- People are what they seem

Remember always report any incident, however trivial it may seem.

Not doing so could put others at risk.

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10.0 Frequency of Review

10.1 These guidelines will be reviewed on a continuous basis by the National Health and Safety Advisers Group and any amendments to these guidelines will be communicated through all directorates of the HSE.

11.0 Method used to review operation of Guideline

11.1 Examples include audit tool, checklist, performance indicators (data collected on a routine basis to demonstrate level of performance) etc.

12.0 References

12.1 The Sub-Group would like to acknowledge the following documents that were used in the formulation of this Guideline:
- Guideline for Lone Workers (Staff Health Safety and Welfare Department, Dr Steeven's Hospital, HSE HR Services)

13.0 Appendices

None

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