



London Ambulance Service **NHS**
NHS Trust

Lone Worker Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: This policy details the processes by which the London Ambulance Service will effectively manage lone working across its activities

Sponsor Department: Health, Safety and Security

Author/Reviewer: Local Security Management Specialist. To be reviewed by July 2019.

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25/08/11	1.9	Local Security Management Specialist (LSMS)	Minor –review and update original policy
09/11/09	1.8	Snr. Health & Safety Advisor	Added scope
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***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Health and Safety at Work Act 1974	
	Management of Health and Safety Regulations 1999	
TP/077	Security Management Policy	
HS/001	LAS Health and Safety Organisation Policy Statement	
HS/011	Incident Reporting Procedure	
HS/012a	Violence Avoidance and Reduction Procedure	
HS/012b	Post Violence Support Procedure	
OP/010	High Risk Address Register Procedure	
	Stab Vest - Wearer Policy	
	Medical Priority Dispatch System (MPDS) Course	
HS/013	First Aid at Work Policy	
OP/074	The Procedure for Solo Responding	
HS/005	Manual Handling Policy	

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1. Introduction

- 1.1** The aim of the Lone Worker Policy is to raise awareness of lone working issues and to provide practical guidance for London Ambulance Service NHS Trust (LAS) employees on the risks associated with lone working, and the provisions that can be put in place to minimise these risks.
- 1.2** The London Ambulance Service NHS Trust (LAS) has a duty of care and is committed to ensuring (as far as is reasonably practicable), the health, safety and welfare of all employees and others who may be affected by the activities of the Trust.
- 1.3** The Trust recognises that some staff will be required to work by themselves for significant periods of time without close or direct supervision in the community, in isolated work areas and at any time of the day or night. Working alone can bring risks to the work activity and the dangers of lone working cannot always be foreseen or avoided.
- 1.4** There are many different situations where staff are required to work alone and it is impractical to address each situation individually. By following the guidance and keeping open channels of communication, management and supervisors can ensure that staff who work alone are subjected to no greater risk than they would be if they were surrounded by their colleagues.
- 1.5** The Health and Safety at Work Act 1974, Section 2(1), places a duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees at work.
- 1.6** Under the requirements of the Management of Health and Safety at Work Regulations 1999, the LAS is required to identify hazards associated with the workplace, assess the risks involved, develop and implement safe systems of work to ensure that any risks are either eliminated or minimised to the lowest level reasonably practicable.
- 1.7** Employees also have responsibilities under Sections 7 and 8 of the Health and Safety at Work Act 1974 to:
- Take reasonable care for their own health and safety and that of anyone else who might be affected by the work activity;
 - Co-operate with their employer to enable them to comply with their statutory duties;
 - Not misuse or interfere with anything provided by their employer in pursuant of their statutory duties.
- 1.9** Lone working issues may cause particular problems for pregnant workers, young persons, those with medical needs or a disability and will require assessing in accordance with the Management of Health and Safety at Work Regulations 1999.

2. Scope

- 2.1 This Policy applies to all LAS employees, who ‘in the process of carrying out their duties on behalf of the Trust, may find themselves working alone or in an area isolated from colleagues’.
- 2.2 This policy does not cover staff who may work from home at any time. The Trust recognises however, that there are occasions when employees may work from home on an ad hoc / interim basis in agreement with their own line manager. It is recommended that when such short-term arrangements are made, line managers and staff should discuss and where required, record any relevant requirements or concerns, and put in place appropriate measures for mitigating risks to staff.

3. Objectives

- 3.1 This Policy aims to:
- 3.2 Support the London Ambulance Service in carrying out its duty of care in ensuring (as far as is reasonably practicable), the health, safety and welfare of all employees who undertake lone working;
- 3.3 Help identify hazards associated with lone working in the workplace, assess the risks involved, develop and implement safe systems of work to help ensure that any risks are managed and either eliminated or minimised to the lowest level reasonably practicable.

4. Responsibilities

- 4.1 Working alone is not in itself against the law and it will often be safe to do so. However, the law requires the Trust to consider carefully, and then deal with, any health and safety risks for employees working alone.
- 4.2 **Trust Board:**
Has the corporate responsibility for the Trust’s system of internal control and for robust risk management. The Trust Board is responsible for:
- Setting the strategic direction and corporate objectives for the Trust.
 - Ensuring that the Trust has adequate and sufficient arrangements in place to safeguard the health, safety and welfare of all employees.
- 4.3 **The Executive Leadership Team:**
The Executive Leadership Team (ELT) is responsible for the development, authorisation and management of this policy. The ELT will ensure that safe systems of work are in place and promote risk control measures and staff training.

4.4 Chief Executive:

The Chief Executive is ultimately accountable for Health and Safety Management within the LAS and implementation of this policy. This responsibility has been delegated to the Chief Quality Officer as the Trust Director responsible for Health and Safety.

4.5 Chief Quality Officer:

The Chief Quality Officer has delegated responsibility for Health & Safety and will act on behalf of the Chief Executive in overseeing the implementation of the policy across the Trust.

4.6 Head of Health & Safety:

The Head of Health & Safety is responsible for ensuring the Trust has adequate arrangements in place to ensure the health, safety and welfare of employees. The Head of Health & Safety will be responsible for:

- Advising and guiding the Senior Management Team on health and safety matters, seeking further advice and guidance from Health and Safety Consultants when required.
- Monitoring the quality of risk assessments in relation to lone working.
- Formulating reports to the Health and Safety Committee and Trust Board on matters relating to lone working.
- Ensuring that the Trust is able to minimise lone working risks (as far as is reasonably practicable).

4.7 Health & Safety Department

The Health and Safety Department will be responsible for:

- Ensuring that the risk of working alone is assessed in a systematic and ongoing manner, and that safe systems of work are put in place to eliminate risks to staff working alone or to reduce those risks to the lowest reasonably practicable level;
- Supporting managers with completing and reviewing lone working arrangements (including risk assessments)
- Undertake generic Risk Assessments in conjunction with Operational Managers.
- Ensuring robust measures are implemented to mitigate any risks to staff
- Periodically review and advise on extra precautions to protect lone workers

4.8 Health and Safety Manager/Local Security Management Specialist:

- They have responsibility for providing advice, guidance and support to managers in developing individual local arrangements under this Policy.
- Receive reports of violence and aggression and offer advice on any further action that may be required.

- Provide managers with advice on measures to prevent or reduce violence, aggression and/or abuse.
- Monitor the reports of violence and aggression to recognise trends.
- Where appropriate, liaise with the police and other external agencies to ensure that appropriate follow up action is taken following an incident involving a lone worker.
- Provide a training programme for staff on conflict resolution and personal safety.

4.9 All Managers:

The responsibilities of Trust Managers and Supervisors will include:

- The operational management of health and safety in their services/ departments/divisions;
- Identifying all of their staff who are lone workers and assessing their suitability to carry out lone working (Appendix 1);
- 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 appropriate control measures are in place to ensure their safety
- Escalating any risks beyond their control up or outside their level of authority to the next level of management and recording this on the risk assessment;
- Regularly reviewing these risks assessments to ensure that they are still current and valid;
- In collaboration with Sector Health and Safety Reps, notifying the Health and Safety Department 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 in place;
- Providing support to their lone working staff who have been assaulted and advising them of the arrangements the Trust has for post-incident support (such as Occupational Health, the Confidential Counselling service, Trauma Risk Management – TriM, Union – see also 5.11);
- Ensuring that all of their lone workers who are patient-facing receive the appropriate training e.g. Conflict Resolution Training and Dynamic Risk Assessment Training;
- Fully supporting the implementation of the Lone working policy within their department;
- Ensuring that their department as a whole is effective and efficient in the management of lone workers;
- Ensuring that Trust decisions in relation to lone working are carried out and all relevant policies and procedures are implemented and monitored

- Working collaboratively with the Trust LSMS and/or appointed investigator to investigate incidents and ensure appropriate Police follow-up/prosecution.
- Working collaboratively with the LSMS to follow-up on situations where police cover has not been timely or appropriate.
- Ensuring that appropriate support is available to staff who work alone.

Staff who work alone in office environment:

- The Trust has a responsibility for all staff who work alone including those in in an office environment. Line Managers are to ensure that the appropriate arrangements are put in place to safeguard the health, safety and welfare of staff who work alone in office environments.
- Maintain a contact list for all staff in the department/division – ensuring that contact details are updated regularly.

4.10 All Employees:

All Trust employees and those carrying out work for or on behalf of the Trust will:

- Comply with this Lone Working Policy and any professional codes of conduct, processes and systems of work put in place to ensure their safety;
- Make themselves familiar with HS/012a (Violence Avoidance and Reduction Procedure) and HS/012b (Post Violence Support Procedure);
- Take reasonable 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;
- Ensure they are familiar with the processes to follow in the circumstances of any type of adverse event or incident;
- Inform their manager of any concerns they may have with regard to lone working;
- Take into account any advice and instructions relating to the area, site or location they visit;
- Inform their line manager/Emergency Operations Centre (EOC) that they will be working in an area alone and agree the frequency of welfare checks; and inform them of when they will be leaving the premises;
- Not interfere with or misuse anything (equipment, etc.,) provided for their protection and safety;
- Follow any appropriate guidance and attend any relevant training provided;
- Have full knowledge of the hazards and risks to which they are exposed;

- Where necessary, carry out a continuous dynamic risk assessment and be conscious of changing circumstances; and take appropriate action such as requesting further assistance and/or withdrawing if necessary and seeking further advice and assistance;
- Regularly update dynamic risk assessments based on information received from the EOC. Updated information should be passed onto the staff as soon as the EOC receive it;
- Report all incidents, difficulties or risks raised from lone working, however minor, to their line manager. Failure to report an incident may put others at risk;
- Report any incidents or identified areas of risk as soon as possible using the Trust's Datix System or via the phone by contacting Emergency Bed Service (EBS);
- where applicable, cooperate with the police and any other external agencies;
- When working remotely away from any LAS site, carry their identity card at all times whilst they are at work and produce it upon request.
- Ensure that the EOC or relevant Manager knows their whereabouts, what they are doing and when they are due back.

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

- That when carrying out any visits on their own they inform their manager and/or colleague of the address they are going to, 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 last visit of the day they notify their manager beforehand. They should also make arrangements with a relative/friend to notify the Trust if they fail to arrive home or at the agreed meeting point at the expected time;
- Where available, inform the security/reception staff of presence in the building;
- When undertaking site based work in isolation, that appropriate risk assessments are completed and sufficient measures to mitigate risks have been agreed and implemented with the department Manager. Risk assessments need to consider not only safety while at work during normal office hours, but also issues of location and timing relating to personal safety (i.e. someone leaving an empty building, alone, at night).

4.11 Health and Safety Representative

The Health & Safety Representatives are recognised by their trade union and accepted by the Trust to carry out health and safety duties in line with the

requirements of The Safety Representatives and Safety Committees Regulations 1977.

The Health and Safety Representatives are responsible for:

- Supporting managers with addressing any identified lone working risks affecting staff.
- Engaging with Managers and Specialist advisers prior to the introduction of new equipment/vehicles or change of process where relevant to Lone Working.
- Supporting staff/managers with investigations where required.
- Working collaboratively with the Health & Safety Department to review incidents of violence and aggression, and to agree suitable measures for mitigating lone working risks to staff.
- Consulting with senior sector health and safety representatives.

4.12 Emergency Operations Centre (EOC):

The responsibilities of the EOC include:

- Proactively informing lone workers of any features at the address that they are being sent to;
- Where possible, assessing 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);
- Contacting the lone worker within 20 minutes of them booking on scene to see how they are;
- Coordinating the provision of immediate support and assistance (e.g. urgent police/emergency service assistance) to lone working staff where staff are exposed to serious risks or threats;
- Automatically phone for police assistance if the lone worker presses the 'emergency button' on their radio; and then contact the lone worker to ascertain how they are;
- Informing the Duty Manager on Call that a 'person down' button has been pressed and provide them with details of the incident and any subsequent updates on the situation;
- Ensuring that the whereabouts of all front-line staff is known and regular welfare checks are conducted to ensure they are safe;
- Documenting and recording any incidents affecting staff.

5. Definition

- 5.1** Lone working is not unique to any particular group of staff, working environment or time of day. The Trust recognises that any member of staff may spend a limited amount of their working time 'alone' and defines a Lone Worker as "Any individual who, in the process of carrying out their duties on behalf of the Trust

may find themselves working alone or in an area isolated from colleagues without close or direct supervision”.

5.2 There are two main types of lone workers: -

- People in the premises where;
 - The person is in the building on their own;
 - The person works separately from others in the same building;
 - The person works outside normal hours (normal being 0800-1700, Mon-Fri);
- People who work away from their fixed base e.g. in the community – visiting others in their own homes or working in remote areas.

5.3 The Trust recognises those who are regular Lone Workers include:

- Ambulance Solo Responders:
 - First Response Units (FRUs)
 - Motor Cycle Response Units (MRUs)
 - Cycle Response Units (CRUs)
 - Tactical Response Units (TRUs)
 - Joint Response Units (JRUs)
- Incident Response Officers
- Emergency Responders
- Community Single Responders
- Some Lone Worker Patient Transfer Service Staff
- Some Managers
- Some Support Service Staff
- Some Domestic Staff

6. Managing Lone Working Risks

There are risks associated with lone working. These include but are not limited to: manual handling; undertaking work in isolation; undertaking work within uncontrolled and potentially high risk environments (eg address flagged on the Location Alert Register – LAR), where contact may be made with individuals with unknown risk factors such as: violence and/or aggression; alcohol; drugs; mental health issues; or any combination of these. Though the Trust will mitigate such risks where reasonably practicable to do so, this does not negate the need to undertake and maintain dynamically risk assessing the situation/environment (see section 6.4 below).

6.1. Activities where Lone Working is prohibited

Generally there are no specific prohibitions on staff working alone, however, some health and safety legislation stipulates that a minimum of 2 people must be involved in certain work activities, and particular safe systems of work must be followed. In other legislation a minimum level of supervision is required and limits the extent to which personnel may work on their own (i.e. young person’s undergoing training).

Listed below are some examples where under health and safety legislation, lone working is not permitted. This list is by no means exhaustive:

- Entry into confined spaces – Confined Spaces Regulations 1997;
- Certain grounds maintenance work and other work with substances hazardous to health – Control of Substances Hazardous to Health Regulations 2002;
- Until they have received sufficient training in the safe operation of a machine, young people working with prescribed dangerous machinery require adequate supervision by a person who has a thorough knowledge and experience at the machine – Provision and Use of Work Equipment Regulations 1998.

6.2. Situations where working alone is not advisable

Provided below are some examples of the types of situations where it would not be advisable to allow employees to work alone. This list is by no means exhaustive:

- The work activity involves the use of dangerous work equipment e.g. plant and machinery;
- Manual handling activities – where the activity requires the presence of more than one person to carry out the lifting activity safely.

6.3 Risk Assessment

The Trust will put arrangements in place to carry out suitable and sufficient generic risk assessments (Appendix 2) of all lone working activities and also, where necessary, specific risk assessments (on individuals and/or particular circumstances, such as standby points) and will implement all control measures, so far as is reasonably practicable, to provide for and ensure the health safety and welfare of staff.

The risk assessments will:

- Identify the job roles within the LAS that are required to work alone;
- Assess the significant hazards associated with lone working in the workplace, working environment, and working practices, that have the potential to put staff at risk and give consideration to safety (e.g. lighting) and welfare facilities etc;
- Assess the associated controls measures that have been implemented to decide if they are adequate and from this evaluate the level of risk;
- Identify any additional controls that are necessary to minimise the risk to the lowest level reasonably practicable.

6.3.1 All ad-hoc and event/situation specific lone working activities undertaken by employees will need to be assessed prior to the commencement of that activity by the relevant department/responsible Manager.

6.3.2 All lone working risk assessments will be reviewed periodically as well as 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 the personnel carrying out the work, changes to work processes, changes to the equipment used and the environment wherein the activity (work) takes place.

6.3.3 When carrying out Risk Assessments for lone workers, managers should take in to consideration the following issues:

- Where the member of staff is required to work;
- What level of supervision the staff member will receive;
- Ability to deal with emergency situations;
- What training the lone-worker has received to allow them to work safely;
- Whether there is a risk of violence;
- Whether the workplace presents a greater risk to the lone worker;
- Methods of communication/escalating issues/concerns or request for assistance.

6.3.4 The Risk Assessment should be carried out in accordance with the LAS Procedure for Risk Reporting (TP / 035) and should be reported, recorded and reviewed in accordance with the detail described within TP/005 the Risk Management Policy.

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

- All relevant staff, the Quality, Assurance and Governance Department;
- All Directorates and responsible Managers for them to develop their own specific lone working risk assessments which reflect their particular circumstances.

6.4 Dynamic Risk Assessments

The importance of dynamic assessment is that it enables lone workers to anticipate and recognise the early warning signs of suspected risks and enables safe early interventions to minimise or negate the risk to themselves and others. It recognises that situations change rapidly as do associated risks and that dynamic risk assessment should be an ongoing process.

6.4.1 Dynamic risk assessments should be conducted as necessary in the circumstances in place at the time. The process involves:

- The assessment of risk in dynamic situations undertaken before, during and after a potentially hazardous task;
- The benefits of proceeding with a task must be weighed carefully against the adverse risk posed to the lone worker;
- What sets DRA apart from systematic risk assessment is that it is applied in situations where:
 - There are unpredictable/unforeseen risks

- The risk environment rapidly changes
- The individual can make a risk judgement based on the situation and current circumstances.

6.4.2 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 associated controls, and from this evaluate the level of risk and decide whether or not it is safe for them to work on their own.

6.4.3 Staff should be aware that personal safety is a shared responsibility between the Trust and staff, and that they have a responsibility to help themselves to be safer. (Please refer to OP074/Procedure for Solo Responding, sub-sections 10.7 and 10.7.1).

6.4.4 Consideration should be given to situations where a lone worker has reservations about attending an incident. They should be deployed to a location close to the scene (Rendezvous Point – RVP) and allowed to undertake a dynamic risk assessment from a place of safety. The lone worker should inform the Emergency Operations Centre (EOC) that they require and request additional or police assistance. **The member of staff must book on scene when they arrive at that point.**

6.4.5 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 minimize risks is based on fact.

6.5 Control Measures:

6.5.1 Frontline/Operational Staff

Where a solo responder or EOC, as a result of a dynamic risk assessment (sub-section 6.4 above) based on the details of the incident, deems that there is a risk to their welfare or safety on arrival at scene or where there is a known risk to staff from a patient (e.g. an address that is flagged on the Location Alert Register (LAR) or as advised by the police) then, a rendezvous point (RVP) will be agreed with EOC to stand-off whilst awaiting further resources or police attendance where appropriate and/or in line with the LAR Procedure. EOC must arrange police attendance where requested by the solo responder. (Please refer to OP074/Procedure for Solo Responding, sub-sections 10.7 and 10.7.1).

6.5.2 All frontline staff required to work alone will be provided with suitable portable means of communicating with EOC and/or summoning immediate assistance should it be required. No frontline staff should undertake lone working activities without the LAS issued portable radio.

6.5.3 All LAS issued portable radio systems must be maintained and tested regularly.

- 6.5.4** Staff required to undertake lone working will make themselves familiar with OP/49 (Airwave Hand Portable Policy and Procedure) and OP/74 (Procedure for Solo Responding) will be provided with such information, instruction and training as is necessary to enable them to undertake their work safely. All staff will undertake the mandatory Conflict Resolution Training as well as Dynamic Risk Assessment Training on a regular basis (at least annually).
- 6.5.5** Staff required to work alone will only be tasked to do so if assessed by a manager as meeting the criteria to undertake lone working.
- 6.5.6** No member of staff will be knowingly sent alone to an incident where there is an actual or potential threat 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.
- 6.5.7** Where Operational staff are dispatched to work on their own, the policy of “call back” will be followed by the Emergency Operations Centre (EOC) to check on staff welfare. The first welfare check will be no longer than 45 minutes after the lone worker has arrived on scene and every 45 minutes subsequently thereafter. Each radio contact with a responder resets this timer. Solo responders must make contact within 10 minutes of receiving a welfare check message, otherwise EOC will make contact via the radio.
- 6.5.8** Where no contact is received, the incident origin number should be called to attempt to make contact with the solo responder. If contact is attempted and no response is gained from the lone worker, consideration should be taken to inform the police and/or mobilise the nearest available resource/officer by the EOC Manager to the location of the lone worker to ascertain whether or not they are safe.
- 6.5.9** All staff working alone will have access to suitable and sufficient first aid equipment to enable them to provide emergency treatment to themselves should they become injured.
- 6.5.10** Staff vehicles or equipment (e.g. radios) will be equipped with a tracking device so that the location of staff can be tracked and identified at all times and vehicles will have an operating central locking system.
- 6.5.11** Lone workers should be informed that they should contact their Line Manager during normal working hours if they experience difficulties. For operational ambulance staff this will be the Duty Manager within the Emergency Operations Centre, or the Duty Officer.
- 6.5.12** The Trust is part of the NHS Litigation Authority’s Risk Pooling scheme for NHS Trusts which provides Employers’ Liability Insurance, which includes cover for lone workers working for or on behalf of the Trust. This is irrespective of their base, provided they are on official Trust business.

6.5.13 The Trust has an arrangement which allows staff who are subject to abusive, aggressive and/or violent behaviour from patients/patient's relatives/friends/others to report these incidents on the Trust's Incident reporting system – Datix, and can request that a flag is placed on the patient's address to forewarn other Trust staff, including lone workers, who may visit the patient at a future date. The Location Alert Register helps to forewarn staff that particular patient/patient's relatives/friends/others may display abusive, aggressive and/or violent behaviour towards Trust staff.

6.5.14 When dispatching a lone worker to an address, the Dispatcher will check the address to see if there is such a flag in place and will advise the lone worker of the details so that an appropriate assessment of the risk can be undertaken. (This does not preclude the lone worker carrying out their own dynamic risk assessment).

6.6. Non-Operational Staff

Where possible, when non-operational staff are required to work alone in a new/unfamiliar building/ site, they should be provided with an induction or tour to help familiarise them with the facilities and arrangements (e.g. access/egress routes, fire escape procedure etc.) that are available at the site.

6.6.1 Where staff work from home, it is accepted that they are working in a familiar environment. However, it is their responsibility to ensure that it is safe and free from hazards. Reference should also be made to HS/009 (Display Screen Equipment Procedure) to ensure that their equipment/work station is set up appropriately for their use.

6.6.2 Where there is only one person on a site, arrangements should be put in place so that the staff member can contact their manager/colleague at pre-agreed times (i.e. every hour and then when they leave site)

6.6.3 Procedures need to be put in place to monitor non-operational lone workers in order to ensure their safety and welfare. These may include;

- Line Managers/Supervisors periodically visiting and observing people working alone;
- Ensuring regular contact between the lone worker and any form of supervision by telephone or face to face;
- Regular checking / practicing of procedures designed to raise the alarm if contact is lost with a lone worker;
- Regular checking of available safety devices to maintain their functionality

6.7. Lone Working Tools

All frontline/operational staff are provided with portable radio systems with emergency alert buttons.

- 6.7.1** It is essential to recognise that lone worker devices will not prevent incidents from occurring. They will not make people invincible, nor should they be used in a way that could be seen to intimidate, harass or coerce someone. However, if used correctly in conjunction with robust procedures, they will enhance the protection of lone workers.
- 6.7.2** All lone workers should still exercise caution even if equipped with such devices and continue to use the dynamic risk assessment process. Finally, lone workers should remember that a device will only be useful if checked regularly, are properly maintained and kept fully charged.
- 6.7.3** The use of such devices can send a strong deterrent message to potential offenders. They may also improve the feeling of confidence amongst NHS staff, helping to reduce the fear of crime. However, physical security measures in the absence of appropriate policies, procedures, and training to prevent and manage violence may create a false sense of security. It is therefore important to ensure that robust policies and procedures are available to work in conjunction with such devices.
- 6.7.4** Where a portable radio system is issued to staff, they should be fully trained in its use prior to deployment.

6.8. Mobile Telephones

Lone workers will inevitably carry mobile phones and they should always check the signal strength before entering a lone working situation. A mobile phone should never be relied on as the only means of communication. Lone workers should tell their manager or a colleague about any visit in advance, including the location, purpose of the visit, and when they expect to arrive and leave. Afterwards, staff should inform their manager or colleagues that they are safe.

- 6.8.1** If provided, a mobile phone should always be kept as fully charged as possible.
- 6.8.2** All staff should be aware of the use of **112** as an alternative to 999 in order to request emergency assistance. 112 is the European Emergency Number and can use any network regardless of your service provider which is helpful if you are in an area where there is poor or no signal coverage. Calls to this number can be located, generally within 2 seconds of the call being received.
- 6.8.3** The lone worker should ensure they can use the mobile phone properly, by familiarizing themselves with the handset and instruction manual.
- 6.8.4** Emergency contacts should be kept on speed dial. The phone should be kept nearby and never left unattended.
- 6.8.5** Lone workers should be sensitive to the fact that using a mobile phone could escalate an aggressive situation. In some circumstances, agreed 'code' words or phrases should be used to help lone workers convey the

nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving the police. The decision to use code words or phrases should give due consideration to the ability of a member of staff to recall and use them in a highly stressful situation.

6.8.6 A mobile phone could also be a target for thieves. Care should be taken to use it as discreetly as possible, while remaining aware of risks and keeping it within reach at all times.

6.8.7 Staff members are reminded that it is against the law to handle a mobile phone whilst driving.

6.9 Accidents

Lone workers must be made aware of the procedure for reporting accidents and near misses using either the Trust's Datix system or through EBS.

6.10 First Aid Arrangements

All risk assessments should give consideration for the provision of first aid to staff where required. The First Aid at Work Procedure provides guidance on the Trust's arrangements for first aid.

6.11 Information to Staff

All lone workers should be provided with comprehensive health and safety information on their role and responsibilities. Their Line Manager/Supervisor must give them a copy of their specific risk assessment and ensure they read and understand its contents. Particular attention should be made to the safe systems of work and control measures that have been implemented to ensure staff safety.

6.12 Employee wellbeing service

The Trust commissions an Employee wellbeing service and staff, including lone workers, can access counselling and support via this service. Details of the confidential counselling service are available on the Pulse.

6.13 Trauma Risk Management (TRiM)

The Trust provides Trauma Risk Management (TRiM) which staff, including lone workers, can access if they have been involved in a major/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'. Details of how staff can access TRiM is available on the Pulse.

6.14 Advice and Assistance

Further advice and assistance on completion of lone working risk assessments and suitable control measures, can be sought from the Health and Safety Department or Health and Safety Rep.

7. Training

- 7.1** All staff will also receive information, instruction, training and, where necessary, supervision in relation to health and safety, risk management and adverse incident reporting.
- 7.2** The Trust will provide initial and refresher conflict resolution training (CRT). All CRT is delivered on a face to face basis, with initial training delivered to all front line staff (those coming into contact with members of the public during the normal course of their work) on joining the organisation and refresher training being delivered every three years, following initial training. The length of initial training sessions last for a day and refresher training sessions last for half a day. Other staff who are identified as benefitting from CRT in their roles should also undertake the training.
- 7.3** All clinical/frontline staff will undertake dynamic risk assessment training in line with the Trust's annual mandatory training programme.
- 7.4** Training on risk assessment, risk management and root cause analysis will be provided to relevant staff and managers through the 3 yearly Managing Safety Course.

8. Monitoring and Review

- 8.1** The Health and Safety Department will collate all incidents reported on the Trust's Incident reporting system (Datix) and will produce quarterly reports on incident statistics and summaries for the Corporate Health and Safety Committee.
- 8.2** An integrated risk management software system, Datix is used by the Trust to record incidents, complaints and patient experience inquiries. It will also be used to identify trends to enable efforts and resources to be targeted towards high risk areas.
- 8.3** This Policy will be reviewed every 3 years by the Corporate Health and Safety Committee or earlier if prompted by changes in legislation or Organisational changes.

IMPLEMENTATION PLAN

Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	The LAS may make provision for all staff to receive instruction and training to allow them to carry out their duties without risk of injury. (Such training will include but will not necessarily be limited to: manual handling, fire safety, personal safety, conflict resolution and general health and safety training and refresher training and Managing Safety & Risk training for managers).

Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
The effectiveness of the Lone Worker Policy	Policy will be reviewed every 3 years	Corporate Health and Safety Committee	Corporate Health and Safety Committee	Where changes are required, they will be communicated to all staff via the Corporate Health and Safety Committee Policy will be updated and accessible via the PULSE.
Incidents and adverse events	As and when reported through the Datix system.	Corporate Health and Safety Committee	Corporate Health and Safety Committee	
Risk Assessments/actions identified from generic risk assessments	Annual site specific risk assessments.	Corporate Health and Safety Committee	Corporate Health and Safety Committee	Risk assessments are to be communicated to all affected staff by GSMs/Managers.
	3 yearly Managing Health and Safety Training for Managers	Corporate Health and Safety Committee	Corporate Health and Safety Committee	Corporate Health and Safety Committee Meeting minutes.

Appendix 1

Manager's checklist to ensure staff are suitably prepared for lone working.

Are your staff	Y/N
<ul style="list-style-type: none"> Issued with all relevant policies and procedures relating to lone working staff (e.g. HS/12a and HS/12b)? 	
<ul style="list-style-type: none"> Trained in appropriate strategies for the prevention and management of violence (in particular, have they received conflict resolution training/Conflict resolution refresher training)? 	
<ul style="list-style-type: none"> Given all information about the potential risks for aggression and violence in relation to patients/service users and the appropriate measures needed to control these risks? 	
<ul style="list-style-type: none"> Issued with appropriate safety equipment and the procedures for maintaining such equipment? 	
<ul style="list-style-type: none"> Trained to be able to confidently use a device and familiar with the support service systems in place before being issued with it? 	
<ul style="list-style-type: none"> Aware of how to report an incident and of the need to report all incidents when they occur? 	
<ul style="list-style-type: none"> Issued with the necessary contacts for post-incident support? 	
Are they	
<ul style="list-style-type: none"> Aware of the importance of doing proper planning before a visit, being aware of the risks and doing all they can to ensure their own safety in advance of a visit? 	
<ul style="list-style-type: none"> Aware of the importance of leaving an itinerary of movements with their line manager and/or appropriate colleagues? 	
<ul style="list-style-type: none"> Aware of the need to keep in regular contact with appropriate colleagues, EOC and, where relevant, their nominated 'buddy'? 	
<ul style="list-style-type: none"> Aware of the need to carry out continual dynamic risk assessments during a visit and take an appropriate course of action? 	
<ul style="list-style-type: none"> Aware of how to obtain support and advice from management in and outside of normal working hours? 	
<ul style="list-style-type: none"> Aware that they should never put themselves or colleagues in any danger and if they feel threatened should withdraw immediately? 	
Do they	
<ul style="list-style-type: none"> Appreciate the organisation's commitment to and support for the protection of lone workers and the measures that have been put in place to protect them? 	
<ul style="list-style-type: none"> Appreciate that they have their own responsibilities for their own safety? 	
<ul style="list-style-type: none"> Appreciate the circumstances under which visits should be terminated? 	
<ul style="list-style-type: none"> Appreciate the requirements for reporting incidents of aggression and violence? 	
<ul style="list-style-type: none"> Understand the support made available to lone workers by the trust, especially post-incident 	
<ul style="list-style-type: none"> Support and the mechanism to access such support? 	

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
All Frontline clinical operational Staff undertaking lone-working activities.	<p>Lone working of frontline clinical operational staff who are assigned to provide treatment and care to patients. The risks associated with this staff group include:</p> <ol style="list-style-type: none"> 1. Lone working in uncontrolled and unfamiliar environments; with unfamiliar patients, people and circumstances that cannot be pre-planned or predicted. 2. Risk of violence, aggression and/or assault from vulnerable patients or members of the public/carers. 3. Lack of immediate support following exposure to traumatic/challenging situations. 4. Risk of musculo-skeletal injury to staff from the lifting and handling of patients/equipment (especially in time critical scenarios). 5. General wellbeing of all frontline clinical operational staff. 	<ol style="list-style-type: none"> 1. All staff are required to undergo rigorous training and demonstrate competencies in clinical and non-clinical skills (including manual handling, conflict resolution) before and during their employment at the Trust. 2. All operational staffs are required to have a working handheld and vehicle based radio prior to commencing their shifts. 3. Emergency buttons are available on all handheld radios for staff to use when in difficult situations. 4. Call monitoring as well as regular welfare checks are undertaken by EOC for all crews. 5. All ambulance vehicles are actively tracked and monitored via EOC. 6. All ambulance vehicles and equipment are subject to regular maintenance, inspections and checks. 7. All staffs are provided with the appropriate PPE including stab vests, helmets, boots, hi-viz tabards, goggles, gloves e.t.c.). 8. IROs or Local Clinical Team Leaders are available to provide advice and support to staff members during difficult incidents / circumstances. 9. Support is available to all staff through the Occupational Health, LINC Workers as well as the HR Department. 10. Staff competency assessments undertaken annually through Occupational Workplace Review Process. 11. Incidents can be reported through the Datix system; managed and monitored through the Trust’s governance structures so that learning and additional controls to mitigate risks can be implemented. 12. Access to assistance from other emergency services / specialist services (Police, Fire, and HART) is available where required. 13. Trust-wide Lone working policy in place and accessible to all staff. 14. Location addresses register in place to alert crews to high risk address and individuals prone to violence and aggression. 15. Dynamic Risk Assessment training has been incorporated into the mandatory training requirement of all frontline/operational staff. 	<ol style="list-style-type: none"> 1. Review and assess the effectiveness of current welfare checks/arrangements for lone working staff. 2. Staff culture with regards to the use of certain PPE e.g. Stab Vests, gloves, goggles e.t.c needs to be improved. 	4	2	8	<ol style="list-style-type: none"> 1. Ensure all relevant staff receive Dynamic Risk Assessment training and are competent to be able to undertake dynamic risk assessments. 2. Initiate regular reviews of implemented control measures for Lone-working through inspections and audits. 3. Ensure staff have access to the appropriate support and counselling services whenever this is required. 4. Promote a positive/pro-active health and safety culture amongst lone workers - ensuring that they are aware of their responsibilities as well as the need to ensure their safety at all times. 5. Ensure robust monitoring and response arrangements are in place with EOC as well as other emergency services to support lone workers (especially when working out of hours) where they require urgent assistance. 6. Ensure annual review of Trust-wide lone working arrangements with Staff Side and Health & Safety Committee. 	Assistant Director of Operations

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
First Response Unit	<p>Lone working of First Responders (FRU) assigned to initially assess and provide rapid treatment to high risk patients. The specific risks associated with this staff group in addition to the above include:</p> <ol style="list-style-type: none"> 1. Lack of access to immediate help or assistance during volatile situations/circumstances, sudden illness or injury. 2. Lack of immediate support to FRU Teams following exposure to traumatic/challenging situations. 3. Higher risk of musculo-skeletal injury to FRU Staff from the lifting and handling of equipment/patients. 4. Greater risk of fatigue to FRU Teams due to inability to share tasks. 	<ol style="list-style-type: none"> 1. FRU Staff are required to undergo rigorous training and demonstrate competencies in driving and clinical skills (including manual handling, conflict resolution). 2. All FRUs are required to have a working handheld and vehicle based radio prior to commencing their shifts. 3. Emergency buttons are available on all handheld radios for staff to use when in difficult situations. 4. Call monitoring as well as regular welfare checks are undertaken by EOC for all FRUs. 5. Dynamic Risk Assessment training has been incorporated into the mandatory training requirement of all frontline/operational staff. 	<ol style="list-style-type: none"> 1. Staff culture with regards to the use of certain PPE e.g. Stab Vests, gloves, goggles e.t.c needs to be improved. 	4	2	8	<ol style="list-style-type: none"> 1. Ensure all FRU staff receive Dynamic Risk Assessment training and are competent to be able to undertake dynamic risk assessments. 2. Ensure robust monitoring and arrangements (including monitoring and investigation of incidents, follow-up and emotional/psychological support) are in place by FRU Management Team for all FRU staff. 	Assistant Director of Operations

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
Motorcycle Response Unit	<p>Lone working of Motorcycle Responding Unit (MRU) assigned to initially assess and provide rapid treatment to high risk patients. The specific risks associated with this staff group include:</p> <ol style="list-style-type: none"> 1. Lone working in uncontrolled and unfamiliar environments; with unfamiliar patients/people and circumstances that cannot be pre-planned or predicted. 2. Risk of violence, aggression and/or assault from vulnerable patients or members of the public/carers. 3. Lack of access to immediate help or assistance during volatile situations/circumstances, sudden illness or injury. 4. Lack of immediate support to MRU Teams following exposure to traumatic/challenging situations. 5. Higher risk of musculo-skeletal injury to MRU Staff from the lifting and handling of equipment/patients. 6. Greater risk of fatigue due to exposure to all types of weather conditions. 7. The MRU are at higher risk of injury when involved in a road traffic collision. 	<ol style="list-style-type: none"> 1. MRU Staff are required to undergo rigorous training and demonstrate competencies in driving and clinical skills (including manual handling, conflict resolution). 2. All MRUs are required to have a working handheld radio prior to commencing their shifts. 3. Emergency buttons are available on all handheld radios for staff to use when in difficult situations. 4. Call monitoring as well as regular welfare checks are undertaken by EOC for all MRUs. 5. The MRU are required to provide cover from 0600hrs to 0100hrs dependent upon location – no night shifts. 6. MRU are subject to annual check rides and four yearly recertification courses, the MRU are issued appropriate cold and wet weather clothing to minimise discomfort and fatigue during inclement weather. 7. All MRU staff are provided with relevant mandatory safety PPE including motorcycle crash helmets, Air Vest technology, boots, gloves, appropriate CE rated motorcycle armour and clothing for varying weather conditions. 8. Dynamic Risk Assessment training has been incorporated into the mandatory training requirement of all frontline/operational staff. 	<ol style="list-style-type: none"> 1. Staff culture with regards to the use of certain PPE e.g. Stab Vests, gloves, goggles e.t.c needs to be improved. 	4	2	8	<ol style="list-style-type: none"> 1. Ensure all MRU staff receive Dynamic Risk Assessment training and are competent to be able to undertake dynamic risk assessments. 2. Ensure robust monitoring and arrangements (including monitoring and investigation of incidents, follow-up and emotional/psychological support) are in place by MRU Management Team for all MRU staff. 	Motor Cycle Response Unit Manager

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
Cycle Response Unit	<p>Lone working of Cycle Responding Unit (CRU) assigned to provide emergency treatment to a wide range of call priorities around specific locations (usually crowded places). The specific risks associated with this staff group include:</p> <ol style="list-style-type: none"> 1. Lone working in crowded spaces; with unfamiliar patients/people and circumstances that cannot be pre-planned or predicted. 2. Risk of violence, aggression and/or assault from vulnerable patients or members of the public/carers. 3. Lack of immediate support following exposure to traumatic/challenging situations. 4. Lack of access to immediate help or assistance during volatile situations/circumstance, sudden illness or injury. 5. Higher risk of musculo-skeletal injury to CRU Staff from the lifting and handling of equipment/patients. 6. Greater risk of fatigue due to exposure to all types of weather conditions and cycling to calls for up to a 12 hour shift. 	<ol style="list-style-type: none"> 1. CRU Staff are required to undergo rigorous training and demonstrate competencies in cycling and clinical skills (all staff would have previous manual handling and conflict resolution). 2. All CRUs are required to have a working handheld radio prior to commencing their shifts. 3. Emergency buttons are available on all handheld radios for staff to use when in difficult situations. 4. Call monitoring as well as regular welfare checks are undertaken by EOC for all CRUs. 5. CRUs are provided with the relevant PPE e.g. helmets, hi-viz tabards and are required to wear/use their stab vests at all times. 6. The Cycle Response Unit does not operate beyond 12am. (The latest rostered shift finish time at Heathrow is midnight; for the remainder of the CRU it is 22:30). 7. CRU staffs are subject to Bike Skills Refreshers and fitness/workforce assessment reviews. 8. CRU staff must have solo working experience before undertaking CRU duties and would have had the opportunity to carry out dynamic risk assessments. 9. Dynamic Risk Assessment training has been incorporated into the mandatory training requirement of all frontline/operational staff. 	None	4	2	8	<ol style="list-style-type: none"> 1. Ensure all CRU staff receive dynamic risk assessment training and are competent to be able to undertake dynamic risk assessments. 2. Ensure robust monitoring and arrangements (including monitoring and investigation of incidents, follow-up and emotional/psychological support) are in place by CRU Management Team for all CRU staff. 	Cycle Response Unit Manager
Incident Response Officer	<p>Potential risk of lone working for IROs who may be the first to arrive at emergency incidents that they have been assigned to manage.</p>	<ol style="list-style-type: none"> 1. IROs are accountable for the safe management of incident scenes, supervision and the welfare and well-being of Clinical Team Leaders and all frontline staff in the field. They attend post incident and usually have the support of other Paramedics and Emergency Service Staff. 2. IROs are required to maintain competencies in driving and management of incident skills (including manual handling, conflict resolution). 3. All IROs are required to have a working handheld and vehicle based radios as well as mobile phones. 4. Emergency buttons are available on all handheld radios for IROs to use when in difficult situations. 5. Access and support available to IROs via the Police and Fire brigade. 6. Trauma Risk Management training provided to IROs 7. Dynamic Risk Assessment training has been incorporated into the mandatory training requirement of all frontline/operational staff. 	None	2	2	4	<ol style="list-style-type: none"> 1. Ensure all IROs receive Dynamic Risk Assessment training and are competent to be able to undertake dynamic risk assessments. 2. Ensure robust monitoring and arrangements (including monitoring and investigation of incidents, follow-up and emotional/psychological support) are in place by Station/Sector Management Team for all IROs. 	Assistant Director of Operations Incident & Delivery

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
Advanced Paramedic Practitioners who undertake lone-working activities.	<p>Lone working of frontline clinical operational staff who are assigned to provide treatment and care to patients. Advanced Paramedic Practitioners (APPs) are assigned to assess and provide rapid treatment to high risk patients. The risks associated with this staff group include:</p> <ol style="list-style-type: none"> 1. Dispatch intent is such that APPs will not require a conveying resource so would not routinely interact with other Trust staff when seeing patients. 2. Lone working in uncontrolled and unfamiliar environments; with unfamiliar patients, people and circumstances that cannot be pre-planned or predicted. 3. Risk of violence, aggression and/or assault from vulnerable patients or members of the public/carers. 4. Lack of immediate support following exposure to traumatic/challenging situations. 5. Risk of musculo-skeletal injury to staff from the lifting and handling of patients/equipment (especially in time critical scenarios). 6. General wellbeing of all frontline clinical operational staff. 7. Lack of access to immediate help or assistance during volatile situations/circumstances, sudden illness or injury. 8. Lack of immediate support to APPs following exposure to traumatic/challenging situations. 9. Higher risk of musculo-skeletal injury to APPs from the lifting and handling of equipment/patients. 10. Greater risk of fatigue to APPs due to inability to share tasks. 	<ol style="list-style-type: none"> 1. All frontline clinical staff are required to undergo rigorous training and demonstrate competencies in clinical and non-clinical skills (including manual handling, conflict resolution). 2. All operational staff are required to have a working handheld and vehicle based radio prior to commencing their shifts. 3. Emergency buttons are available on all handheld radios for staff to use when in difficult situations. 4. Call monitoring as well as regular welfare checks are undertaken by APP (UC) in EOC for APPs. 5. Vehicles are actively tracked and monitored via EOC. 6. All vehicles and equipment are subject to regular maintenance, inspections and checks. 7. All APPs are provided with the appropriate PPE including stab vests, helmets, boots, hi-vis tabards, goggles, gloves etc.). 8. IROs or Local Clinical Team Leaders are available to provide advice and support to staff members during difficult incidents / circumstances. 9. Support is available to all staff through the Occupational Health, LINC Workers as well as the HR Department. 10. Staff competency assessments undertaken annually through Occupational Workplace Review Process. 11. Incidents can be reported through the Datix system; managed and monitored through the Trust's governance structures so that learning and additional controls to mitigate risks can be implemented. 12. Access to assistance from other emergency services / specialist services (Police, Fire, and HART) is available where required. 13. Register of Lone Workers in place. 14. Trust-wide Lone working policy in place and accessible to all staff. 15. Location addresses register in place to alert crews to high risk address and individuals prone to violence and aggression. 16. Dynamic Risk Assessment training has been incorporated into the mandatory training requirement of all frontline/operational staff. 	<ol style="list-style-type: none"> 1. Process to be agreed for the regular review of the Lone Workers register. 2. Dynamic Risk Assessment training to be incorporated into the mandatory training requirement of all lone working staff. 4. Review and assess the effectiveness of current welfare checks/arrangements for lone working staff. 5. Staff culture with regards to the use of certain PPE e.g. Stab Vests, gloves, goggles etc. needs to be improved. 	4	2	8	<ol style="list-style-type: none"> 1. Ensure all relevant staff receive Dynamic Risk Assessment training and are competent to be able to undertake dynamic risk assessments. 2. Review Lone Working Policy to ensure that it reflects robust procedures that staff can follow when lone-working. 3. Initiate regular reviews of implemented control measures for Lone-working through inspections and audits. 4. Ensure staff have access to the appropriate support and counselling services whenever this is required. 5. Promote a positive/pro-active health and safety culture amongst lone workers - ensuring that they are aware of their responsibilities as well as the need to ensure their safety at all times. 6. Ensure robust monitoring and response arrangements are in place with EOC as well as other emergency services to support lone workers (especially when working out of hours) where they require urgent assistance. 7. Ensure annual review of Trust-wide lone working arrangements with Staff Side and Health & Safety Committee. 	Deputy Medical Director

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
Community First Responders (volunteers)	<p>Lone working of Community First Responders (CFRs) assigned to provide immediate basic care to high risk patients within their communities, until the arrival of more highly qualified staff who will take over patient care. The risks these staff are exposed to include:</p> <ol style="list-style-type: none"> 1. Lone working in uncontrolled and unfamiliar environments; with unfamiliar patients/people and circumstances that cannot be pre-planned or predicted. 2. Lack of access to immediate help or assistance during volatile situations/circumstances, sudden illness or injury. 3. Lack of immediate support following exposure to traumatic/challenging situations. 4. Potential risk of muscular-skeletal injury to CFRs from the lifting and handling of equipment/patients (especially in time critical scenarios). 5. Risk of violence, aggression and/or assault from vulnerable patients or members of the public/carers. 	<ol style="list-style-type: none"> 1. CFRs are jointly managed with St. John Ambulance. 2. CFRs are required to undergo Mandatory training which are provided by St. Johns Ambulance. 3. CFRs are provided with regular CPD training by LAS. 4. All CFRs are required to have an airwave radios which is GPS tracked. 5. Emergency buttons are available on all handheld radios for staff to use when in difficult situations. 6. CFRs are only assigned to serious medical emergencies and not any potential violent/dangerous incidents, maternity, psychiatric or traumatic incidents. 7. CFRs use their own cars and are required to undertake regular driving license, insurance and MOT checks. 8. CFRs are DBS checked every 3 years. 9. Call monitoring as well as regular welfare checks are undertaken by EOC/First Responder Department/St John Ambulance. 10. CFRs screen all calls to identify those which may fall outside of their skillset, and all receive training of when to withdraw and report with regards to any perceived risk. 	<p>First on scene – not all calls as given. CFRs are not to attend incidents where there is a risk to their wellbeing. However, it may not be possible to accurately assess the lack of risk when the call is taken over the phone.</p>	4	2	8	<ol style="list-style-type: none"> 1. Ensure all CFRs receive Dynamic Risk Assessment training and are competent to be able to undertake dynamic risk assessments. 2. Ensure robust monitoring and arrangements (including monitoring and investigation of incidents, follow-up and emotional/psychological support) are in place for CFRs 3. Head of First Responders to work with EOC in order to address issue relating to how calls are assessed and communicated to community first responders. 	Head of First Responders

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
Emergency Responders (Volunteers)	<p>Emergency Responders are volunteers recruited and managed directly by the LAS. This staff group would be assigned call outs in pairs, however, due to the availability of resources, they can be required to work alone. The risks associated with ERs when they work alone includes:</p> <p>1. Risk of lone working in uncontrolled and unfamiliar environments; with unfamiliar patients/people and circumstances that cannot be pre-planned or predicted.</p> <p>2. Risk of violence, aggression and/or assault from vulnerable patients or members of the public/carers.</p> <p>3. Lack of immediate support following exposure to traumatic/challenging situations.</p> <p>4. Potential risk of musculo-skeletal injury to Staff from the lifting and handling of patients/equipment (especially in time critical scenarios).</p>	<p>1. ERs are trained and equipped by LAS to provide immediate care and treatment to patients.</p> <p>2. ERs are dispatched to serious medical and traumatic emergencies excluding any potential violent/dangerous incidents, maternity or psychiatric emergencies</p> <p>3. All ERs are provided with a working handheld Airwave radio which is GPS tracked, prior to commencing their shift.</p> <p>4. Emergency buttons are available on all handheld radios for staff to use when in difficult situations.</p> <p>5. Call monitoring as well as regular welfare checks are undertaken by EOC/First Responder Department.</p> <p>6. ERs are provided with the appropriate uniforms and PPE in order to ensure safety.</p> <p>7. A large proportion of all ER Call outs are undertaken in pairs.</p> <p>8. ERs competencies are assessed every 3 years by the LAS First Responder Department.</p> <p>9. Full Employment and DBS Checks are undertaken for all ER staff.</p> <p>10. Welfare is provided to ERs by LAS, hence they have the same access to support services as regular staff</p> <p>11. ERs are expected to work at least 16 hours a month and not more than 12 hours a day per person.</p>	None	4	2	8	<p>1. Ensure all ERs receive Dynamic Risk Assessment training and are competent to be able to undertake dynamic risk assessments.</p> <p>2. Ensure robust monitoring and arrangements (including monitoring and investigation of incidents, follow-up and emotional/psychological support) are in place for ERs.</p>	Head of First Responders

Appendix 2: Generic Lone Worker Risk Assessment – Corporate/Support Service Staff

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
FLEET & LOGISTICS (Emergency Vehicle Technician/Stores/ Equipment Officer)	<p>Lone working of Fleet & Logistics staff who are tasked with transporting Trust Vehicles, transporting and supplying equipment across sites as well as undertaking road side emergency vehicle repairs. The specific risks associated with this staff group include:</p> <ol style="list-style-type: none"> 1. Lack of immediate support if/when exposure to situations where urgent help or assistance is required. 2. Potential risk of musculo-skeletal injury due to nature of work e.g. from the lifting, handling and using tools and equipment. 3. Potential risk of driving or vehicle road traffic collisions. 4. Potential risk of exposure to Chemicals and hazardous materials. 	<ol style="list-style-type: none"> 1. Trust vehicles provided/used by this staff group are subject to regular maintenance, inspections and checks. 2. Fleet & logistics staff are provided with a working handheld and vehicle based radio/Mobile handset by the Trust. 3. Incidents can be reported through the Datix system; managed and monitored through the Trust's governance structures so that learning and additional controls to mitigate risks can be implemented. 4. All Fleet and Logistics staff are required to undergo mandatory training and demonstrate competencies in skills appropriate to their roles (Motor Vehicle Maintenance and Repair to a level of NVQ 3 or equivalent). 5. Support is available to Fleet and Logistics staff through the Occupational Health as well as the HR Department. 6. Trust-wide Lone working policy in place and accessible to all staff. 7. All staff journeys are logged with colleagues/managers aware of where staff are when working off site. 	None	2	2	4	1. Ensure that regular driving license checks are completed for all staff who drive Trust vehicles. 2. Where staff are required to work at unfamiliar sites (e.g. for the first time), ensure that a local/site orientation is arranged to familiarise them with emergency procedures e.t.c at the site. 3. Ensure all staff are aware to inform colleagues when they are required to work off site and to agree frequency of regular communication/welfare checks to be completed where required.	Deputy Director of Fleet & Logistics

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
Public Engagement	<p>Lone working of Public Engagement team involves, engaging with patients and the public. The specific risks associated with this staff group include:</p> <ol style="list-style-type: none"> 1. Lone working in unfamiliar environments and patients/people. 2. Lack of immediate support if/when exposure to situations where urgent help or assistance is required. 	<ol style="list-style-type: none"> 1. Risk assessment form (LA168) is completed before every public education event that the Public Engagement Team attend. 2. Visits to sites outside of the primary base for this staff group is usually pre-arranged and planned in advance. 3. Where Trust vehicles are used, these are subject to rigorous maintenance inspections/checks before they are provided/used by the staff 4. All staff are provided with or have Mobile handsets which can be used for communication where required. 5. Trust-wide Lone working policy in place and accessible to all staff. 6. Incidents can be reported through the Datix system; managed and monitored through the Trust's governance structures so that learning and additional controls to mitigate risks can be implemented. 7. Staff are usually familiar with the sites that they are required to visit and where this is not the case, staff will usually have a named contact to meet at the site. 8. Staff are aware not to display their ID badges when out of Trust premises. 9. First aid provision is available to lone workers working across LAS sites. 	None	1	2	2	<ol style="list-style-type: none"> 1. Where staff are required to work at unfamiliar sites (e.g. for the first time), ensure that a local/site orientation is arranged to familiarise them with emergency procedures e.t.c at the site. 2. Ensure all staff are aware to inform colleagues when they are required to work off site and to agree frequency of regular communication/welfare checks to be completed where required. 	Head of Patient & Public Involvement & Public Education

People Affected	Description	Controls in place	Gaps in controls	Likelihood (current)	Consequence (current)	Rating (current)	Actions:	Risk Lead
				1	2	2		
Corporate Executive Directors, Service Line Managers, Estates Department, IM&T, Health and Safety Department.	<p>Lone working of non-frontline/operational staff who are required to travel to or work across LAS sites different to their primary base. This includes:</p> <ol style="list-style-type: none"> Corporate Executive Directors Service Line Managers Members of the Estates Department IM&T Staff Members of the Health and Safety Department. <p>The risks associated with the lone working activities that will be undertaken by the above staff group includes:</p> <ol style="list-style-type: none"> Working in unfamiliar environments with limited supervision. Lack of immediate support if/when exposure to situations where urgent help or assistance is required. Potential risk of musculo-skeletal injury to staff who are required to undertake lifting, moving/handling of equipment e.g. IM&T Staff. 	<ol style="list-style-type: none"> Visits to sites outside of the primary base for this staff group is usually pre-arranged and planned in advance. Where Trust vehicles are used, these are subject to rigorous maintenance inspections/checks before they are provided/used by the staff. All staff are provided with or have Mobile handsets which can be used for communication where required. Trust-wide Lone working policy in place and accessible to all staff. Incidents can be reported through the Datix system; managed and monitored through the Trust's governance structures so that learning and additional controls to mitigate risks can be implemented. Staff are usually familiar with the sites that they are required to visit and where this is not the case, staff will usually have a named contact to meet at the site. Staff are aware not to display their ID badges when out of Trust premises. First aid provision is available to lone workers working across LAS sites. 	None	1	2	2	<ol style="list-style-type: none"> Ensure that regular driving license checks are completed for all staff who drive Trust vehicles. Where staff are required to work at unfamiliar sites (e.g. for the first time), ensure that a local/site orientation is arranged to familiarise them with emergency procedures etc. at the site. Ensure all staff are aware to inform colleagues when they are required to work off site and to agree frequency of regular communication/welfare checks to be completed where required. 	Function, Service and Department/Lead Director