



## Lone Worker Policy

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## Lone Worker Policy

The Trust will not tolerate unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

Names and roles of contributors, user engagement etc.	
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## Lone Worker Policy

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## Lone Worker Policy

### 1. Introduction

- 1.1 The purpose of this policy is to protect as far as possible, those within the Trust who are required to work alone in line with the Trust's Health and Safety Policy and any other relevant statutory provisions. The definition of staff and employees within this document includes both contractors and volunteers working on behalf of the Trust.
- 1.2 This policy updates and supersedes all previous related policies, SOGs or Ops instructions.
- 1.3 This policy should be read in conjunction with the Trusts Violence and aggression policy.

### 2. Policy Statement

- 2.1 This document outlines the Lone Worker Policy and Procedures for the East of England Ambulance Service NHS Trust (the Trust). The Trust recognises that it has a duty to ensure the safety of its employees, workers, volunteers and contractors when operating in lone worker roles.
- 2.2 The trust will ensure, so far as is reasonably practical, that staff and others who are required to work alone or unsupervised for significant periods of time are protected from risk to their health and safety. Measures will also be adopted to protect anyone affected by lone working.
- 2.3 Lone working exposes staff and others to certain hazards. The Trust will do everything possible to remove the risk from these hazards or, where elimination is not reasonably practical, to reduce the risk to the minimum possible.
- 2.4 The Health and Safety at Work Act 1974 (HASWA) and the Management of Health and Safety at Work Regulations 1999 (MHSWR) lays down duties on the employers to ensure (so far as reasonably practicable) the safety of their employees and others who may be affected by their undertaking. Complete avoidance of lone working is not possible to achieve within an organisation dealing with the care and transportation of patients.

### 3. Definition of Lone Workers

- 3.1 Lone working is not unique to any particular group of staff, working environment or time of day. The Trust defines a lone worker as:  
'Any situation or location in which both clinical or non-clinical staff work without a colleague nearby; or when someone is working out of sight and earshot of another colleague whilst engaged on Trust business.'
- 3.2 In addition to this there are some heightened risks associated with lone working, which include:
  - 3.2.1. Violence and personal safety – the nature of some work that staff carry out may increase the risk of physical and verbal abuse.
  - 3.2.2. Lifting and handling – attempting moving and handling tasks when alone may result in injury.
  - 3.2.3. Fire – isolated workers may have difficulty evacuating buildings when the alarms are activated.
  - 3.2.4. Undertaking work in isolated areas.
  - 3.2.5. Undertaking work within potentially known high-risk areas, including any flagged address as detailed by EOC.

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- 3.2.6. Visiting patients in their own home.
- 3.2.7. Coming into contact with people with known risk factors such as, violence and/or aggression, alcohol and mental health issues.
- 3.2.8 Carrying medication, equipment or valuables.
- 3.2.9. Travelling when solo between one location and another.

### **4. Scope**

- 4.1 This policy applies to all Trust employees as well as, workers, volunteers, and contractors. The policy covers all Trust property and premises and all locations in which Trust employees may be working in a lone worker role arising in connection with their duties (see below).
- 4.2 The Health and Safety Executive (1998) defines lone workers as “those who work by themselves without close or direct supervision”. However for the purpose of this policy, this can also be applied to all those who are working alone.
- 4.3 Where lone working is part of the employee`s role, the Trust will consider the appropriate level of training following generic risk assessments.
- 4.4 Roles within the Trust that currently meet this definition are as follows;
  - Some Primary Care Employees
  - Some Courier Transport Service employees
  - Some Passenger Transport employees
  - General Practitioners
  - Community First Responders
  - Solo Emergency Operations Employees (including for example; RRV's, CRU, ECP's, Single staffed DSAs)
  - Managers
  - Support services employees
  - Some domestic employees
  - Nurses
  - Some Home Workers
  - Volunteer Car Drivers
  - Private Contractors/Temporary Employees

(This is not an exhaustive list.)

### **5. Employer Roles and Responsibilities**

- 5.1 The CEO has overall responsibility for the implementation and review of this policy.
- 5.2 The Trust board will both individually and collectively ensure that the policy is implemented, reviewed and appropriate resources committed to ensure its effectiveness.
- 5.3 All Trust managers will support the CEO in ensuring the aims and objectives of the policy are proactively managed and supported.
- 5.4 The Trust will ensure that appropriate safe systems of work are developed and implemented. Clear arrangements for work allocation and communication should exist between the various control functions, such as Emergency Operation Centres (EOC), PTS day control, Primary Care Hubs (all hereafter referred to as “dispatch”) and

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employees, whether involved in an emergency, scheduled transport or primary care support services role.

- 5.5 Managers, HR employees and trade union representatives are responsible for providing advice and guidance to employees on the application of this policy and procedures. All adverse incidents relating to lone working, should be reported and investigated following the Trust's standard procedure for the reporting of untoward incidents and employees should also notify their line manager.
- 5.6 The Trust is responsible for ensuring that their employees are suitably trained in relation to lone working. The Trust will ensure that employees of contractors working on our behalf will have the appropriate policies and procedures in place for their lone workers.
- 5.7 The Trust are responsible for providing employees with the appropriate information, instruction, and familiarisation together with access to relevant mandatory training and/or professional updates. Managers must ensure that employees, for whom they have direct responsibility, have received and completed the required mandatory training. It is the responsibility of the "dispatch" to notify any member of staff if there are any known problems in the area(s) which are relevant to the patient they are visiting or their assigned work/incident.
- 5.8 It is the responsibility of the Trust, Managers and "dispatch" to ensure that lone workers are provided with appropriate equipment to enable them to effectively communicate. This ensures an effective means of communication to enable staff to notify the employer of where they are going and how long they are likely to be at that location.
- 5.9 Where there are identified aspects of best practice or techniques to reduce risks, these will be communicated to employees through the appropriate channels.

## **6. Employees**

- 6.1 The HASWA and the MHSWR lone working guidance requires employees "to take reasonable care of themselves and other people affected by their work activities and to cooperate with their employers in meeting their legal obligation".
- 6.2 All employees are encouraged to offer suggestions into ways in which to improve lone working conditions. All suggestions for improvements should be made in writing to their line manager in the first instance.
- 6.3 Employees are responsible for:
  - Reporting any lone working incidents or injuries using the appropriate incident reporting system and where applicable informing their line manager. This should include actual incidents, near misses, observed practice etc.
  - Attending any training as required.
  - Complying with all relevant Trust policies, procedures and guidance documents, in particular the Trust's Policy on Violence and Aggression and all appendices attached to this Policy.
  - Ensuring all of their equipment is functional and in good order, which includes personal communication and safety equipment.
- 6.4 Employees should be aware of their own behaviour and reactions and how these could contribute to either triggering or the prevention of violence. Employees should:

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- Treat all patients, the public and colleagues with courtesy, dignity and respect.
- Explain who they are, what they are doing and why these actions are necessary.
- Undertake their own dynamic risk assessment on approach to and during attendance at any patient/work/incident in accordance with their training.
- Consider their own safety first and if in doubt contact the relevant EOC/Control Centre/hub for further information, advice and assistance before proceeding.
- Respect an individual patient's right to refuse a particular treatment or advice.

6.5 Further guidance for specific areas to be considered related to lone working is shown in the appendices.

### **7. Risk Assessment**

7.1 Line managers are responsible for ensuring that risk assessments are undertaken for generic tasks and for specific activities that take place. It is not always possible to risk assess every circumstance which is why individual employees have a responsibility for this in relation to each individual task or assignment.

7.2 In all cases the Trust and members of the Trust will be supported in making dynamic risk assessments regarding emergency activations. Deployment decisions must take into account the presenting situation.

7.3 Risks are likely to be greater in certain circumstances as identified below; therefore EOC must carry out a dynamic risk assessment before considering the activation of a lone worker to:

7.3.1. Patients with mental health issues.

7.3.2. Individuals under the influence of alcohol or drugs.

7.3.3. Patients who are known to have a history of violence.

7.3.4. Individuals who are clearly angry and/or reluctant to receive treatment either on location or at hospital.

7.3.5. Patients with certain medical conditions such as diabetes or epilepsy.

7.3.6. A patient who has experienced a longer than normal (or reasonable) response time.

7.3.7. Poor signal reception areas, particularly rural areas, crowds at nightclubs or pubs or other locations with concealed spaces or restricted access.

7.3.8. Forced entry to premises in order to gain access to patient.

7.3.9. Public houses or licensed premises.

7.3.10. Incidents under pre-alert conditions when further information is not clarified before arrival.

7.3.11. Activation to an area where the lone worker has no local knowledge.

7.4 Lone workers have the absolute right to decline an instruction if it is considered unsafe.

7.5 When a lone worker requests assistance they will be supported immediately and as a priority.

7.6 Staff who find themselves working alone but are not normally employed to do so:

7.6.1 It is important to recognise that not all staff are comfortable working alone and therefore all steps must be made to ensure in such circumstances staff are supported accordingly.

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- 7.6.2 Where a member of staff finds they are working alone, for example, where a crew member commences duty to find they are solo crewed, they will immediately ensure that EOC (or line manager in the case of non operational staff) are aware.
- 7.6.3 A&E staff that do not normally work alone have the right to decline to do so. Discussions between the lone worker, the EOC and local management teams will always bring about a satisfactory conclusion. Where staff have declined to work alone they may either:
- Crew with another suitably skilled lone worker who is also solo.
  - Be crewed on an alternative vehicle where the crew on that vehicle are happy to be separated, and one member will operate as a lone worker.
  - Be crewed on an Ambulance with a Solo Responder. This will be undertaken with mutual agreement between all parties.
  - Undertake 3rd manning with another crew at the discretion of the Senior Manager or Duty Manager on call for each locality.
- 7.7 It is accepted that public perception where an emergency ambulance vehicle arrives at the scene of an incident could be that the responder should be able to convey the patient. Where a crew member finds themselves single crewed and are happy to operate as a lone worker but not utilising an Emergency Ambulance Vehicle EOC / Operational Managers will identify a response car for the member of staff to use.
- 8. Policy Review**
- 8.1 This policy will be reviewed every three years or amended in the light of new employment legislation and/or relevant case law.



**Appendix A: Guidance for all Lone Workers (including Non Operational employees)**

Wherever possible workers should consider the following generic guidance if they find themselves working alone at any point during their working time:

- Advise someone (i.e. work colleague/manager) of your whereabouts and the likely time you will be finished at that location;
- Ensure your diary is up-to-date (or logged on to the relevant Trust system);
- Ensure the location that you are working in is secure and safe;
- Where provided, logging in/out facilities must be used;
- Ensure you are familiar with the emergency exits at the premises;
- Where provided, communication equipment must be carried at all times and switched on and active;
- Identity cards must be carried and produced when requested;
- Wherever possible/practicable localised systems for welfare checks should be put in place; e.g. working alone on Trust premises