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Main points the document covers	This policy set out to protect the health, safety, and wellbeing of employees who work alone. It sets out the responsibilities, procedures, and control measures required to manage and reduce the risks associated with lone working. The policy aligns with health and safety legislation and best practice guidance.
Who is the document aimed at?	This policy applies to all staff who may work alone during their duties, whether on-site or off-site. It is also directed at managers and line managers responsible for overseeing lone workers.
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## 1 Policy Statement

Shropshire Community Health NHS Trust (hereafter the Trust)) is committed to maintaining a safe and healthy working environment for all staff.

Due to the community-based nature of the Trust services, staff may frequently work alone in diverse settings including patients' homes, outreach locations, and both NHS and non-NHS premises.

Lone working presents specific risks, particularly in situations where staff do not have immediate access to colleagues or supervisory support. The Trust acknowledges its legal and moral duty to identify and reduce risks as far as is reasonably practicable.

This policy outlines the Trust's approach to managing the safety, health, and welfare of lone workers by setting out clear procedures, responsibilities, and preventative measures.

## 2 Purpose

The purpose of this policy is to ensure that there are effective systems in place to protect the health, safety, and wellbeing of lone workers—staff who are required to work alone, whether on-site or in the community, without direct or close supervision.

Specifically, the policy aims to:

- Identify staff and situations where lone working occurs.
- Eliminate or reduce risks associated with lone working, as far as is reasonably practicable.
- Ensure that lone working is assessed in a structured and ongoing way through appropriate risk assessments.
- Provide staff with training, tools, and support to enhance their safety and security.
- Promote a culture of safety awareness and shared responsibility.
- Encourage reporting and learning from lone working incidents to inform continuous improvement.
- Comply with legislative requirements related to health and safety at work.

## 3 Scope

This policy applies to:

- All staff of Shropshire Community Health NHS Trust, including permanent, temporary, agency, and bank staff.
- Volunteers, contractors, and visiting professionals undertaking work on behalf of the Trust.
- All locations where Trust duties are performed, including NHS premises, non-NHS premises, patients' homes, and any other community setting.
- All situations where staff may be working alone or out of immediate contact with colleagues.

This policy also aligns with best practices and legal standards and applies equally to home workers and those working in isolated areas of Trust premises.

Key principles underpinning this policy include:

- All staff must feel safe, supported, and confident to perform their duties without fear.
- Lone workers must receive appropriate risk management, supervision, and training.

- A proactive approach must be taken to preventing incidents, supported by effective reporting and continuous learning.
- Responsibility for safety and security is shared across the Trust, with all staff encouraged to contribute.

## 4 Applicability

Policies can be found in the Trust's Document Library on the Public Website and the Staff Zone SCHAT Staff Zone . This policy applies to all staff including temporary and agency staff, contractors, volunteers, students and those on work experience. This document should be read in conjunction with other policies, such as:

- Health and Safety Policy
- Risk Management Policy and Strategy`

## 5 Responsibilities

Effective lone worker safety relies on a shared responsibility across all levels of the organisation. Everyone has a role to play in ensuring safe systems of work are in place and adhered to.

### 5.1 The Trust

Shropshire Community Health NHS Trust (the Trust) is committed to safeguarding the health, safety and welfare of all its employees, including those who may be required to work alone. The Trust will ensure, so far as is reasonably practicable, that:

- Policies and procedures for lone working are in place, monitored and regularly reviewed.
- There are sufficient resources to implement and maintain safe systems of work for lone workers.
- Risk assessments are carried out to identify, eliminate, or control risks associated with lone working.
- A culture of safety, accountability, and continuous learning is promoted at all levels.

### 5.2 Directors and Senior Managers

Senior Managers and Executive Directors are responsible for ensuring that lone working risks are effectively managed within their areas of responsibility. This includes:

- Ensuring all areas under their control undertake reviews to identify lone working activities.
- Making sure lone working is avoided where reasonably practicable and justified where it is necessary.
- Embedding lone worker procedures into operational practices, risk management, and incident reporting systems.
- Ensuring that appropriate training, support mechanisms, and safety equipment are in place.
- Ensuring that staff are competent in their roles and familiar with emergency procedures.
- Auditing and reviewing lone working arrangements at regular intervals, including the use of lone worker checklists.

### 5.3 Department and Line Managers

Department manager and Line managers play a vital role in implementing safe lone working practices at team level. Their responsibilities include:

- Conducting and reviewing suitable and sufficient risk assessments in consultation with staff.
- Developing and maintaining accurate records of lone workers, their roles, and their working locations.
- Establishing team-based arrangements such as:
  - Logging staff whereabouts.
  - End-of-day check-in systems.
  - Emergency contact codes and escalation procedures.
- Developing and implementing Safe system of work in collaboration with lone worker
- Ensuring lone workers are aware of local guidance for out-of-hours visits.
- Providing staff with appropriate lone working safety equipment (e.g., alarm devices) and ensuring its correct use. (where available only)
- Acting promptly when incidents or concerns are raised, including reporting and investigating incidents in accordance with the Trust policy.
- Ensuring post-incident support is provided, including access to counselling, debriefs, and physical or psychological assessments.
- Reviewing the adequacy of control measures and lessons learned after any incident.

### 5.4 All Staff

All Staff, including volunteers, contractors and temporary staff, have a responsibility to take reasonable care of themselves and others and to comply with the Trust's policies. Their responsibilities include:

- Ensuring that alternatives to lone working have been considered
- Cooperating with the Trust's policies and procedures.
- Inform his or her line manager if they have a health condition, are taking medication or have a disability that may increase risk from lone working.
- Ensuring that risk assessment has been carried out, understand and follow the findings of lone working risk assessments.
- Using any issued safety equipment, including personal alarms or communication devices. (where available)
- Reporting their location and work schedule to the designated contact or line manager
- Completing lone worker information sheets and complying with local check-in arrangements.
- Following Safe system of work, emergency procedures and staying within agreed boundaries of work.
- Promptly reporting any incidents, concerns, or near misses using the Datix system and to their line manager.

## 6 Managing the Risks

Managers must ensure that lone working risks are assessed and controlled where reasonably practicable. Lone Working risk assessments must include:

- The hazards
- How they may harm staff

- What is being done to control the risks.

Managers must ensure that:

- Staff are involved when considering potential risks and measures to control them.
- Staff are competent to deal with the lone working activities required as part of their role.
- Steps are taking to ensure risks are removed where possible, or putting in place control measures, for example by carefully selecting work equipment to ensure the worker can perform what is required safely.
- Instruction, training and supervision are provided to all staff lone working.
- Managers must review risk assessments periodically and updating them after any significant changes, such as new staff, processes or equipment, incident or near miss and new risks for lone worker.
- A monitoring system is used when staff are lone working, or staff have the necessary technology means to contact a supervisor or colleague using a phone, radio, email etc, in the event of a medical emergency.

The completion of the lone working risk assessment will help to determine whether, based on the level of activity, whether supervision is required for the lone working task.

High risk activities where at least one other person may need to be present are:

- Working in confined spaces.
- Near exposed live electricity conductors.
- Driving operations where the vehicle may carry fumigation or flammable substances.
- Working in areas or departments late evening or early morning with fewer workers around.
- Working with patients who are high risk of violence.

## 6.1 Risk Assessment

Health and safety legislation does not prohibit lone working. However, it does stress that, where lone worker activities are carried out, risk assessments must be undertaken. Assessments must be completed according to the Trust Risk Assessment Policy.

All managers should identify the lone workers in their teams. A risk assessment should be made of the lone worker activities staff are engaged in and this should include the risks presented by the varied working environments. The risk assessment should include impact factors such as:

- Does the workplace present a special risk to the lone worker?
- Is there a safe way in and a way out for one person? Can any temporary access equipment which is necessary, such as portable ladders or trestles, be safely handled by one person?
- Can all the plant, substances and goods involved in the work be safely handled by one person? Consider whether the work involves lifting objects too large for one person or whether more than one person is needed to operate essential controls for the safe running of equipment.
- Is there a risk of violence?
- Is the person medically fit and suitable to work alone?
- What happens if the person becomes ill, has an accident or there is an emergency?

- Whether the work can be conducted safely by a lone worker.
- What arrangements are required to ensure that, as far as is reasonably practicable, lone workers face no greater risks than employees working in teams.

A robust and proactive risk assessment is the cornerstone of safe lone working practices. Line manager must identify individuals potentially at risk, make aware of the risk assessment outcomes, and take necessary control measures. (See Appendix A for further risk assessment information)

## **6.2 Safe System of Work (Local Arrangements)**

Every team that has identified risks related to lone working must demonstrate that they have arrangements in place to manage those risks. In coordination and collaboration with lone workers, line manager must develop and implement a safe system/local arrangement of work for lone working, which involves putting in place a clear, practical procedures that ensure employees can carry out their duties safely when working alone. This includes identifying hazards, assessing risks, and applying appropriate control measures such as check-in/check-out protocols, the use of communication or monitoring devices, pre-visit risk assessments, and emergency response plans.

Where safe system/local arrangement of work are agreed they must be reviewed at least annually as part of the risk assessment or sooner by line manager. Lone worker have a personal responsibility for their safety but line managers must create the systems and conditions in which individuals are able to work safely and this must be evidenced.

Lone workers are required to follow safe system/local arrangement of work for lone workers in their day-to-day work. The system should be tailored to the specific tasks and environments involved, regularly reviewed, and supported by adequate training and supervision.

Line Manager must ensure that the lone workers are never exposed to unacceptable levels of risk and are fully informed about what to do in potentially dangerous situations. Line managers are responsible for developing and implementing a safe system of work in collaboration with the lone worker or relevant staff, ensuring it reflects the nature of their duties, individual capabilities, and the level of risk involved. Best practice for lone working is outlined in Appendix B

## **6.3 Things to Consider Before Working Alone**

Staff must consider the following prior to undertaking any lone working task:

- Have you received up-to-date training in personal safety, conflict resolution, and the prevention and management of violence?
- Are you familiar with the Trust's Lone Working Policy and local procedures?
- Have you been informed of any specific risks related to service users (e.g. history of aggression or Patient records)?
- Do you have access to and know how to use your lone worker alarm device or any other safety equipment, if applicable?
- Do you know how to report incidents, near misses, or concerns?
- Have you planned your visit carefully and reviewed any known risks?
- Have you left a clear and up-to-date itinerary with your manager or nominated contact?
- Will you remain in regular contact with your base or buddy during your work?

- Are you prepared to carry out a dynamic risk assessment when you arrive at a location?
- Do you understand your right and responsibility to withdraw from any situation where you feel unsafe?
- Do you know the procedure for terminating a visit if your safety is compromised?
- Do you understand your responsibilities, and those of your manager, in ensuring safe lone working?

If any concerns arise about personal safety or the suitability of working alone, staff must inform their line manager immediately.

## 6.4 Incident Reporting

Staff must report as soon as possible all incidents of assaults, unsafe environments as well as 'near misses' that could have resulted in a serious incident. Reporting of incident will ensure more can become known about the nature, scale and extent of issues affecting lone workers. Furthermore, it will help to identify and understand trends or situations which can then be managed to eliminate or reduce the potential for harm.

Trust incident reporting system must be used as soon as practically possible to report all the incidents. In addition, the Trust is required to report certain events to the Health and Safety Executive (HSE) under the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR).

## 7 Data Protection and Confidentiality

Patients, service users and staff will be informed about how information is processed i.e. collection, recording, organisation, storage, adaptation, retrieval, consultation, use, disclosure, and erasure. Through [Privacy notices](#) that will be published on the public website and updated regularly.

Confidentiality will be maintained and applied in accordance with national and local policies and legislation. The Trust will comply with the [Department of Health \(DH\) 2003 publication Confidentiality: NHS Code of Practice](#)

Trust staff are aware of the data protection principles and will process information in a lawful way and in accordance with the legislation. Further information can be found on the Information Commissioner's Office website [A guide to the data protection principles | ICO](#)

All information will be protected and held securely using technical and organisational measures that comply with the data protection legislation.

Records will be held in accordance with the NHS Records Management Code of Practice. Staff will complete mandatory data protection training and security training.

## 8 Training, Learning and Awareness

Training and instruction are essential for all staff who work alone and for those who manage or supervise lone workers. Line managers are responsible for identifying, developing, implementing, and monitoring appropriate lone working training based on risk assessments, ensuring that all statutory obligations are met.

All mandatory training will be monitored and managed by the line manager through the Electronic Staff Record (ESR). Mandatory training reports will be received through the committee reporting structure for monitoring and performance purposes.

Staff must receive relevant training, including conflict resolution, managing violence and aggression, personal safety, use of lone worker devices, and, where appropriate, breakaway and risk assessment training. Managers must also ensure staff possess the necessary skills and competencies to work alone safely and agree on suitable supervision methods based on individual capability and risk level.

Lone working issues should be regularly discussed in team briefings, with open information sharing encouraged to establish clear lines of communication where risks are identified. All lone workers must follow agreed procedures and be provided with sufficient information to understand the risks, the required precautions, and what to do in an emergency by the line managers.

## 9 Communication, Implementation and Dissemination

Those with key responsibilities set out in this document will be responsible for ensuring that this policy is implemented and adhered to.

The policy will be disseminated across the Trust through a variety of mechanisms, including website, staff zone (intranet), meeting agendas, newsletters and briefings.

Awareness and communication tools will be used to ensure that staff, patients, services users and others are aware of this document through the Trust's newsletter, email, operational and team meeting agendas team/department meeting agendas, patient and carer forums.

## 10 Review and maintenance

This policy will be reviewed in accordance with the Trust's [Policy Review and Ratification Framework](#)

This Policy will be reviewed every three years or in response to significant changes due to variations of law and/or changes to organisational or technical infrastructure.

Revisions can be made ahead of the review date when the procedures section requires updating. Where the revisions are significant and the overall policy is changed, the author must ensure the revised document is taken through the standard consultation, approval and dissemination processes

## 11 Monitoring Compliance

Non-compliance risks and issues will be handled through the risk management process. The effectiveness of the policy will be monitored by the Health and Safety Working Group.

## 12 Appendices

### Appendix A- Risk Assessment

#### **Step 1 – Identifying and Analysing the Risk**

A proactive and planned approach should be adopted to integrate hazard identification into everyday operations, making it a normal part of managing, supervising, and carrying out work. The assessment must examine potential hazards under the following categories:

**Workplace Hazards:** Consideration should be given to the work environment itself. Risks may arise from remote areas, laboratories, workshops, confined spaces, and locations with limited access or poor transport/parking facilities.

**Process Hazards:** Hazards linked to the actual work being performed include electrical maintenance, handling hazardous substances, confined space entry, community-based work, and client interactions, especially with individuals known to exhibit violent or aggressive behaviour.

**Equipment Hazards:** Risks may emerge from the use of specific tools and equipment, especially where manual handling is required or where operation of emergency or essential controls could be compromised due to working alone.

**Individual Hazards:** Risk factors may be elevated due to an individual's medical condition, disability, gender, pregnancy, age, or level of experience. Access to rest, hygiene, refreshment, welfare, and first aid facilities should also be considered.

**Work Patterns:** The timing and geographic distribution of lone worker shifts should be reviewed in relation to others' schedules to assess isolation risk.

#### **Step 2 – Assessing the Risk**

Once hazards are identified, it is crucial to determine who might be affected. This includes the lone worker themselves, patients, students, contractors, maintenance staff, domestic workers, and even members of the public.

Several factors influence the severity and likelihood of risk:

- Personal characteristics such as age, gender, health, and experience.
- Staff categories, including agency workers, trainees, and bank staff.
- Training, knowledge, and attitude of individuals.
- Workplace dynamics involving co-workers, visitors, patients, and contractors.

Risk assessment should also evaluate the sufficiency and implementation of policies and procedures. Questions to ask include:

- Are documented procedures and good practice guidelines in place?
- Are they relevant, updated, and actually followed?
- Are staff adequately trained and aware of the systems in place?
- Are record-keeping, consent procedures, and standards of care clearly defined?

Further, employers must evaluate whether staff have been:

- Trained in violence and aggression management.

- Briefed about the environments in which they work.
- Provided information about clients or service users, including risks from other agencies.
- Instructed on previewing cases and preparing itineraries.
- Equipped with ways to remain in contact (even outside working hours).
- Aware of procedures for accompanied visits, emergency contacts, and safety equipment.

Staff must also understand:

- The process and importance of incident reporting.
- Their rights and confidence to end interactions when necessary.
- Techniques for defusing violent or aggressive situations.
- Their personal responsibility for safety.
- The support structures available to them through the organization.

### **Step 3 – Preventing, Eliminating, Reducing, or Controlling the Risk**

After risks are identified and analysed, efforts should focus on eliminating or reducing them. A combination of methods may be used:

Supervision may involve periodic telephone check-ins, site visits, automatic warning systems (e.g., motion sensors), manual alarms, and shift-end contact protocols (e.g., key returns).

Emergency Preparedness includes clear procedures on what to do in case of a crisis. Training should be matched to the job's nature and the worker's experience. It should equip workers to handle both routine and exceptional circumstances.

Equipment Provision may include mobile phones, lone worker devices, or personal alarms. Site surveys can also help assess the physical safety of lone working areas.

Close working relationships with external agencies such as the police, ambulance, mental health services, and social services are essential. Information-sharing can help identify and prevent staff exposure to unnecessary risk. Agreements should exist on the management of high-risk scenarios, such as patient detentions under the Mental Health Act.

Additional safeguards may include:

- Scheduling appointments at clinics rather than in clients' homes.
- Noting potential risks on client files.
- Implementing traceability systems for field workers via phone check-ins or buddy systems.
- Maintaining a list of high-risk call-outs that staff should not attend without support.

Environmental improvements such as better lighting, CCTV, and access control can also enhance safety.

Personal Safety Measures include wearing minimal jewellery, being mindful of what belongings are carried, and ensuring vehicles are parked in safe, well-lit areas.

Where applicable, Use of Technology such as GPS and mobile phones should ideally be linked to a central monitoring or response centre. All equipment use must be supported by appropriate training.

### **Step 4 – Recording the Risk Assessment**

A complete risk assessment must be recorded and include:

- Identified hazards.
- Staff groups affected.
- Preventive measures in place.
- Evaluation of residual risks.
- Any additional measures required.

The assessment should be:

- Kept on-site and accessible to staff.
- Reviewed regularly and upon significant change.
- Signed and dated upon completion and every update.
- Retained for inspection by internal or external authorities.

The output should also include a prioritised action plan. Prioritisation is influenced by:

- Risk severity.
- Legal or policy requirements.
- Financial implications.
- Likelihood of injury or ill health.
- Potential reputational damage.
- Service delivery impacts.

Training needs must also be evaluated and documented, with training records maintained.

### **Step 5 – Monitoring and Review**

Continual monitoring ensures the control measures are effective. This includes:

- Observations by line managers.
- Systematic examination of tasks and behaviours.
- Routine inspections and audits of the working environment and practices.
- Monitoring of policy compliance and training uptake.
- Reviewing incident logs and near-miss statistics.

Risk assessments must be reviewed when:

- Equipment, materials, or procedures change.
- New legislation is introduced.
- Staff raise safety concerns.
- An incident occurs.

Improvements identified through monitoring must be communicated to staff, ensuring a cycle of continuous improvement in lone worker safety.

### General Risk Assessment

Hazard	Risk/ Person at Risk	Possible Control Measures
Physical assault (e.g., home visits)	Lone work/ Staff	Pre-visit risk assessments; conflict training; check-in system; mobile phone, Consider lone worker device with GPS; buddy for high-risk visits
Medical emergency (e.g., lone collapse)		Mobile phone access; check-in procedures, Emergency alert device; periodic welfare checks
Road accident while travelling alone		Valid driving license; vehicle maintenance; mobile phone, Track route logs; safe driving training
Stress or isolation		Regular supervision; mental health support, Introduce peer support
Slip/trip/fall (e.g., site visits)		Appropriate footwear; environmental awareness, Reinforce hazard spotting in training
Poor communication / No signal		Use known safe locations; mobile checks, Satellite phone or lone worker app

### Lone Working Risk Assessment

Employee Name
Role
Where lone working will take place and nature of the task
Describe the remoteness of the workplace/working area
What means of communication will be/ will be used when working alone?
How will be the lone worker be supervised?
Is any equipment, materials etc being used? If used can it be handled safely by one person? Describe all.

Is the individual medically fit and suitable to work alone.					
List emergency procedure and hoe the lone worker will obtain help in an emergency.					
Step in Task	What are the Hazards?	Who might be harmed and how?	What are you already doing to control the risks?	Current Risk assessment score / level	What further action do you need to take to control the risks?

Risk = Likelihood of Occurrence x Severity of Consequences

Risk levels have been assessed as either Low / Moderate / High / Significant as per the RAG rating table below:

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low Risk
	4 - 6	Moderate Risk
	8 - 12	Significant Risk
	15 -25	High Risk

## Appendix B- Best Practice for Lone Working

All lone workers, including community nurses and Trust staff, must be equipped to protect their personal safety while delivering care or services without direct supervision. Lone working is not inherently unsafe, but it presents specific risks that must be identified and managed.

## Community Settings

Community nurses often visit patients in their own homes, sometimes in unfamiliar or unpredictable environments. Lone working in the community presents a specific set of risks that must be carefully managed through preparation, ongoing assessment, and robust communication.

### ➤ Before the Visit

#### • Risk Assessment and planning

Before undertaking any patient visit, especially the first-time visit, the staff and line manager must carry out a full lone working risk assessment. This includes:

- Patient history and any known alerts (from system or clinical records).
- Risk of violence or aggression (including household members).
- Presence of animals or substance misuse.
- Mobile signal availability at the location.

If the visit is assessed as high risk, for instance if there is a known history of violence or substance misuse, the visit should either be:

- Rearranged to take place in a neutral or controlled environment (e.g., GP surgery or clinic). or
- Develop and agree on local procedure or safe system of work in place before visits.

#### • Preparing for the Day

- Maintain an up-to-date diary or electronic log (accessible by colleagues), clearly outlining:
  - Locations to be visited.
  - Expected arrival and departure times.
  - Contact details and patient addresses.
  - Details of the vehicle being used (make, model, registration).
- Inform a designated line manager of your movements and agree upon check-in/check-out times.
- Ensure emergency contact numbers are saved on your mobile device and provided to your line manager.
- Carry a fully charged mobile phone and Lone Worker Device (if available or applicable).
- If working out of mobile signal range, ensure an alternative communication plan is in place (e.g. pre-agreed check-in times or emergency call backup plan).

For Vehicle and Equipment Preparation:

- Check the vehicle's fuel, lights, brakes, and tyres.
- Park in well-lit, open areas and always in the direction of exit.
- Carry only essential items; keep bags and equipment out of sight to reduce theft risk.
- Keep emergency items such as a torch, water and high-visibility jacket etc.

### ➤ During the Visit

- **On Arrival at the Property**
  - Assess the area and the property exterior for signs of risk.
  - Park so you can leave quickly if necessary.
  - Log your arrival using the Lone Worker Device (if available or applicable) or A Local arrangement .
- **Entering the Home**
  - Conduct a “10-second dynamic risk assessment” at the door. Look for:
    - Aggressive individuals.
    - Loud arguments.
    - Animals that may not be controlled.
    - Indications of drug/alcohol use.
  - If anything seems unsafe, **do not enter**. Instead, make a polite excuse and leave.
    - If you enter:
      - Ensure pets are secured in safe place.
      - Politely request that the key be left in the door to ensure you can exit easily.
      - Follow the patient into rooms rather than leading.
      - Avoid sitting in areas where escape is difficult or where you could be trapped.
      - Be aware of any potential weapons or heavy objects in the room.
- **Interacting with the Patient**
  - Maintain a calm and professional tone.
  - Use de-escalation technique if you detect early signs of agitation.
  - Avoid sharing personal details and information such as your home address or shift details.
  - Keep your phone and car keys with you at all times.
- **If You Feel Unsafe**
  - Make a polite excuse to leave the home immediately.
  - If you cannot leave:
    - Move to a room with a lock
    - Call 999 or activate your Lone Worker Device’s (if available or applicable) alert function.
    - Use the silent call protocol (press 55 during a 999 call if unable to speak).
  - Use covert code phrases agreed with your team. Which signals that you require urgent assistance without alerting the patient.

➤ **After the Visit**

- Check in with team or line manager.
- Report any safety concerns or unusual behaviour.
- Update the risk assessment if new risks were identified.
- Log any incidents or near misses on the Trust’s incident reporting system (e.g. Datix).

- Debrief with your manager or Safety Manager if the visit was stressful or challenging.

## **Trust Premises**

Lone working within Trust-owned premises, such as during after-hours duties in offices, clinics, or consulting rooms, also carries unique risks. Even in familiar environments, it is essential that protocols are followed to ensure the safety of staff.

### ➤ **Preparing for Lone Work**

#### **Managerial Agreement and Risk Assessment**

- Lone working within the Trust, especially outside normal hours, must be approved by your line manager.
- A Working Alone in Buildings Risk Assessment must be completed and updated regularly.
- The assessment must identify:
  - Exit routes and safety zones.
  - Potential hazards such as open access points, poorly lit areas, or limited communication facilities.

#### **Informing Others**

- Use a buddy system: Nominate a colleague who is aware that you are working alone.
- Share your expected finish time and contact details.
- If working late, arrange for your buddy or line manager to check in if they do not hear from you at the agreed time.
- Details can be noted on a whiteboard or logbook, provided they are kept secure and inaccessible to the public.

### ➤ **While Working Alone**

#### **Securing the Environment**

- Ensure all external doors and windows are locked.
- Activate swipe card access or digital locks to restrict entry to the area.
- Do not allow strangers into the building.
- Avoid disclosing to callers or visitors that you are alone.

#### **Maintaining Contact**

- Keep your mobile phone or Lone Worker Device with you at all times.
- If moving around the building (e.g., to use the toilet or access another department), inform your team or line manager.
- Ensure your phone is charged and able to send/receive calls or alerts.

#### **Creating a Safe Environment**

- Ensure that you are positioned with easy access to an exit route.
- Avoid sitting in confined or isolated corners of offices or rooms.
- Lock away personal valuables, files, and equipment when not in use.
- If a panic alarm or duress button is installed, ensure you know how and when to use it.

### ➤ **Responding to Risk or Incidents**

#### **If You Feel Unsafe**

- Move immediately to a pre-agreed “safe place”, such as a locked office with a telephone.
- Call your buddy or line manager using a discreet emergency code.

#### **If an Emergency Occurs**

- Dial 999 from your phone or if available, use the Alert feature on your Lone Worker Device.
- If working in a shared building with reception, contact them to raise the alarm and coordinate emergency response.
- Follow fire evacuation procedures if required.

#### ➤ **Completing Your Shift**

- **Once your work is complete:**
  - Contact your buddy or line manager to confirm you are leaving the premises.
  - Log off systems, turn off appliances and secure all confidential materials.
  - Ensure all doors are locked behind you as per local procedures.
- **If your buddy or line manager does not receive your “book out” confirmation:**
  - They must escalate immediately to the on-call manager or security team.
  - Use the agreed escalation plan to initiate a response, including contacting emergency services if necessary.

#### **Further Readings**

- [Improving the personal safety of lone workers – NHS Staff Council HSWG Guide](#)
- [Protecting lone workers: HSE Guidance 03/20 INDG73 \(rev4\)](#)
- [Lone Workers Overview – HSE Guide for Employers](#)
- [“You Are Not Alone” – A UNISON guide to lone working in the health service](#)
- [Working Alone – UNISON Health & Safety guide for Safety Representatives](#)
- [Violence Prevention and Reduction Standard – NHS England](#)
- [Royal College of Nursing: Keeping Safe When Working Alone](#)

## Appendix C- Quality Equality Impact Assessment

### Quality and Equality Impact Assessment (QEIA) Screening Checklist

Use the checklist below to establish if there are any negative characteristics that need to be addressed and a full QEIA completed.

<b>QUALITY AND EQUALITY IMPACT ASSESSMENT (SCREENING)</b>
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What impact will this policy have on the following groups in terms of impact on service,			
Protected Characteristic	Positive/ Negative	None (why)	Actions to be mitigated
Age	positive		
Disability	positive		
Gender Reassignment	positive		
Marriage and Civil Partnership	positive		
Pregnancy and Maternity	positive		
Race	positive		
Religion or Belief (or No Belief)	positive		
Sex	positive		
Sexual orientation	positive		
<b>EIA Approval</b>	<b>Role</b>	<b>Name</b>	<b>Date</b>
	Policy Owner		
	Policy Author		

If you have a negative response, please complete a full Quality and Equality Impact Assessment (QEIA) as set out in the Trust policy here: [Quality and Equalities Impact Assessment Process](#). Further national guidance here: [Public sector equality duty - GOV.UK \(www.gov.uk\)](#) Equality Impact Assessment - [GOV.UK \(www.gov.uk\)](#)

### Version control

Version	Date	Author	Changes Made	Remarks
V1.0	17/09/2025	Health and Safety Officer	New	