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## **Heath United Reformed Church Parish Nursing Lone working Policy**

### **PURPOSE AND AIM OF THE POLICY**

Heath United Reformed Church is committed to ensuring the safety of its employees including parish nurses and any volunteers involved and who are exposed to risks arising from lone working activities both within and away from a recognised workplace or base.

Heath United Reformed Church has a statutory duty under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 to identify work hazards, assess the risks involved and implement suitable and sufficient measures to avoid or control the risks, which includes the risks associated with lone working.

The aim of the policy and the guidelines is to eliminate the potential risks associated with lone working and where this is not possible, the risks will be minimised to the lowest possible level so far as is reasonably practicable.

### **2. SCOPE**

2.1 This policy applies to work of parish nurses and volunteers who work as part of the parish nursing/pastoral team.

### **3. LONE WORKERS GUIDELINES**

3.1 The lone workers policy should be read in conjunction with the lone working guidelines (contained in Appendix A). The lone worker guidelines are specifically aimed at line managers of and the parish nurses and volunteers who work alone and/or visit service users/premises in the community; however, they contain general safety issues generic to all employees who work alone.

### **4. DEFINITIONS PERTAINING TO THIS POLICY**

#### **4.1 Lone Working**

Lone working is when parish nurses, volunteers or other staff:

- Routinely work in isolation from colleagues without close or direct supervision in or out of working hours;
- Work alone or in isolated parts of the Church/organisations premises
- Routinely work away from the Church/organisation fixed base:

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## 4.2 Risks

With regards to parish nursing, risks include but are not confined to:

- The risk of violence, aggression or discrimination when working alone or visiting people's homes
- The risk of incurring an accident or injury whilst lone working
- The risk involved in travel to isolated areas/ difficult terrain/urban areas where there might be a threat to personal safety
- Allegations aimed at the lone worker e.g. abuse, inappropriate actions or theft.

## 4.3 Risk Assessment

Risk assessment is defined as the overall process of performing a systematic written risk analysis and risk evaluation in order to identify methods to control the severity of the risk. The process based on the Health and Safety Executive (HSE) 5 step risk assessment:

- Step 1 Identify the hazard.
- Step 2 Decide who might be harmed and how.
- Step 3 Evaluate the risks and decide on precautions
- Step 4 Record finding and implement a plan.
- Step 5 Review and update as necessary.

## 5. RESPONSIBILITIES

### 5.1 Senior Leadership/Management are responsible for:

- In accordance with the Corporate Manslaughter and Corporate Homicide Act 2007, for ensuring that the health and safety management systems relating to lone working are effectively implemented, monitored and reviewed.
- Maintaining a log of the locations when the parish nurse(s), volunteers or other staff are considered to be lone workers and assurance that risk assessments have taken place for these locations
- Ensuring there is a 'system' to support 'safe working' for lone workers
- Monitoring feedback from the manager and staff on lone worker risk and improving processes
- Monitoring and updating this policy as appropriate

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## **5.2 Line Manager(s) (which may include the parish nurse if they line manage volunteers or staff) are responsible for:**

- Disseminating this policy within their area of responsibility and ensuring that staff are aware of their responsibilities under this policy.
- Ensuring staff are appropriately trained updated and supported in the risk assessment and management of lone visits at induction
- Identifying those who are working regularly in isolation and assessing with them the risks that such lone working presents. Then having assessed the risks, to decide whether lone working is reasonable or not in these situations
- Recording identified risks on the local risk register.
- Reporting to the Senior Leadership Team any situation where the risks cannot be controlled
- Ensuring that appropriate support is given to staff following any incidents.
- If lone working is considered reasonable, ensuring that suitable precautions are in place.
- Implementing systems to identify when the parish nurse, volunteer, or associated staff will be lone working;
- Ensuring systems are in place to trigger actions to contact / locate staff that have failed to make contact or return at the expected time.
- Raise the appropriate level of alert / alarm and reporting if someone cannot be contacted / located within 2 hours after the expected time of contact or return.

## **5.3 Parish Nurses are responsible for:**

- Giving information on known risks
- Ensuring service user records are regularly updated to ensure accurate information is available to relevant staff at all times
- Ensuring that other agencies are informed of service users who may present a potential risk of harm, as appropriate.

## **5.4 Employees (including parish nurses and volunteers) are responsible for:**

- Understanding and adhering to the lone working policy and guidelines
- Attending appropriate training related to lone working and health and safety
- Identifying any activity carried out by them which will involve them working alone. Reporting any concerns to their manager in writing as soon as is reasonably practicable

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- Taking all reasonable steps to maintain their own personal health and safety and that of work colleagues and to avoid preventable accidents and injuries.
- Reporting any unsafe or potentially unsafe situations, and incidents in which violence or aggression or threats have taken place (see the Serious Incident policy)
- Maintaining an accurate, information governance compliant record of the visits being made
- Providing information that may be needed to set up a safe system of working : e.g. exceptions to normal working patterns, maintaining events 'diary' or working patterns such as adhoc or "spur of the moment" visits;
- Taking reasonable care for their own safety and not expose themselves to unnecessary risk of any kind.

## 6. RISK MANAGEMENT

6.1 Safe lone working is reliant on the judgement of the staff members making the risk assessment and, if applicable, conducting the visit, whether this is a first visit or as part of an on-going care plan.

6.2 Where the risk assessment identifies an unacceptable risk to the staff, **lone visits should not be undertaken** and the reasons for this should be clearly entered into the record of the service users held at the lone worker's base/office and alternative arrangements made to visit the service user.

6.3 Risk assessment is undertaken by the lone worker and/or the lone worker's manager and should be proportionate to the level of risk. **Further information on risk assessments** can be obtained from the Internet at [www.hse.gov.uk/risk/fivesteps.htm](http://www.hse.gov.uk/risk/fivesteps.htm).

6.4 In addition, before visiting a service-user or agreeing to see that person alone, the member of staff may deem it appropriate to undertake a 'Pre-Visit Risk Assessment' (See Appendix C) taking into account known information relating to the service user and/or their family/carers/others at the address:

- Current mental state
- Any prescribed medication
- History of violence and/or aggression
- Ownership/use of weapons
- History of socially unacceptable behaviour related to gender, race, age, disability, religion or belief, sexual orientation, gender reassignment, marriage or civil partnership, or pregnancy or maternity defined in the Equality Act 2015
- History of alcohol or other substance misuse

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- History of unpredictable behaviour
- History of self-harm
- Presence of pets/animals
- History of making allegations against staff

6.5 The nature of the visit should be considered taking into account the purpose of the visit, the degree of knowledge about the source of the referral for example.

6.6 There should be consideration of the environment, taking into account known information relating to the general safety of the area, time of day, day of week, light and weather conditions, unhygienic conditions etc.

6.7 The risk assessment should be recorded within the service users record (paper and/or electronic), as being completed, however a detailed risk assessment will be securely held in the lone worker's base/office, and subject to regular review and updates – especially after any reported incident.

6.8 Where identified risks can be readily controlled, for example by ensuring that the premises are not entered until it is clear that pets/animals have been secured, this information should be clearly entered into the record of the patient, held at the lone worker's base/office.

6.9 Where identified risks relate to potential discrimination with regards to specific staff or groups of staff, due to gender, ethnicity, age or other factors, this information should be clearly entered into the record of the patient, held at the lone worker's base/office.

6.10 Whenever practicable, risks can be avoided or reduced by meeting with service users at designated bases or in lower risk environments.

6.11 Where any perception of significant risk exists the visit should only take place with the express agreement of the member of staff and their line manager. Appropriate control measures should be agreed, which may include an arrangement to phone a work colleague of base immediately before entering the premises and immediately after leaving.

6.12 Where staff commence a lone visit on the basis of an acceptable level of assessed risk but subsequently consider, for any reason, the visit to be unsafe, they should withdraw from the visit as soon as is practicable.

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## **7 EQUAL OPPORTUNITIES**

In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and foster good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2015).

## **8. POLICY MONITORING AND REVIEW**

Responsibilities for monitoring the policy are outline in Section 5. The policy should be reviewed annually.

## **Appendix A Lone Worker Guidelines**

### **INTRODUCTION**

These guidelines apply to parish nurses, volunteer or staff who work alone or in isolation at the organisations premises.

### **GENERAL RULES**

The line manager should hold a list of staff contact details with your name, car registration, or usual mode of travel. If your details change, you must inform your manager straight away.

You must ensure that your partner/next of kin has the details of how to contact your line manager or other contact if you fail to return home.

### **SAFETY AT YOUR BASE/OFFICE**

It is the responsibility of all staff to ensure that your base/office is kept secure and access/exits are kept safe. You should follow locking/access/exit procedures, ensuring that keys/access cards are kept safely reporting immediately if they get lost. If you are alone in the building, always lock the main access door and check that other entrance points are secure.

Try to ensure that any other people in the building know that you are present.

Do not let anyone in without being confident of his or her identity and intention.

Each office/base should have a local procedure for summoning support in the event of an emergency, such as telephone numbers to call or use of local panic alarms, which should be highlighted frequently at staff/church meetings.

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Curtains and blinds should be closed when working with the light on where windows are not lined with one-way coating.

Do not engage in any potentially hazardous activity, e.g. climbing a ladder or using machinery.

Be familiar with fire procedures, equipment and alarms and that fire doors and exits are operating properly

Staff and volunteers should not invite a lone client into their own home when they are there alone.

Before leaving your office/base, ensure that all visits have been entered into an office diary or logged with your contact even if they are not on the premises. These details should be kept for 5 years in case of an incident which requires investigation.

## **MOBILE PHONE USE**

Keep your work mobile phone adequately charged and switched on during working hours. Ensure you programme in important numbers (minister, all elders and the leadership group).

Ensure you are familiar with how to raise an alarm (from the office telephone or mobile phone).

If you are undertaking a visit in an area known to poor mobile or Internet signal you should inform the line manager or contact them ahead of a visit, stating the location, along with an estimated time of completion. Once the visit is completed you should let the contact know that you are safe. You should also locate the nearest public telephone.

## **TRAVELLING**

Hold a mobile phone that is fully charged, in service, with emergency numbers programmed in.

If using public transport, plan the route in advance, have cash or the means to purchase an alternative route if necessary, sit in a more crowded place or near the driver, and get off if feeling uncomfortable with behaviour of others.

If using taxis, book in advance if possible, and only using licensed companies, have their numbers programmed in to mobile phone for quick access, wait in a public place and sit behind the driver.

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If walking at dusk or after dark, plan known routes, walk with others or get a taxi refrain from using a mobile phone or earphones, walk confidently and keep to main roads.

If driving, check the route for likely delays, top up fuel, take spare food, drink, blankets, a snow shovel small amount of cash, first aid kit, torch, and charged mobile phone.

With all of the above, people should be encouraged to recognise warning signs and be encouraged to heed them.

### **SAFETY IN A SERVICE USERS PLACE OF RESIDENCE OR ON OTHER VISITS**

Find out as much about the person being visited beforehand; if the visit results from a referral, the referrer should let you know about any known risks about a service user or their family situation.

It is important to be aware of any previously reported incidents or risks. It may be necessary to visit in pairs or discuss with the line manager whether it is safe for the visit to take place.

Consider using Appendix C to do a previsit risk assessment. Before setting off for visits or meetings in isolated rural areas check the quality of the mobile phone signal and Internet access.

Ensure that someone knows plans, mobile numbers and expected time of return. It may be helpful to formalise this arrangement with a “buddy” person. A note in the diary or text to a named contact is sufficient.

The contact details of the service user who you are visited must be easily accessible by the agreed line manager or contact whilst ensuring adherence to the General Data Protection Regulations. Details can be left in an agreed place only if it is secure and neither service users, church members/officials nor members of the public have access. If the visit is to other premises the details should be noted within calendar.

Unscheduled visits must not be carried out without first recording the details; either by entering them into an electronic/writing diary or by telephoning or texting your contact prior to the visit.

Under no circumstance should you compromise safety. If you feel unsafe at any point, while in a lone working situation, remove yourselves from the situation immediately.

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At the end of a shift it is your responsibility to contact your line manager or contact before you leave your place of work (whether this is your base, patient's place of residence or other premises). If you do not do this your line manager will make enquiries into your whereabouts to ensure your safety.

Access to your office diary and safely and appropriately recorded contact details will be required so you must ensure they are accessible.

If you are the contact for a lone worker and you need to leave work unexpectedly you must pass the lone worker's details and responsibility for their safety to another colleague.

Outside normal working hours you must ensure that your contact has your up to date details, Ensure the details of your meetings are in the diary for easy access.

Make sure that you have your mobile phone within easy reach (i.e. pocket) and that it is fully charged.

Ensure that the service user knows that you are coming.

Request that the patient/family keep pets safely locked away prior to entering if they are any known risks.

As you enter the property, you should make a mental note of your access and exit. Check that it is safe and that you could get out quickly, if required. If the environment is unsafe or you feel threatened or vulnerable you must leave immediately. Ensure that you are in a safe place (i.e. locked car/public place) and contact your line manager for advice.

**For security reasons this paragraph has been removed from the publicly available version.**

It is your responsibility to report any incidents or risks that have occurred to your line manager and discuss how these risks can be managed, creating an action plan for future visits. Completion of an adverse event form is essential under these circumstances.

You must avoid 'just in case' or 'pop in' visits as these are difficult to trace but if these are unavoidable, the contact details MUST be phoned into the office first.

Staff who use their vehicle for work purposes are required to have their car insured for business use and regularly maintained.

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## **5. PERSONAL SAFETY AWARENESS**

If an area is known to be unsafe a decision will need to be made with your line manager on the safety of the visit and a plan implemented.

If you are in uniform keep it out of sight as much as possible with a coat – it can make you a target. Keep all your personal belongings out of sight.

You should carry your car keys in your hand when leaving the premises, in order to avoid looking for them outside, which could compromise your safety.

The inside of the car and area around the car should be checked for possible intruders before entering.

Once inside the car, all doors should be locked, especially when travelling at slow speed, at traffic lights or known danger areas.

You should not unlock or wind your window down to talk to people you do not know, even if they may be in distress or requiring help. You should stop in a safe place as soon as practicable and call the emergency services as appropriate.

Staff should not display signs such as 'nurse on call' as this may encourage thieves to break into the vehicle.

The Health and Safety Executive's safe driver programmes advise that lone workers should reverse into car parking spaces so that, if attacked, the door acts as a barrier.

At night, lone workers should park in a well-lit area, facing in the direction in which they will leave.

If followed, or if in doubt as to whether they are being followed, lone workers should drive to the nearest police station or manned lit building such as a petrol station, to request assistance.

### **ACTION TO TAKE WHEN A STAFF MEMBER DOES NOT CALL IN AFTER A VISIT**

If as the named contact or line manager you do not hear from the staff member within the agreed time the following action should be taken:

- Telephone the staff member on their mobile phone

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- If the staff member answers and sounds distressed, the police should be called immediately. You must also notify their manager or most senior person on the premises or senior manager on call. If no reply:
- Telephone the last contact's number. If no reply:
- Telephone the staff member's home number.
- The staff member's next of kin is informed.
- The police are contacted

If the individual is subsequently found not to be missing and implementation of this emergency procedure is due to their failure to comply with the working practices agreed via the Lone Working Policy, disciplinary action may be taken.

You must have a working knowledge of the procedure to take if there is a problem and discuss these procedures regularly at staff meetings to highlight lone working safety.

Maintain a Lone Worker Information Sheet (Appendix B) completed with the contact information for their staff. A copy of the ID with photograph of staff members should be hep to show to the police in case they go missing.

You should investigate any adverse events in relation to lone working to improve the safety of their team and ensure that lessons are learned from the incident.

## Appendix B Lone Worker Information Sheet

### Lone Worker Information Sheet

Employee Details						
Name	Make of Vehicle	Registration	Colour	Work Mobile No. Personal Mobile No.	Home Address and Phone No.	Emergency Contact Name, Home and Mobile No.

## Appendix C Pre-Visit Risk Assessment – Aide Memoire

From gathering as much information about the Service User to be visited, an approximate level of risk can be determined and the appropriate safety precautions taken dependant on this risk. In cases where little or no information is provided, the risk level is determined as high until evidence to the contrary.

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Pre-Visit Risk Assessment	
Q1.	How details / Useful is the information on the referral?
Q2.	Can more information be gained?
Q3.	Have you spoken to the referrer?
Q4.	Have any incidents they are aware of given them cause for concern?
Q5.	Is this Service User already known to your service? Check Database
Q6.	If yes, have all other visits been safely / successfully completed?
Q7.	Has an incident form involving this person ever been completed? If so, in what circumstances? If unclear, check the Risk Management Department, etc.
Q8.	Do service user notes indicate other individuals who may be present in the home environment and the risk they may pose?
Q9.	Are there any incidents around substance or alcohol abuse?
Q10.	Is there a history of self-harm?
Q11.	Is the presence of any undesirable pets indicated e.g. dangerous dogs, snakes, etc.
Q12.	Is there any history of weapon ownership / use?
Q13.	Is there any information re: risk posed by other family members / persons who may be present?
Q14.	Is there any history of allegations being made against staff?
Planned Circumstances of Visit & Sign Off	
Q15.	a) Time of Visit
	b) Location of Visit
Q16.	Decision
	<input type="checkbox"/> Visit Alone <input type="checkbox"/> Visit alone but through monitored call back procedure <input type="checkbox"/> Visit in pairs <input type="checkbox"/> Further discussion with manager required <input type="checkbox"/> Other, please specify:
Q17.	a) Risk Assessor's Name
	b) Designation

Q18.	Risk Assessor's Signature	
Q19.	a) Date	<a href="#">Click here to enter a date.</a> b) Time