

LONE WORKING POLICY

Policy Statement

Lone working has been identified as a possible risk to domiciliary care workers; this policy sets out good practice guidance for those who work alone. The Company will ensure, so far as is reasonably practicable, that staff who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety. Measures will also be adopted to protect anyone else affected by lone working.

Lone working exposes staff to particular hazards. The Company's intention is where practicable, to entirely remove the risk from these hazards or, where complete elimination is not practicable, to reduce the risk to an acceptable level.

Scope

This policy must be followed in full when developing or reviewing and amending Company procedural documents.

1. Lone working has been identified as a possible risk to domiciliary care workers; this policy sets out good practice guidance for those who work alone
2. Employees that work alone are more vulnerable to risk around Lone Working. Furthermore lone working may mean that there are additional difficulties in obtaining assistance in the event of an incident such as accidents or vehicle breakdowns. Whilst recognising that this document is aimed at lone workers, the majority of practice can apply to other situations where staff are working remotely
3. This policy will include all lone workers whether they are working for the Company or acting directly or indirectly for or on behalf of the Company
4. Lone Workers are those persons who work by themselves without close or direct supervision
5. Locality Coordinators, Managers are responsible for carrying out the risk assessment using the guidance as required by this policy and the Company's health and safety policy
6. A risk assessment should be undertaken after identifying lone working using the appendices and any remedial actions taken that reduce the risk
7. Training should be relevant to the nature of the lone working risk
8. Primary references are the Health & Safety at Work Act and Company Health and Safety Policy
9. Monitoring will be through the Monthly Senior Managers Meetings

Policy

1. DEFINITION

“Lone Workers” are those who work by themselves without close or direct supervision.

2. PROCESS

In order for this policy to be implemented lone workers need to be identified and training to be provided in line with this policy. A risk assessment is required (see section on duties and responsibilities below, Appendix 1, and the Company’s Risk Assessment Policy). A staff safety checklist (Appendix 2 for home visits, Appendix 3 for workplaces) may be completed as part of this process. Any safeguards and actions implemented can be recorded on the form at the appropriate appendix.

Defining Working Limits

From the results of the risk assessment the Manager/Locality Coordinator must establish clear procedures to set limits of what can and cannot be done while working alone. Where any doubt exists supervisory authorisation should be sought.

3. SUPERVISION

Procedures must be put in place to monitor lone workers to ensure they remain safe and provided with supervision on a regular basis. This includes supervisors periodically visiting and observing those working alone and regular contact between the lone worker and the company.

Complete Care Agency Ltd believes that supervision helps to ensure that employees understand the risks associated with their work and that necessary safety precautions are carried out. The extent of supervision required depends on the risks involved and the ability of the lone worker to identify and handle health and safety issues

4. LONE WORKERS’ SECURITY POLICY

When a member of staff visits a client in their own home he or she may be at risk through health and safety hazards in and around service user’s homes and of physical or verbal assaults and hostility from clients, relatives and general public. Recent evidence suggests that such incidents may be on the increase and home visiting protocols should take this into account, particularly in high risk areas such as high crime areas.

In this agency:

- The assessment of all new referrals should include a risk assessment which includes threats from health and safety hazards and from aggression and violence and other threats to lone working.
- Lone workers should ensure to follow call monitoring directions so that staff in the central office are able to judge the location of staff at any given time.

- Staff such as field supervisors, coordinators and managers who may be working from a variety of places but are not monitored through call monitoring, should ensure their outlook office calendars are accessible to all other office staff and are kept up to date with information on visits and addresses.
- Lone workers should carry a mobile phone so that they can summon help quickly, all phones should include an emergency number (Office number which will divert to on call mobile if office closed) which will be attended at all times that staff are working.
- Lone workers should call in at regular intervals to report that they are safe, including at the end of a shift when working alone.
- Administration staff in the central office (or the person nominated as on call when the office is closed) should log and keep details of all home visits as well as having access to the names, addresses and telephone numbers of clients.
- Administration staff in the office should contact the manager in the event of emergency situations.
- In a situation where a lone worker feels under immediate threat of their physical safety they should contact the police directly or inform the office staff who should contact the police for them; staff should ensure they take all appropriate information from the lone worker, such as location and telephone number, and to pass this on to the police, after the incident the lone worker should fill in an incident form.

It is strongly advised that staff carry in their cars the absolute minimum amount of equipment and that they always, where possible, park in a well-lit public place. Thefts from cars are a major area of concern and muggings of care staff are a real threat, especially in high crime areas. If on foot then care staff should avoid dark, unlit, isolated routes to work.

In cases where care is to be provided in a high crime area or to a client with a known history of aggression or violence associated with them, then a full risk assessment should be completed by the Locality Coordinator/Manager. Where there is significant risk then the care plan should be altered accordingly, either by reviewing the case with the relevant care manager or by arranging for care workers to attend in pairs.

5. UNTOWARD INCIDENTS

Untoward incidents, including all incidents which involve the use or threat of aggression or violence, should be reported using the incident reporting protocols and these will be regularly reviewed and audited.

6. TRAINING

As part of the induction process the trainer must satisfy themselves that each member of staff is competent and safe to work alone, that they are clear about how to act in ways that will maximise their own safety and about what to do in an emergency. Each staff member has copy of the Lone Working Policy in there handbook and are advised to keep this with them when working and read it regularly.

Review of this Policy

Date: 16th January 2017

Review Date: 16th January 2020

Complete Care Agency

APPENDIX 1: STAFF SAFETY CHECKLIST FOR DOMICILIARY CARE VISITS

NAME:
ADDRESS:
DATE OF BIRTH:.....	GP:
CONTACT TEL NO.

1	UNPREDICTABLE BEHAVIOUR OR VIOLENCE/AGGRESSION - PATIENT Does the patient have a known history of unpredictable behavior or violence and aggression?	YES	NO	
2	UNPREDICTABLE BEHAVIOUR OR VIOLENCE/AGGRESSION - OTHERS Has any member of staff felt threatened, intimidated or harassed by any member of the household?	YES	NO	
3	PETS/ANIMALS Is there a known problem with any animals in the house or on the property?	YES	NO	
4a	ACCESS / EGRESS TO THE PROPERTY Is the property easy to locate? If not document directions on how to find property.	YES	NO	
4b	Is off road parking available?	YES	NO	
4c	Is the property to be visited <5 minutes' walk from where the car can be parked?	YES	NO	
4d	Is entry to the building well lit?	YES	NO	
4e	Is entry to the building visible from the road?	YES	NO	
4f	Are external stairways and lifts in good condition?	YES	NO	
4g	Are any additional hazards relating to access to the building detailed overleaf?	YES	NO	
4h	Are doors locked whilst staff are inside the house and therefore "quick" exit routes barred?	YES	NO	
5a	SLIPS/TRIPS AND FALLS WITHIN THE HOME Are floor surfaces, including stairs, within the home in good condition?	YES	NO	
5b	Is the floor free from tripping hazards e.g. wires, objects, rugs etc?	YES	NO	
6a	MANUAL HANDLING - Has an individual patient handling assessment been completed?	YES	NO	N/A
6b	Is there adequate and appropriate lifting equipment in situ in the house?	YES	NO	N/A
6c	Is the manual handling equipment maintained?	YES	NO	N/A
6d	Does the amount of, or layout of, furniture increase the handling risk? (e.g. limits maneuverability, causes excessive stretching etc)	YES	NO	N/A
7	ELECTRICAL SAFETY - Is electrical equipment that staff may come into contact with in good condition (visually check for frayed leads, damaged plugs or sockets)	YES	NO	N/A
8	AT RISK GROUP: Would this person be considered particularly at risk in certain situations ie: severe weather conditions either heatwave or extreme cold weather, because of their health, home environment or support received	YES	NO	
9	HAVE OTHER RISKS BEEN IDENTIFIED? IF SO DETAIL OVERLEAF	YES	NO	

Shaded boxes highlight a risk - complete form overleaf to document control measures

COMMUNITY VISITS SAFETY CHECKLIST CONTROL MEASURES RECORD

Item No	Existing Control Measures in Place(What is already in place to reduce each risk)	Action Plan (What further action is required to reduce the risk)	Responsible Person	Date Action Completed

Complete Care Agency

Signed: Position:

Date:..... Print Name:.....

Review Date:

APPENDIX 3: STAFF SAFETY CHECKLIST FOR WORKPLACE

NAME:
WORKPLACE:
SITE:

1	UNPREDICTABLE BEHAVIOUR OR VIOLENCE/AGGRESSION – PATIENT/PUBLIC Does the patient have a known history of unpredictable behavior or violence and aggression? Or has any member of staff felt threatened, intimidated or harassed by any member of the public?	YES	NO	N/A
2a	ACCESS / EGRESS TO THE WORKPLACE Is the workplace easy to locate? If not document directions on how to find property.	YES	NO	
2b	Is entry to the building well lit?	YES	NO	
2c	Is entry to the building visible from the road?	YES	NO	
2d	Are external stairways and lifts in good condition?	YES	NO	
2e	Are any additional hazards relating to access to the building detailed overleaf?	YES	NO	
2f	Are doors locked whilst staff are inside the workplace and therefore “quick” exit routes barred?	YES	NO	
3a	SLIPS/TRIPS AND FALLS WITHIN THE WORKPLACE Are floor surfaces, including stairs, within the workplace in good condition?	YES	NO	
3b	Is the floor free from tripping hazards e.g. wires, objects etc?	YES	NO	
4a	MANUAL HANDLING - Has an individual patient or object handling assessment been completed?	YES	NO	N/A
4b	Is there adequate and appropriate lifting equipment in situ in the workplace?	YES	NO	N/A
4c	Is the manual handling equipment maintained?	YES	NO	N/A
4d	Does the amount of, or layout of, furniture or fittings increase the handling risk? (e.g. limits maneuverability, causes excessive stretching etc)	YES	NO	N/A
5	ELECTRICAL SAFETY - Is electrical equipment that staff may come into contact with in good condition (visually check for frayed leads, damaged plugs or sockets) and tested.	YES	NO	N/A
6	AT RISK GROUP: Would this person be considered particularly at risk in certain situations ie: severe weather conditions either heatwave or extreme cold weather, because of their health, environment or support received?	YES	NO	
7	HIGH RISK ACTIVITIES – would this person operate machinery or equipment that could give rise to serious injury or fire? E.g. Deep fat fryers, lathe or milling machines	YES	NO	N/A
8	HAVE OTHER RISKS BEEN IDENTIFIED? IF SO DETAIL OVERLEAF	YES	NO	

Shaded boxes highlight a risk - complete form overleaf to document control measures

CONTROL MEASURES RECORD – WORKPLACE SAFETY CHECKLIST

Item No	Existing Control Measures in Place(What is already in place to reduce each risk)	Action Plan (What further action is required to reduce the risk)	Responsible Person	Date Action Completed

Complete Care Agency

Signed:

Position:

Date:

Print Name:

Review Date: