

Policy/Procedure/Guideline**Lone Worker Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance & Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 2 Years**Identifiable Document Code:** PTUK011**Last Review:** April 2020**Next Review:** April 2022

POLICY AWARENESS	
People who need to know this policy in detail	All Staff
People who need to have a broad understanding of this policy	All Staff
People who need to know this policy exists	All Staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1	New policy	New policy

Policy location:

Main documents folder in Crew room and control room.
On the Company Server

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1.0 Introduction

- 1.1 PTUK recognises its responsibility under Section 2(1) of the Health and Safety at Work Act 1974 to “ensure so far as reasonably practicable, the health, safety and welfare at work of employees” and that this duty also applies to lone working.
- 1.2 PTUK will ensure so far as is reasonably practicable, that employees 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.

2.0 Definitions

- 2.1 HSE definition – “Lone workers are those who work by themselves without close or direct supervision. They may be found in a wide range of situations”.
- 2.2 An individual does not have to work for an entire shift to qualify as a lone worker. It can apply to short periods in a shift

3.0 Duties

3.1 Duties of Directors of PTUK

- 3.1.1 The Directors of PTUK have overall responsibility and liability for ensuring the health, safety and welfare of employees, patients, visitors and those affected by PTUK activities. They have overall responsibility for the implementation of this policy, in accordance with legislation and national guidance.

3.2 Duties of Managers of PTUK

- 3.2.1 Managers are responsible for ensuring they have a comprehensive understanding of their own remit within this policy and any associated procedures and guidelines. They are also responsible for ensuring staff understand and comply with the policy and associated procedures.

3.2.3 All Managers must:

- Be familiar with and enforce this policy.
- Be aware of the legal implications of this policy and relevant legislation
- Ensure that contractors working in their area of responsibility comply with this policy.

3.4 Duties of Employees

3.4.1 All employees (including full time, part time, temporary, bank, managers and agency workers), contractors, subcontractors, agents and visitors will be covered by the PTUK Lone Worker Policy and it is the responsibility of all managers and supervisors to ensure that the policy is enforced. This includes self-employed vehicle crew staff operating on PTUK's behalf.

3.4.2 All staff have the duty to familiarise themselves with and comply with this policy.

4.0 Consultation and Communication with Stakeholders

4.1 New members of staff and contractors/subcontractors will be advised of PTUK's policy at induction.

4.2 Existing staff in position at policy inception will be notified by use of internal email and staff notice boards.

4.3 The Staff Liaison Officer is a member of the Clinical Governance and Risk Board who will undertake staff consultation through the development process.

5.0 Non Compliance

5.1 This policy constitutes part of every employee's terms and conditions of employment and as such, a breach of these provisions is deemed a disciplinary offence and will be dealt with in accordance with PTUK's Disciplinary Procedure. Depending on the seriousness of the offence, it may amount to gross misconduct and could result in the employee's dismissal without notice. In the case of contractors or subcontractors, this policy forms part of their terms of service.

5.2 PTUK reserves the right in any of these circumstances to arrange for the employee to be escorted from PTUK premises immediately and sent home on full pay, pending a full investigation into the incident.

6.0 Data Protection & Confidentiality

6.1 Information about an employee's health is sensitive personal data. PTUK will, therefore, ensure adherence to the Information Commissioner's Code of Practice at all times.

7.0 Objectives

7.1 PTUK will ensure that lone workers are provided with safe and effective systems of work at all times. Employees are required to take reasonable care of their own Health and Safety and that of others and should not act in a way that puts themselves or others at risk.

8.0 Legal Framework

- 8.1 Employers are responsible within sections 2 and 3 of the Health and Safety at Work Act 1974 for the health and safety of all their employees and other who may have been affected by their work activities. This duty cannot be transferred to employees who work alone. However all employees have their own duty under section 7 of the HSAW act to take reasonable care for their own health and safety and that of anyone else who might be affected by the work activity.
- 8.2 Regulation 3 of the Management of Health and Safety at Work regulations 1999 requires employers to make an assessment of the risks involved with activities at work, which must be written down. Clearly, working alone must in many cases be considered to involve risks requiring assessment under MHSWR.

9.0 Procedure

- 9.1 PTUK is required to identify, assess and manage risks to lone workers. PTUK undertakes risk assessments of all lone working activities and will implement all reasonable control measures.
- 9.2 Individual members of staff working alone must undertake dynamic risk assessment on approach or at the scene of a situation to ensure that they work safely. Staff should be aware that personal safety is a shared responsibility between PTUK and the staff. Staff have a responsibility to help themselves to be safer. Staff will not be penalised if it is deemed unsafe to attend an incident and have the full support of PTUK in such cases.
- 9.3 If the lone worker has reservations about attending an incident these should be taken into account. They should be deployed to a location close to the scene and a dynamic risk assessment must be completed from a place of safety. All reports and relevant information must be reported back to control.
- 9.4 Any staff who have concerns regarding lone working should discuss the issues with their line manager.

Appendix 1 – Unsuitable Jobs for Lone Workers

There are occasions where a lone worker may be asked to attend a job where it has been deemed not suitable.

These jobs include incidents involving:

- Alcohol and Drugs
- Assaults

- Mental/Emotional

Appendix 2 – Systems of Work for Lone Workers

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

PTUK staff must make constant and proper use of their mobile phones and communications devices to keep the control centre aware of their circumstances at all times.

Appendix 3 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Director of Human Resources and Corporate Affairs, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 4 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	CG&RB meetings
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	CG&RB
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Is there an outline/plan to identify how this will be done?	Yes	Email staff
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	Archived in folder store on server
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Internal auditor
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	11 th April 2020
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	11 th April 2020
Signature			