



Justice and Home Affairs

AMBULANCE SERVICE LONE WORKING POLICY

Please DO NOT PRINT or
SAVE this document

Responsible Organisation:	States of Jersey Ambulance Service (SoJAS)
Document Type:	Policy
Document Reference Number:	
Applicable to staff group:	All Ambulance Staff and Voluntary Agencies (when on ambulance business)
Version:	Version Final Version Yes
Authors:	Head of EPR & Ops Support/ JHA BSU Business Manager
Linked Documents:	
Senior Responsible Officers:	Chief Ambulance Officer
Ambulance Leadership Team Ratification Panel:	Chief Ambulance Officer – Mr P.Gavey Senior Ambulance Officer – Mr J. Inglis Senior Ambulance Officer (Int) – Mr G. Kynman
Approval Date:	June 17 th 2022
Issue Date:	June 20 th 2022
Review Date:	June 17 th 2025

Signed on behalf of the Ambulance Leadership Team (ALT) Ratification Panel

Peter Gavey (Chief Ambulance Officer)

Date:

1-12-22

Gary Kynman (Senior Ambulance Officer, Int)

Date:

1-12-22

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

CONTENTS LIST:

1. Introduction	Page 3
2. Policy / Guideline purpose	Page 4
3. Procedure	
3.1 Duties and Responsibilities	Page 5
3.2 Lone Working Procedures	Page 8
3.3 Training	Page 12
3.4 Systems of Work for Lone Workers	Page 13
4. Development and consultation process	
4.1 Consultation Schedule	Page 14
5. Reference documents	Page 15
6. Bibliography	Page 16
7. Glossary of terms	Page 16
8. Implementation plan	Page 16
9. Change of records Log	Page 16
Appendices	
Appendix 1	Page 17
Appendix 2	Page 18
Appendix 3	Page 19

1.0 INTRODUCTION

1.1 Rationale

Lone working has been identified as a possible risk to Ambulance Service employees. This policy sets out good practice guidance for those who work alone. The Ambulance Service will ensure as is reasonably practicable, that staff who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety.

Lone working exposes staff to hazards. The Jersey Ambulance Service intention is where practicable, to remove or reduce the risk from those to an acceptable level.

It is the intention that this policy will be a generic policy that reflects the diversity of the work within the organisation and in so doing aid the development of specific arrangements.

Health and Safety legislation currently in force does not prohibit lone working, except in a few specific circumstances. The employer has a general duty under the Health and Safety at Work Jersey Law 1989, to ensure so far as is reasonably practicable the health, safety, and welfare at work of employees.

The objectives of this policy are to provide an effective framework to assist Jersey Ambulance Service in complying with statutory requirements by ensuring that there are arrangements in place:

- For the effective implementation of this policy
- To ensure risks identified are reported and recorded on Datix
- For the carrying out of suitable and sufficient risk assessments on lone working, including the carrying out of dynamic risk assessments
- To ensure that all appropriate controls, so far as reasonably practicable, are put in place to control, manage, and reduce the risks to staff who are lone working
- To provide support and assistance to lone workers so that they can work effectively and efficiently and deliver excellent professional care to patients
- To provide lone workers with information on addresses they may visit, warning of control systems
- To ensure that all incidents involving lone workers are reported and investigated
- To provide staff with suitable post-incident support
- Where appropriate, to liaise with external agencies following any assaults on lone workers

1.2 Scope

This policy applies to all who work either for or on behalf of the Ambulance Service, including contract workers, temporary workers, and bank staff.

Lone Working Policy

Please DO NOT PRINT or
SAVE this document!

Lone workers within the ambulance service are likely to be found in a range of situations. Roles within the ambulance service that meet the definition of a lone worker include:

- Double crewed ambulance personnel who have split up
- Single crewed Patient Transport Service crew
- Community First Responders
- Solo emergency responders (RRV)
- Operations Commanders
- Tactical Commanders
- Managers
- Support service employees
- Domestic employee
- Home workers

(This is not an exhaustive list)

1.3 Principles

The NHS Protect (2014) defined lone working 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’

The Health and Safety Executive (HSE) (2013) defines lone workers as:

‘Those who work by themselves without close or direct supervision’

This policy has been devised bearing in mind both definitions in mind. Therefore, lone workers within the ambulance service can include:

- Paramedics, Technicians, Emergency Care Assistants, Intermediary Care Assistants
- Patient Transport Care Assistants
- Community First responders
- Ambulance Commanders
- Office based staff who may work on their own outside of normal working hours

An individual, however, does not have to work for an entire shift to qualify as a lone worker. It can apply to short periods in a shift. Therefore, lone working may be a normal part of a person’s usual job, or it could occur infrequently, as, and when circumstances dictate.

2. POLICY / GUIDELINE PURPOSE

This policy seeks to:

- Raise awareness of safety issues relating to lone working

- Ensure that lone working is risk assessed in an appropriate and dynamic way and that safe systems and methods of work are put into place to reduce risk, so far as is reasonably practicable
- Ensure appropriate training is available to all staff, where risk assessments have identified need
- Ensure that there are organisational structures, defined roles and responsibilities, communication links and support in place to help lone workers if they need assistance
- Ensure full reporting and recording of any adverse incidents relating to lone working is logged on Datix
- Reduce incidents of violence, abuse and injuries to staff relating to lone working

3. PROCEDURE

3.1 Duties and Responsibilities

3.1.1 Director General

The Director General has the ultimate accountability for ensuring the Jersey Ambulance Service complies with the relevant health and safety legislation and, ensuring that appropriate structures, systems, and procedures are in place to secure the effective implementation of the policy.

3.1.2 Chief Ambulance Officer (Tier 3)

Is responsible for ensuring that this lone worker policy is implemented.

Is responsible for providing assurance to the Director General and the established committees i.e., Quality, Performance and Risk Committee that this policy has been implemented.

It is incumbent upon the Chief Ambulance Officer to ensure there is a safe and healthy environment for staff, patients, visitors, and contractors to work in or access when associated with ambulance service activities.

3.1.3 Senior Ambulance Officers, Head of Operations & Head of EPR & Ops Support (Tier 4 /1 & 2)

Are responsible for:

- The implementation of this policy for their area of responsibility
- The delivery of local arrangements to reduce the associated risks putting procedures in place to deal with any emergency situation e.g. if a member of staff cannot be contacted or phones in to report they are in immediate danger
- Implementing sufficient resources/funds for procurement of equipment or changes to working practices where it will reduce the risk of injury or ill health

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

- Liaising with Jersey Property Holdings to ensure ambulance staff safety in the ambulance station, including ensuring lone working has been considered.
- Periodically reviewing and monitoring the status of the risk assessments in place
- Providing assurance that this policy has been implemented and risks associated with lone working are reported on Datix and are effectively reviewed and managed within the ambulance service

3.1.4 Leading Ambulance Paramedics (LAP)

Are responsible for:

- Identifying all their staff who are lone workers and assessing their suitability to carry out lone working
- Carrying out suitable and sufficient risk assessments on their staff who are lone workers and/or who raise any concerns about lone working; and ensuring that appropriated control measures are in place to ensure their safety
- Ensuring risks attributed to lone working are recorded on Datix and investigated
- Escalating any risks beyond their control or outside their level of authority up to the next level of management and recording this on the risk assessment
- Regularly reviewing these risk assessments to ensure that they are still current and valid
- Notifying the Ambulance Senior Management Team of all posts that involve lone working and sharing with them all associated risk assessments on lone working and providing confirmation that all necessary control measures have been put into place
- Informing any staff who are working late and on their own of the arrangements in place for exiting the building and making it secure
- To act and escalate to the police, if necessary, if one of our lone working staff does not return from a visit/call and/or make contact as per the previously agreed arrangements
- Ensure all frontline, intermediary and Patient Transport Services personnel all have their personal radios prior to commencing any response or routine work
- Providing support to their lone working staff who have been assaulted and advising them of the arrangements the ambulance service has for post-incident support e.g., Trauma Risk Management – TRiM
- Ensuring that all lone working staff who are patient facing receive initial and refresher conflict resolution training
- Fully supporting the implementation of the Lone Working Policy within the ambulance service
- Ensuring that the ambulance service is effective and efficient in the management of lone workers
- Ensuring that ambulance service decisions in relation to lone working are carried out and all relevant policies and procedures are implemented and monitored

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

- Working collaboratively with the police following situations where police cover has not been timely or appropriate

3.1.5 All Staff

All staff and those carrying out work for or on behalf of the ambulance service will:

- Comply with this lone working policy and any professional codes of conduct, processes, and systems of work in place to ensure their safety
- Take reasonably care for their own health and safety and that of others who may be affected by their work; and not act in a way that puts themselves or others at risk
- Inform the Duty LAP of any concerns that may have regarding lone working
- Consider any advice and instructions relating to the area, site, or location they visit
- Inform either the Duty LAP, Combined Control Centre or the PTS Control when working in an area alone and agree frequency of welfare checks, inform them of when they will be leaving the premises. Single response to emergency calls, the Combined Control Centre to ensure welfare checks are completed at regular periods
- Not interfere with or misuse anything (equipment etc) provided for their protection and safety
- Follow any appropriate guidance and attend any relevant training provided
- Where necessary, carry out a continuous dynamic risk assessment and be conscious of changing circumstances; and take appropriate action such as requesting further assistance, press the panic button on the radio and/or withdrawing if necessary.
- Report any identified areas of risk to the Duty LAP and complete a Datix form
- Act and escalate to the Duty LAP, and to the police if necessary if one of their colleagues does not return from a visit and/or make contact as per the previously agreed arrangements
- Where applicable, cooperate with the police and any other external agencies
- Always carry their identification card whilst at work and produce it upon request

In addition to the above, non-operational staff should ensure:

- That when carrying out any visits on their own they inform their manager or a colleague of the address, their contact details, and their expected return so that if they do not return or make contact, the manager and/or colleague can investigate and if necessary, contact the police
- That if they are going straight home after the visit, they notify their manager/colleague beforehand. They should also decide with a relative/friend to

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

notify the ambulance service if they fail to arrive home or at the agreed meeting point at the expected time

3.1.6 Combined Control Centre

When dispatching a lone worker to a job, the controller will:

- Inform the lone worker of any special situation features on the address that they are being sent to
- Assess the risk of violence and aggression to the lone worker; and if necessary, stand the lone worker down from attending; (this does not preclude the lone worker carrying out their own dynamic risk assessment)
- Contact the lone worker within 10 minutes of them arriving on scene to see how they are and every 20 minutes to ensure their welfare. For ambulance staff this will be through their Tetra Hand Portable radio or mobile phone depending on their role and reason for the visit
- Arrange for and send assistance if it is required by the lone worker
- Automatically inform the police if the lone worker presses the 'person down' (orange) button on their radio and then contact the lone worker to ascertain how they are
- Inform both the Duty LAP and the on call Tactical Commander that a 'person down' button has been pressed and provide them with details of the incident and any subsequent updates on the situation
- Where necessary, contact the police and obtain support for the lone worker

3.2 Lone Working Procedure

3.2.1 Risk Assessments

The ambulance service will put arrangements in place to carry out suitable and sufficient generic risk assessments of all lone working activities and, where necessary, specific risk assessments (on individuals and/or circumstances) and will implement all control measures, so far as reasonably practicable, to provide for and ensure the health, safety, and welfare of staff.

The risk assessment will identify, assess and record:

- All significant hazards associated with lone working in the workplace, working environment, and working practices, that have the potential to put staff at risk
- The capability of the staff to carry out lone working and whether the job imposes any extra demands on the lone worker's physical or mental stamina; and whether the lone worker suffers from any illness that might be exacerbated by lone working

Lone Working Policy

Please DO NOT PRINT or
SAVE this document!

- All associated existing control measures to decide if they are adequate and from this evaluate the level of risk
- Identify who and how many staff will be affected
- Identify any further additional control measures that are necessary to minimise the risk to the lowest level reasonably practicable

Where possible and practicable, the assessment should be carried out before the employee starts any lone working.

The risk assessment will be reviewed periodically and whenever there is a reason to suspect it is no longer valid and/or whenever there is a significant change to the matters to which it relates such as a change in personnel carrying out the work, changes to work processes, changes to the equipment used and the environment wherein the activity takes place.

The completed risk assessments on lone working will be shared with:

- Staff and the training department so that any training needs can be identified and addressed
- Each ambulance department for them to develop their own specific lone working risk assessments which reflect their circumstances

Individual members of staff working alone must undertake a dynamic risk assessment on approach or at the scene of a situation to identify significant hazards and any associated control measures and from this evaluate the level of risk and decide whether it is safe for them to work on their own. Staff should be aware that personal safety is a shared responsibility between the ambulance service and staff and that they have a responsibility to help themselves to be safer. Staff will not be penalised if it is deemed unsafe to attend an incident and have the full support of the ambulance service in such cases.

If the lone worker has reservations about attending the incident these should be considered. They should be deployed to a location close to the scene (rendezvous point) and undertake a dynamic risk assessment from a place of safety. The lone worker should inform the Combined Control Centre that they require and request police assistance. The member of staff must code scene arrival when they arrive at that point.

While lone workers may face higher risks, it is important that these risks are not over-emphasised, creating an unnecessary fear amongst staff that is disproportionate to the reality of the risks faced. It is therefore important that work to minimise risks is based on fact.

3.2.2 Control Measures

If there is a known risk from a patient then, if possible, consideration should be given to rescheduling the visit so the lone worker can be accompanied.

Staff required to work alone will be provided with suitable portable means of summoning immediate assistance should it be required. Such equipment might include a mobile phone, radio, or a panic alarm.

Staff required to undertake lone working will be provided with information, instruction, and training as is necessary to enable them to undertake their work safely.

The ambulance service will provide initial and refresher conflict resolution training.

Staff required to work alone will only be tasked to do so if assessed by a manager as being competent to undertake such tasks.

No member of staff will be knowingly sent alone to an incident where there is an actual or could be potential threats of violence. Any member of staff who feels that a situation is unsafe may withdraw until the situation can be confirmed to be safe or assistance has arrived.

Where operational staff are dispatched to work on their own, a form of welfare check will be performed. This will be an automatic process and the first welfare check will be 10 minutes after the lone worker has arrived on scene and then every 20 minutes. If contact is attempted and no response is gained from the lone worker, consideration should be taken to escalate to the Duty Lap and/or the on call Tactical Commander, to inform the police and/or mobilise the nearest available resource/manager to ascertain whether they are safe.

Lone Workers should be aware of their own body language (as well as the body language of the client or patient/service user), as there is the potential risk of exacerbating the situation by sending out the wrong signals, particularly where there may be cultural, gender or physical issues to consider. Body language or other forms of non-verbal communication and mannerisms, plays an important role in how people perceive and behave towards other people.

Staff working alone will have access to suitable and sufficient first aid equipment to enable them to provide emergency care to themselves should they become injured.

The Tetra radios issued to staff have a tracking device so the location of staff, provided they keep their radio on them can be tracked. Alternatively, ambulance vehicles can be tracked and located. It is recognised that there are parts of the island where the Tetra signal is lost, lone workers must check prior to entering a property and ensure the Combined Control Centre is aware of their current position.

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

Lone workers should be informed that they should contact the Duty LAP during normal working hours if they experience difficulties. If they are not available, then contact the on call Tactical Commander.

3.2.3 Actions to Take to Protect Yourself

If you are in immediate danger, press the ORANGE 'person down' button stating your location and the danger, this will alert the Combined Control Centre and other crews to the situation. The Police must be immediately informed.

If appropriate, crews can use the safe word 'ORANGE' to highlight a risk and want police assistance. If heard, the Combined Control Centre must notify the Police.

Always ensure you can make a safe exit from the patient's home. If the door is locked, politely ask that the key be left in the door so you can pop out to the ambulance if you need to.

Try to follow into rooms rather than lead in a patient's home so you can maintain safe exit.

If you experience verbal aggression when attending a property, use your Conflict Resolution Training to de-escalate, call for Police assistance if necessary.

If you begin to feel unsafe OR if there is a threat of violence, then leave the premises as quickly as you can. Make a professional excuse if necessary but make your way to the safety of the ambulance and drive away.

If you are unable to leave the premises for any reason create a safe space between you and the aggressor. Press the 'person down' stating you cannot escape and the location. If possible, make your way to a safe place in the property (a bathroom or toilet is likely to have a lock on the door).

If other people are vulnerable to harm once you have left the property drive a safe distance away and update the Combined Control Centre asking for Police assistance.

It should be noted that police response is ultimately determined by the nature of demand, priorities and resources which exist at the time a request for police response is received.

Report the incident to the Duty Operational and/or Tactical Commander, the Police and when ready, complete a Datix.

Lone working arrangements should be periodically reviewed to ensure they remain relevant and reflect the working conditions. These reviews can be:

- As part of any general review of risk assessments
- Following an incident
- In response to concerns raised by the lone worker
- Following a change in the working routine

3.2.4 Incident Reporting System, Datix

An integrated risk management software system, Datix is used by the ambulance service to record incidents, near misses, complaints, compliments and the SoJAS Risk Register. It will also be used to identify trends to enable efforts and resources to be targeted towards high-risk areas.

Information will be collated, and all incidents reported on at the monthly Risk and Ambulance Health & Safety Group meetings. Incidents involving clinical risk will be on the agenda of the Patient Safety Group for discussion.

3.2.5 Employee Wellbeing

Following an adverse incident, a 'hot' debrief will be carried out by either the operational or tactical commander and any actions logged. These will include staff welfare and ensure any treatment is completed before the debrief and the completion of a Datix. Other actions may include providing a statement for the Police and/or a warning placed on that address.

The ambulance service provides Trauma Risk Management (TRiM) which all ambulance staff can access if they have been involved in a critical incident which is defined as 'any situation that causes a person to experience unusually strong reaction, which have potential to interfere with their ability to function.'

This will be available to our voluntary teams including The Ambulance Support Unit, St John Ambulance - Jersey and Normandy Rescue.

3.3 Training

All staff will receive information, instruction, training and. Where necessary, supervision in relation to health and safety risk management and adverse incident reporting.

The ambulance service will provide initial and refresher conflict resolution training in accordance with the recommendations from corporate health & Safety, current the ambulance service and Health Community Services are using Maybo.

Lone workers may need to be accompanied at first where they are:

- New to the job
- Undergoing training
- Doing a job that presents specific risks
- Dealing with a new situation

3.4 Systems of Work for Lone Workers

3.4.1 Operations Front Line Staff

Within operations the following staff could respond as a lone worker.

- First Responder
- Service Responder
- Community First Responder
- Ambulance Commander

Before responding to an emergency response, the lone worker should be informed of the nature of the call and be provided with as much detail as the Control staff have available to them.

In committing any solo responder to an incident, the safety of ambulance staff or those acting on behalf of Jersey Ambulance Service must be paramount. A risk assessment must be undertaken by a member of the Combined Control Centre based on the information available from the caller and any other information that may be available regarding the location of the call. Such information must be passed to the attending ambulance staff.

This risk assessment must be conducted prior to committing a lone worker to scene. It is however important that the operational staff responds to the emergency immediately. The Combined Control Centre will undertake an assessment and/or a risk assessment based on information from the caller during this time. Following completion of this and if the situation is assessed as safe, they will authorise the solo responder to commit to scene.

In addition to the risk assessment conducted by the Combined Control Centre, the lone worker, upon arrival at scene must also carry out their own dynamic risk assessment.

The following incidents, whilst not exclusive, are not appropriate to send a solo responder:

- Assaults where the assailant is still at the scene
- Domestic violence where both parties remain at the scene
- Public disorder e.g., pub fights etc

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

- Any address, scene or individual where there is a current and valid warning on the system especially a history of violence
- Patients with mental health issues
- Individuals under the influence of alcohol or drugs
- Areas where there is poor reception, particularly rural areas, crowds at nightclubs or pubs or other locations with concealed spaces or restricted access

3.4.2 Patient Transport Service

Patient Transport Service staff must ensure that they are always aware of the potential risks when lone working as they may be placed in danger or be left open to abuse or complaint. Staff must therefore be vigilant to this possibility and, if necessary, withdraw immediately.

Patient Transport Services staff should not be sent on their own to patients who are likely to give rise to problems to an individual member of staff i.e., mental health and known abusive or violent patients.

Patient Transport Service staff working alone must make constant and proper use of their hand portable radio to always keep PTS Control aware of their circumstances.

3.4.3 Other Staff

Other staff may from time to time be required to attend meetings and/or work on their own. When travelling on their own, staff should take extra precautions to ensure their own safety.

When staying away from home on ambulance service business, they should not do anything that puts them in danger.

4. DEVELOPMENT AND CONSULTATION PROCESS

4.1 Consultation Schedule

Name and Title of Individual	Date Consulted
Ben Jones (BSU)	18/05/2022
Michael Le Vaillant (Corporate Health & Safety)	18/05/2022
Ben Jones (BSU)	26/05/2022
Michael Le Vaillant (Corporate Health & Safety)	26/05/2022

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

Chris Beechy (Chief Inspector Jersey Police)	26/05/2022
Ben Jones (BSU)	06/06/2022
Michael Le Vaillant (Corporate Health & Safety)	06/06/2022
Chris Beechy (Chief Inspector Jersey Police)	06/06/2022
Manuel De Freitas (Police Inspector)	06/06/2022
Mark Hafey (Chief Inspector)	06/06/2022

Name of Committee/Group	Date of Committee / Group meeting
Ambulance SMT	18/05/2022
Ambulance LAP Group	18/05/2022
Ambulance Service Association	18/05/2022
Ambulance Unite representatives	18/05/2022
Ambulance Service Training Department	18/05/2022
Ambulance SMT	26/05/2022
Ambulance LAP Group	26/05/2022
Ambulance Service Association	26/05/2022
Ambulance Unite representatives	26/05/2022
Ambulance Service Training Department	26/05/2022
Ambulance SMT	06/06/2022
Ambulance LAP Group	06/06/2022
Ambulance Service Association	06/06/2022
Ambulance Unite representatives	06/06/2022
Ambulance Service Training Department	06/06/2022

5. REFERENCE DOCUMENTS

HSE Lone Workers (Health and Safety Executive) [Lone workers \(hse.gov.uk\)](https://www.hse.gov.uk/loneworkers/)

Improving safety for lone workers: a guide for staff who work alone [Improving the personal safety for lone workers | NHS Employers](#)

Health and Safety (Jersey) Law 1989 [Health and Safety at Work \(Jersey\) Law 1989 \(jerseylaw.ie\)](https://www.jerseylaw.ie/)

South Centre Ambulance Service NHS Foundation Trust Lone Working Policy

East of England Ambulance Service NHS Trust

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

Government of Jersey, Health and Community Services Lone Worker Policy [Policy template HCS](#)

6. BIBLIOGRAPHY

7. GLOSSARY OF TERMS / KEYWORDS AND PHRASES

Lone worker – individuals who work by themselves, without close or direct supervision

Dynamic Risk Assessment – Continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk

Line Manager – Any person who has direct reports and is responsible for the effective supervision of that team

8. IMPLEMENTATION PLAN

Action	Responsible Officer	Timeframe
Document to be shared with all ambulance staff as an electronic copy, a copy will also be stored within the Policy and procedures folder	Jason Hamon	7 days
Hard copies to be placed in each duty room and the LAP Office for access. Signoff Sheet to be made available	Jason Hamon	7 days
Once implemented, the LAP will ensure all staff are aware during the shift brief, JH will be available for questions/questions	Jason Hamon	7 days

9. CHANGE OF RECORDS LOG

Responsibilities: -

It is the responsibility of all SoJAS staff to:

- Access read understand and apply this Policy/Guidelines
- Attend any mandatory training pertaining to the Policy/Guidelines

Version	Change	Reason for Change	Authorising committee

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

Appendix 1: Lone Worker Emergency Contact Information

Lone Worker Emergency Contact Information

Name		Date Last Updated / /
Department		
Location		
Line Manager Name		

Personal Details

Height		Distinguishing Features (Scars and Tattoos)	
Sex			
Hair Colour			
Work Phone		Personal Mobile	

Vehicle Details

<i>Main Vehicle</i>			
Make		Model	
Colour		Registration	
<i>Alternative Vehicle</i>			
Make		Model	
Colour		Registration	

Emergency Contact Details

Relevant details are held on the MyView Record

Next of Kin

Relevant details are held on the MyView Record

I consent to the above information being held providing that it will only be used in an emergency and have ensured that, at time of completion, the relevant contact details held within MyView are up to date.

Signed

Print Name

Date/...../.....

This information will be treated in the strictest confidence and will only be divulged in the event of an emergency.

Appendix 2: Checklist for managers of lone workers

Checklist for Managers of lone workers

- ☐ Are your staff trained in appropriate strategies for the prevention and management of violence?
- ☐ Have staff received conflict resolution or similar on de-escalation, dynamic risk assessment and personal safety training?
- ☐ Have staff been issued with all lone working policies and procedures?
- ☐ Have staff been given all the information about the risks of aggressive and violent behavior by patients/service users and the appropriate measures for controlling these risks?
- ☐ Have staff been issued with appropriate lone worker safety devices and the procedures for maintaining them?
- ☐ Have staff been trained to confidently use any lone working devices and to understand how the support systems behind it will support them?
- ☐ Do managers lead by example and use their own lone working devices?
- ☐ Do staff know how to report an incident, and to whom?
- ☐ Do staff know how important it is to report all incidents when they occur?
- ☐ Are new staff made aware of lone working policies? Do they know how to report incidents?
- ☐ Do staff understand the importance of proper planning before a visit, the need to be aware of the risks and do everything they can in advance to ensure their own safety?
- ☐ Do staff always leave an itinerary with you or their colleagues?
- ☐ Do staff keep in regular contact?
- ☐ Can staff carry out continual dynamic risk assessments during their visits?
- ☐ Are staff aware that they should never put themselves or colleagues in danger and that, if they feel threatened, they should withdraw immediately?
- ☐ Do staff appreciate the circumstances under which visits should be terminated?
- ☐ Do you assure staff that their personal safety is a priority and that they will be supported if they acted in good faith and withdraw from a situation where they felt in serious or imminent danger?
- ☐ Do they understand their responsibility for their own safety?
- ☐ Do you offer support such as debriefing, help contacting police and signposting to counselling?

Lone Working Policy

Please DO NOT Print
8 YMC risk & control

Append 3: Two-minute Lone Worker Violence, Abuse and Harassment Risk

Two Minute Risk Assessment of Violence Occurring During Home Visits

Location	Overall priority for action: Low/Medium/High/Very High/Restricted
Staff involved in assessment	Signature
	Date of assessment

Answer ALL questions by circling EITHER Y, N or Hazard eliminated/ Not Applicable

Consider local RISK MANAGEMENT ARRANGEMENTS TO REDUCE VIOLENCE	Y	N	Hazard eliminated/ Not Applicable?	Date eliminated
Do your work instructions highlight the risks of violence to you, and the safety precautions you are to follow?	1	5	0	
Has a lone worker risk assessment been carried out?	1	3	0	
Is another member of staff, who will be able to assist you if necessary aware of the visit?	1	10	0	
Consider the TASKS	Y	N	Hazard eliminated/ Not Applicable?	Date eliminated
Have you considered whether the task could cause anger/distress in the client (e.g. giving bad news)?	1	12	0	
Have you designed your work to ensure that minimum amounts of drugs/needles are used in public view?	1	15	0	
Have you designed your work to ensure minimum amounts of expensive looking equipment are used in public view?	1	15	0	
Have you got a personal hand portable radio with you?	1	10	0	
Have you got a torch and spare batteries for visits to areas with poor lighting (e.g., rural areas)?	1	6	0	
Do you have rescue arrangements should your vehicle break down and sufficient fuel for the full journey plus detours?	1	6	0	
Consider INFORMATION, INSTRUCTION AND TRAINING	Y	N	Hazard eliminated/ Not Applicable?	Date eliminated
Have you received training in Conflict Resolution within the last 3 years?	1	15	0	
Have you considered how you will call the Police if necessary?	1	15	0	
Have you got good quality information about your clients and their needs?	1	12	0	
Have you got read the clients records and check for any risk items?	1	12	0	
Are your clients aware of the tasks you are going to perform?	1	9	0	

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

Consider the COMMUNICATIONS	Y	N	Hazard eliminated/ Not Applicable?	Date eliminated
Are communications with base/supervision available to you at all times?	1	20	0	
For known violent clients, have coded distress/duress messages been established whereby you can call a colleague should you anticipate an incident happening, without the client knowing you have done so?	1	25	0	
Can a colleague then respond to a duress message in a similarly discreet manner to ascertain the level of risk and what assistance is needed?	1	25	0	
Consider the VISITS	Y	N	Hazard eliminated /Not Applicable?	Date eliminated
Do you know the clients being visited as non-threatening or have you had uneventful visits to them previously?	1	20	0	
If the places being visited have pets, do you know if they're friendly or if they will be secured from causing you harm?	1	9	0	
Do you feel comfortable about the visit?	1	9	0	

What is your highest circled scored?

Use the result and all available information to determine your action from the grid below:

Result and Risk	RAG	Action	Tick
1 – 5 Low		Ensure all information about the client is accurate. Keep unnecessary drugs/equipment locked in boot of car. Ensure a colleague knows about the visit. Continue with visit but be vigilant.	
6 – 10 Medium		All above plus: Identify an escape route for your return to the car. On entering house note your exit route and keep this available. Make sure assistance can be called and know how long that assistance will take to arrive.	
12 – 15 High		All above plus: Inform base of visit before commencing. Take all personal precautions available (e.g. personal alarm) into visit. Consider having a means available of communicating externally whilst in the visit. Consider need to be escorted during visit.	
16 – 20 Very High		All above plus: consider whether the visit is essential or not. Consider whether an alternative venue (e.g. Clinic) could be used for this task. Discuss in advance the plan for the visit, including expected time of arrival/time of departure, with team colleagues who can assist if necessary. Ensure an escort is present throughout the visit. Ensure external communications are available throughout the visit. Park car in a secure area wherever practicable and ensure it cannot be blocked in before returning to it.	
25 RESTRICTED		DO NOT UNDERTAKE THE VISIT ALONE. REPORT RISK ASSESSMENT RESULTS TO MANAGEMENT IMMEDIATELY AND SEEK ADVICE AS TO HOW TO PROCEED.	

Lone Working Policy

Please DO NOT PRINT or
SAVE this document

Rationale: where necessary, record the rationale behind your assessment and any comments you wish to note

Note that this checklist does is not a substitute for formal risk assessment or remove the requirement to complete the risk assessment and associated processes.

