

Lone Working and Working in Isolation Guidance

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Aug 24	Add Appendix F – Domiciliary Visits in Extreme Weather Conditions Checklist
Nov 24	Remove all references to Datix and replace with Adverse Event Reporting System.
Apr 26	Amend to link to the new Once for Scotland – Lone Working Policy and include PeopleSafe Fob use.

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1. Introduction

This document is written in support of the Once for Scotland - Lone Working Policy [Lone Working Policy Overview | NHS Scotland](#) and provides local context to staff with guidance to support the development of local lone working procedures such as the NHS Shetland – “PeopleSafe Lone Worker Alert System Protocol”. There is a variety of guidance within the document and some of it will be relevant to you and your team, and some will not. The idea is that you pick what is relevant to your team and disregard that, which is not.

It is recognised that any member of staff may spend a limited amount of their time working alone. This guidance is aimed at those: working alone, working in isolation or working remotely, for example:

- People working from home;
- People working alone for long periods;
- People working outside normal working hours;
- Only one member of staff who works in that part of the premises;
- Staff working separately from others or outside normal working hours e.g. night staff or on call staff;
- Community staff who work away from their work base – off site working or domiciliary visits;
- Any member of staff who may spend time alone in the workplace;
- Employees who travel to attend any activity during working hours inside or outside their Health Board’s premises;
- Employees transiting between sites whilst on company business;
- Staff who are seeing patients alone in clinic rooms within a hospital/medical practice
- Staff who work “at a distance” using IT to allow them to work away from the employer’s premises. Remote workers can be both home based and mobile

Departmental procedures need to define what constitutes “normal working hours”. Flexible working hours are a valuable and necessary component of the working environment. However, the argument for working outside normal working hours should not be used to justify poor planning and undisciplined working arrangements. Wherever reasonably practicable, work should be contained within recognised working hours.

A lone working risk assessment should have been completed prior to producing a procedure and there is an example risk assessment within this document which gives a variety of lone working tasks and hazards along with suggested control measures. Again here, you can remove those which are not relevant and add in any different control measures your team may have in place.

1.1. Examples of type of lone worker staff groups

The following identifies examples of staff groups who are likely to be identified as lone workers. This list is not exhaustive:

1.1.1. Staff working in isolation within a building

- Reception Staff
- Staff undertaking clinics in rooms alone
- Estates staff
- Domestic staff
- Office staff
- Staff working flexible working hours
- Staff Working outwith normal working hours
- Domestic Staff
- Drivers
- Nursing and Medical Staff
- Estates Staff
- Laboratory Staff
- Care at Home Staff
- Social Work
- Office Staff
- On-Call Staff

1.1.2. Staff who lone work within the community

- Nursing and Midwifery / Allied Health Professionals
- GPs
- Social Work
- Care at Home Staff
- Estates
- NHS staff who are travelling between premises / sites / locations / NHS Boards
- NHS staff who are working in non-NHS sites - (see local procedures)

1.1.3. Staff who home work / work from home

- Engineers;
- Staff with mobility issues;
- Administration/clerical/managerial staff

2. Definition of terms

Term	Definition
Lone Worker	<p>"An employee whose work activities involve working time operating in situations without the benefit of interaction with other workers, or without any kind of close or direct supervision".</p> <p>Lone working is work which is specifically intended to be carried out unaccompanied or without immediate access to another employee. It is not the same as the chance occurrence of finding oneself on one's own, e.g. in every workplace there is somebody who arrives first or leaves last, or an individual may need to go into an unoccupied storeroom</p>
Working in Isolation	<p>A worker is defined as working in isolation when they are isolated from assistance of other persons because of the location, time or the nature of the work being undertaken.</p> <p>"any situation or location in which someone is working without a colleague nearby, or when someone is working out with visual and hearing range"</p>
Working Remotely	<p>Remote working is a way of working 'at a distance', using information technology (IT) to allow employees to undertake work away from the employers' premises. Remote workers can be based at home, occasionally work from home, or be mobile and connected from anywhere in the world</p>
Hazard	<p>Something which has the potential to cause injury, illness or harm.</p>
Risk	<p>Risk is the likelihood that a hazard will have an adverse outcome with a consideration of how bad the outcome is likely to be</p>
Risk Assessment	<p>An overall process to identify risk and evaluate whether the risk is acceptable or not taking into account new/best practice.</p>
Dynamic Risk Assessment	<p>The Dynamic risk assessment is a continual process of identifying hazards and the risk of harm and taking steps to eliminate or reduce that risk in rapidly changing circumstances</p>
Reasonably Practicable	<p>The most practicable solution, taking into account cost, time and effort against the level of risk. High risk would warrant more money, time and effort to reduce the risk.</p>
Severity	<p>Most predictable consequence to the individual or organisation if the circumstances in question were to occur.</p>
Likelihood	<p>Probability, of an event occurring, wherever possible based upon the frequency of previous occurrences.</p>
Control Measure	<p>The means by which identified hazards are currently being controlled or those which may be additionally required in order to reduce the risk to an acceptable level. (PeopleSafe Lone Worker Fobs, for example)</p>

Competent Risk Assessors	Those who have the skills, training and experience to undertake risk assessment.
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3. Roles and responsibilities

3.1. Line managers

There is nothing set down in law that states people should not work alone, however there is law set down which states that employers must assess any identified risks associated with working alone.

The Health & Safety at Work Act 1974 states that employers have a duty to ensure the safety and welfare of their employees (as far as is “reasonably practicable”).

The Management of Health & Safety at Work Regulations 1999 requires every organisation in the UK to undergo a proactive process of risk management. Employers must assess risk, create safe systems of working, communicate these to their employees and monitor and review their systems on a regular basis.

It is the responsibility of Line Managers to:

- involve your team in the identification of hazards, risk and controls;
- share relevant risk information with internal and external teams who may also be affected;
- ensure staff are aware of their individual responsibility to adhere to local lone working arrangements;
- ensure new staff are made aware of their responsibilities in terms of both local and management procedures, including the Lone Working and Working in Isolation Policy as part of their local induction on commencement of employment;
- Provide supervision of lone workers and staff working in isolation. Supervision compliments the information, instruction and training provided and helps to ensure that staff understand the risks associated with their work and that necessary safety precautions are carried out. It also provides guidance in situations of uncertainty. The extent of supervision required depends on the risks involved. The level of supervision required is a “management decision” and should be based on the findings of the risk assessments. The higher the risk the greater the level of supervision required. It should not be left to individuals to decide whether they require assistance;
- Ensure procedures in place to monitor lone workers include: supervisors maintaining contact with lone workers using either a phone or a radio. Contact arrangements should be documented as part of the risk assessment;
- The use of signing in/out system;
- Checks that a lone worker has returned to their base or home on completion of their tasks;
- Supervisors periodically visiting and observing people working alone;
- Post incident review of hazards, risks and controls;

- Contingency plans should specify the action to be taken if a pre-arranged contact cannot be reached or an alarm device activates and should be included as part of the risk assessment;
- It may be necessary to check that lone workers have no medical conditions that may make them unsuitable for working alone. Advice should be sought from Occupational Health as necessary;
- Ensure that information is communicated to staff regarding the hazards and risks associated with their activities. The outcomes of risk assessments must be shared with employees, including control measures put in place to minimise the risk to their safety and wellbeing;
- Instruct staff on the appropriate procedures to follow to carry out their duties as safely as possible. In particular, they should be given information on the limits as to what can and cannot be done whilst working alone. There should also be instructions on the circumstances in which it is appropriate to stop work and seek advice;
- Instruction on local management systems (e.g. the use of “checking in” systems and sharing information on their expected schedule of appointments with colleagues, etc.). The importance of compliance with procedures must be stressed;
- Communication of the contents of the Lone Working and Working in Isolation Policy must be communicated to all relevant staff, including temporary staff, agency staff, students, volunteers and contractors. Managers must make staff aware of their individual responsibility to adhere to the arrangements
- Ensure new staff are made aware of their responsibilities in terms of both local and management procedures, including the Lone Working and Working in Isolation Policy as part of their local induction on commencement of employment;
- Where relevant, instruction and training must be provided in the use of automated monitoring systems e.g. technological lone working systems;
- It is the line manager’s responsibility to ensure that employees are trained in, and comply with, all local risk management systems.

3.2. Employees

Employees also have responsibilities regarding maintaining personal safety. Employees are responsible for:

- Taking all reasonable care of themselves and any other people who may be affected by their acts or omissions;
- Notify their line manager of any underlying health conditions which may affect their work;
- Assisting in the development of and complying with lone working guidelines and procedures;
- Employees should check that there are up to date risk assessments in place and that these are still adequate;
- Ensuring that all incidents and near misses, however minor, are reported to their line manager and also through the local adverse event reporting system;

- Taking part in Statutory/Mandatory training including Lone Working and/or Violence & Aggression;
- Employees should plan appropriately and risk assess prior to any visit and undertake continuous dynamic risk assessment of the situation they find themselves in, taking account of changing circumstances and taking necessary action to minimise the possibility of an incident occurring. Any dangers or concerns identified as a result of lone working must be reported to their line manager and also through local accident/incident reporting system;
- At no time should an individual feel pressured into undertaking a task where they consider themselves to be at risk – this will be fully supported at all levels of management.

You may be asked by your line manager for your ideas on control measures that can be put in place to ensure your health and safety when working alone. Suggested controls are listed elsewhere in this document.

Follow any instructions and training provided. The instructions should cover

- how to do your work alone;
- what to do in an emergency situation;
- what you are allowed and not allowed to do when working alone

If your first language isn't English, you must ensure you understand the instructions and training given;

- Not knowingly put yourself in a situation which exposes you to additional risk by working alone e.g. working at height, using dangerous machinery, entering a house where you know one or more of the occupants are under the influence of alcohol or drugs;
- Report and identify work to your Line Manager at the earliest opportunity if you anticipate a lone working situation;
- Report any risks or hazardous or work situations that present serious and imminent risk to your line manager, which may require a lone working risk assessment to be carried out;
- If you are a trainee, young person, work experience or new or expectant mother, you may not be allowed to work alone;
- If you have any condition such as: acutely or chronic illness, disabled, suffer from allergies, other congenital condition, new or expectant mother, you must inform your line manager as soon as possible so that the risks to your health can be assessed;
- If you visit an area to work infrequently such as cleaning, maintenance etc., you must ensure you are made aware of the risks within that area;
- If you go to another site to work alone you must find out what the arrangements are e.g. register for staff working outside of normal hours, evacuation procedure.

3.3. Occupational Health Service

Staff who lone work or work in isolation and are involved in any incident can, on occasion, feel traumatised by the event. Staff may not wish or deem it necessary to access the Occupational Health Service at the time of the incident, however, it is essential that managers monitor staff involved in incidents in order that any post-incident problems that may arise are identified immediately. In the event of this occurring, the manager should refer the staff member to the Occupational Health Service at the earliest opportunity in order that they can be assessed to ensure the provision of the appropriate individual support. They will offer appropriate assistance and support to the member of staff involved. This may include access to confidential counselling services available.

Staff may also self-refer themselves to the Occupational Health Service at any time.

4. Risk assessment

4.1. Assessing the risk (hierarchy of controls)

Regardless of the reasons for lone working/working in isolation, wherever possible, steps must be taken to eliminate the hazards identified with lone working, i.e. by removing the need to lone work or work in isolation or remotely. Where this cannot be eliminated, lone working activities must be assessed to determine whether the lone worker is facing increased risk of “harm” because they are lone working, working in isolation or remotely.

There is a sample Hazard Checklist in Appendix 1 and a sample Assessment Checklist for Remote Workers in Appendix 2.

4.2. Assessment of risk

There are many factors to be considered when carrying out a risk assessment on lone working/working in isolation/working remotely and these should include:

- Does the work present a specific risk to the lone worker?
- Is the job/task suitable for one person on their own?
- Is a home visit essential?
- Are there procedures in place around first time appointments?
- Can any risk be adequately controlled to ensure the safety of a person working alone?
- What, training has the lone worker had to ensure competency in safety issues?
- Is the person able to work alone?
- What supervision measures are in place?
- Might the demands of the role place unnecessary levels of stress on the employee?
- Is there a threat of violence to employees?
- Are employees experienced enough to work alone?
- Is there a specific threat for example due to race, age, gender, ethnic origin or religious beliefs?

- Are expectant mothers or young workers especially at risk?
- Are there systems in place to take account of emergency situations which may arise (fire, illness etc.)?
- Are there systems in place for contacting and tracing those who work alone?
- Are there systems in place for those who work alone to contact a base or other persons?
- Are there issues around network connectivity?
- Is consideration given to weather conditions, time of day, available light (natural or otherwise)?
- Lone travelling on work related business;
- Working with substances hazardous to health;
- Estates work;
- Home Visits;
- Working out-with normal office hours;
- Working within areas such as laboratories.

The process of conducting a risk assessment for lone working is no different to that followed when assessing more conventional activities. The important point is to carry out the assessment in the following way:

1. Identify work activities that involve lone working/working in isolation/working remotely and what hazards exist;
2. Identify staff who lone work or work in isolation who may be harmed and how they could be harmed;
3. Consider what “control measures” are already in place to reduce the frequency of lone working/working in isolation and the likelihood that lone workers could be harmed whilst performing working activities and record these findings;
4. Evaluate the residual risk of “harm”, are the arrangements suitable and sufficient in controlling identified health and safety risks or are further control measures/precautions required?
5. Regularly review and revise the assessment and local procedures to establish if current working practice is effectively safeguarding lone worker/working in isolation safety.

The hazards associated with the task are likely to be the same whether it is carried out alone or accompanied, although the possibility of violence towards the lone worker should always be considered. Where a significant risk of “harm” is identified a Lone Working Risk Assessment must be completed. Those carrying out the assessment should therefore use the techniques they normally employ for hazard identification when considering the hazards of lone working/working in isolation. Boards will use their own Risk Assessment Policies and Procedures to deliver the Risk Assessment process, however, an example lone working/working in isolation/working remotely risk assessment is included in this guidance to assist the assessor. Refer to Appendix 5.

Assessments may need to be conducted on the following basis:

- Generically, e.g. consider on a particular discipline; or
- Individually, e.g. consider a particular risk relating to a domiciliary visit or seeing a patient/client in a clinic room within a building.

Some of the issues that need special attention when evaluating the risks and planning safe working procedures are as follows:

4.3. Dynamic Risk Assessment – 10 seconds risk assessment

Dynamic Risk Assessment can be defined as a continuous process of identifying hazards and risks and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. 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 minimize or negate the risk to themselves and others. It recognises that situations change rapidly as do associated risks and that dynamic risk assessments should be a continuous process. Be aware of your surroundings i.e. where possible being the closest to an exit, being aware of all entrances and exits. Ensure that when entering an area or room, that you can operate the door lock in case an emergency exit becomes necessary.

Dynamic risk assessment is about making a judgment as to the best possible course of action e.g. whether to continue working or withdraw.

Leave immediately if you feel at risk of harm.

4.4. Control measures

- Planning work schedules to identify potential hazards and appropriate control measures;
- Review work activity risk assessments and any other relevant information e.g. Clinical: Clinical notes, referral information, information shared by other disciplines; Non-Clinical: Work requests, site information etc.;
- Give consideration to previous experiences and the physical environment. Where indicated change work procedures to control risks to the lone worker e.g. work in pairs, contact Police, change venue;
- Information can be detailed on whiteboards, electronic or hard copy diaries, work schedule tools which include e.g. the name, address, telephone numbers, who staff are meeting with/visiting, expected arrival time and departure times
- Vehicle and/or mobile phone tracking technology if available;
- It is essential that lone workers keep in touch with an identified point of contact e.g. their base or at the very least a colleague “buddy” to communicate any changes to schedule, delays to activities or planned breaks:
- Agree a contact system – mobile phone/technological lone working system;
- Will lone workers “check in” regularly or are they to be contacted;
- Is there an identified point of contact?
- What is in place for poor network coverage i.e. network blackspots?

See minimum standards for a Buddy System, section 6, Appendix 3 for a sample Emergency Contact & Personal Information Form and Appendix 4 for an example/template for a Local Lone Working Procedure/Protocol.

5. Scenarios and situations

5.1. People working in a non-clinical environment

5.1.1. Risk assessment

- Becoming unwell;
- Security of the person;
- First Aid and Fire Safety arrangements;
- Work equipment;
- Welfare facilities;

5.1.2. Control measures

- Mobile phone with pre-programmed contact numbers e.g. central team, others working in another part of the building, reception, line manager;
- Where Lone Worker Technology such as the NHS Shetland PeopleSafe Lone Worker Fobs is available then training in the system must be undertaken and the procedures and protocols followed at all times;
- Where Lone Worker Technology is not available then Lone Working protocols must be followed which should include: Regular check in phone call e.g. hourly (or agreed time period) to central point e.g. receptionist/security guard that the lone worker is okay, if phone call not received, person at central point will phone lone worker, if still no contact, will go and check on lone worker;
- Signage on access doors to hazardous areas where lone working isn't allowed e.g. plant rooms;
- Register book at central point e.g. reception recording who person is, where they are working, expected leaving time and signature when leaving;
- If office based employee is needing to work outside of normal hours then asking them to use a desk in an area used by other staff.

5.2. Domiciliary visits and mobile workers

Visits to the patient's home represent a series of particular risks to a lone worker and the manager should aim to minimise these.

Before making a home visit alone, the lone worker must assess the risks and ascertain whether it is safe enough to attend alone.

The assessment must be fully documented where there is a residual risk which cannot be controlled, this must be agreed and discussed with the Service/Team Manager and shared with all relevant staff and the risk assessment available to staff.

If there are any concerns regarding the safety of a particular home visit, either a colleague must accompany them or the visit should be rearranged for a time when the risks can be minimised.

5.2.1. Risk assessment

As most risk is attached to the unknown, it is essential that all domiciliary visits are subject to a suitable and sufficient risk assessment. Therefore, when considering the associated risks, managers must take into account factors including:

- Known patient history;
- Family circumstances;
- Living arrangements;
- Pets
- Smoking/Vaping – arrangements whilst staff in the house
- Concerns considered relevant by the referrer;
- Travelling to isolated or rural areas;
- Travelling between appointments;
- Communication and traceability; and
- Personal safety and security.

Do you have adequate referral information to enable you to make a reasonable assessment of the risk?

Some referrals may not contain sufficient information to support a reasonable risk assessment. There is also increasing access to some clinical services via self-referral. This may be for domiciliary visits or for clinics run by clinicians working in isolation within a department or other clinical setting. In these cases, the clinical background along with social information a clinician may receive from a GP, social worker, fellow health care professional or hospital service referral in regard to any risk associated with the patient is not available. A patient may self-refer and choose to not disclose any relevant information that would tell a clinician that this patient may pose a risk.

5.2.2. Sharing risk information

Information concerning risks from individuals and addresses should be communicated internally to all relevant staff who may work with the same patient/service user including Staff Bank, agency, temporary or part time staff. The NHS as an organisation should also share information on known risks of addresses and associated individuals with other colleagues externally, within health and social care and other relevant public sectors. This should include the ambulance service and patient transport services and any other disciplines/agencies that might be faced with the identified risks.

5.2.3. Control measures

To reduce the risks to the lowest level reasonably practicable, the risk assessment must consider control measures such as:

Lone visits **must not** be made to clients or locations where there is a history of violent or aggressive incidents. Staff should only visit these places in very exceptional circumstances, where there are no practicable alternatives, as sending staff in pairs cannot be relied upon to reduce the risks.

Visits are only to go ahead with a full and comprehensive risk assessment taking place to evaluate the risks and consider appropriate control measures to be put in place prior to such a visit being arranged.

- Obtain as much information as possible about the client/service user, their family and location to be visited;
- Review existing information regarding the client such as case notes, GP records, previous referrals etc.;
- Review the last documented risk assessment;
- Double check the address and telephone number;
- In the event of a call out, check the authenticity of the call;
- In the event that no records or information are available, re-schedule for another time, when they have been able to gather all relevant information;
- Consider whether visiting the client/service user presents high risks;
- Make sure that they carry appropriate personal identification, i.e. name badge, ID card, to verify their authenticity;
- Wear shoes and clothes that do not hinder movement or ability to run in case of an emergency.
- Arrange for meetings to be held in NHS or other suitable premises rather than at the service user/client's home where possible;
- If this is a first visit, wherever possible and appropriate, allocating two members of staff to make visit;
- Where any circumstances/known history involved in carrying out a domiciliary visit, place staff at increased risk, consideration must be given as to whether the visit is necessary. If after consideration and further assessment, the visit is to continue then further control measures must be adopted e.g. two members of staff attending, consider gender of staff, liaising with the Police if appropriate, changing venue of visit, making arrangements for relatives to be absent if they are the source of the risk, strict timeframes for visit with an allocated person being the point of contact for staff before and after the visit;
- Training appropriate to the level of risk. This shall include any or all of the following:
 - Information and instruction on contact procedures and local risk management protocols;
 - Training and instruction on the correct use of PeopleSafe Lone Worker Fobs if available;
 - Basic personal safety awareness;
 - Strategies to prevent and/or manage violent and aggressive incidents;

- Moving and handling training;
- Violence and Aggression training including Breakaway Techniques where appropriate;
- Procedures for safe handling of any substances or waste;
- Instructions on the procedures for reporting of all adverse events/near misses, however minor.

5.2.4. Effective supervision and communication arrangements are essential:

- Use PeopleSafe Lone Worker Fobs for all community based Lone Working activities;
- Develop a clinical mechanism for warning appropriate staff if visiting a particular patient/address poses a higher than usual risk;
- Devise an appropriate “reporting in” and “reporting out” system to provide good lines of communication, e.g. community staff should keep an itinerary of their day detailing whom they intend to visit and the location and times of visits. A copy should be kept at base units and systems implemented for monitoring staff movements and “end of day checks”;
- Where possible staff should avoid scheduling appointments for after 5pm;
- Appropriate personal protective equipment is available and used by staff;
- In the event of injury ensure adequate First Aid arrangements are in place;
- Utilise the monitoring, audit and review mechanism of the Health & Safety Control Book (management system) to ensure the adequacy of arrangements;
- Alter existing arrangements as necessary e.g. due to significant changes in jobs, legislative changes, Scottish Executive Health Department policy developments etc.

In developing contingency plans managers must consider the actions that staff need to take in the event of situations such as entrapment, road traffic incidents or vehicle breakdowns (PeopleSafe Lone Worker Fobs).

The suitability of arrangements for lone staff working outside normal working hours is also a key priority e.g. evenings, weekends, callouts.

5.2.5. During the Visit

- Carry an ID badge and be prepared to identify themselves; (As per above);
- Carry out a dynamic risk assessment to identify impact factors when they first arrive at the house and the front door is opened. If they feel there is a risk of harm to themselves, they should have an excuse ready not to enter the house and to arrange for an alternative appointment. They should also be aware of animals in the house and ask for them to be removed, prior to entry;
- Record a GPS location on the PeopleSafe Fob prior to entering the building.
- Ensure that, when they enter the house, they shut the front door behind them and make themselves familiar with the door lock, in case they need to make an emergency exit;
- Try not to walk in front of a patient/service user. They should not position themselves in a corner, or in a situation where it may be difficult to escape;

- Remain calm and focussed at all times and keep their possessions close to them; and
- Be aware of their own body language (as well as the body language of the client of patient/service user), as there is a potential risk of exacerbating the situation by sending out the wrong signals, particularly where there may be cultural, gender or physical issues to consider. Body language, or other forms of non-verbal communication and mannerisms, plays an important role in how people perceive and behave towards other people.

Important – if violence is threatened, leave immediately

5.3. Working within a building (fixed site)

5.3.1. Risk assessment

As most risk is attached to the unknown, it is essential that all work within a building that involves staff, visitors or contractors working alone or in isolation is subject to a suitable and sufficient risk assessment. Therefore, when considering the associated risks, managers must take into account factors including:

- Work being done
 - Electrical;
 - working at height;
 - office based
- Environment
 - Layout of building and where work is to be done;
 - Lighting controlled by sensors which switch off lighting when there is no movement;
 - Access and egress, are there doors requiring a swipe card or key?
- Personal safety and security
 - Access to areas by non-employees;
 - Times security, reception and other staff are on site

5.3.2. Control measures

To reduce the risks to the lowest level reasonably practicable, the risk assessment must consider control measures such as:

- Work being undertaken
- Ensuring the person has no underlying health conditions, increasing the increase the risk of them becoming unwell and not found;
 - Permit to Work for higher risk jobs;
- Environment
 - CCTV being monitored by a security guard at the reception;
 - Landline phone in area so there is no issues with communication;
 - Fire alarm and evacuation process;

- Layout of building, location of reception, toilets etc.
- Personal Safety and security
 - Sign in book at reception for staff who know they are going to work late to fill in, security guard to check the areas before locking up;
 - Policy on asking staff who are going to work early or late i.e. without colleagues, to sit together, possibly close to reception
 - Check calls, possibly every hour, visual check by security guard if no response
- Phone numbers of reception, others in building, First Aid etc.

5.4. People working alone within an office during working hours

Wherever possible lone working must be avoided, where it is unavoidable, consider:

- Ensuring that they are near a telephone to call for help if needed;
- Ensuring their working areas are safe; be particularly careful in layout of furniture and equipment; ensure no potential weapons are lying around;
- Ensuring their manager/colleagues know they are working alone and know where they are working alone;
- Securing valuables in an appropriate place;
- Ensuring that keys are secured and not accessible to visitors;
- If they become anxious regarding their safety, call their Line Manager/Colleagues or emergency services for help;
- Avoiding arranging meetings with people if they are alone in the workplace;
- If they are meeting someone, let other people know who they are meeting, when, where and telephoning them to let them know that Mr X has arrived and that they will get back to them at a certain time;
- Not letting visitors place themselves in front of the exit point;
- Not telling any potential visitors/external persons that they are alone in the workplace;
- Reporting any adverse events or near-misses to the relevant manager as soon as practical after any events;
- Ensuring that all windows and doors are secured to prevent unauthorised access to the premises;
- Ensuring access control, so that the working environment is as safe as possible;
- Not opening doors to any strangers no matter what identification they have; if they are meant to be there, they will either have keys or another means of access;
- Never give security codes or keys to any stranger; again there are channels they can use to gather information if they are legitimate and are meant to have access;
- Make sure fire escape routes are available and not locked (as may happen outside working hours);

- Not use lifts at these times, as they may become trapped inside and unable to gain assistance or attention;
- If the fire alarm activates whilst inside the office alone, leave the building immediately by the nearest fire exit; go to the front of the building, a safe distance away and wait for the emergency services to arrive;
- Not attempt to repair or tamper with the controls if any problems with equipment are discovered whilst alone in the office; if it is not serious, report it to the manager the following working day;
- On leaving a department, ensure that all windows are closed and doors locked;
- Park as close to the building as possible, in a well-lit area; close to the building if necessary, to minimise the risks if leaving the building alone;
- If an adverse event or near-miss occurs, make sure an adverse event report is submitted via NHS Shetland's adverse event reporting system and that the adverse event / near miss is reviewed as per policy;
- Never assume it won't happen to you – plan to stay safe.

5.5. Staff working alone within department outside office hours

Employees may need to carry out their office based work outside of normal office hours, such as weekends and evenings.

The following precautions, additional to those described above for those working alone in an office within office hours, must be taken to ensure that health and safety of staff continues to be protected outside office hours:

- Where applicable, let the manager/supervisor/colleague/reception know if you are staying behind in an office at the end of the normal working day, so that they will know to check on you before they leave;
- If you are working at weekends or very late at night/early in the morning let a friend or relative know your whereabouts and the time that you are expected back. Contact them at regular intervals to verify that you are okay. If your plans change, let your contact know immediately.

5.6. Clinic/interview/treatment rooms

In addition to advice already provided in this document, when using one of these rooms, consider the following:

- Do not use one of these rooms to see patients/members of the public out of hours unless there is an adequate response available if an alarm is raised;
- If a room is equipped with a Panic alarm system, procedures must be in place for the regular testing of that system and the response;
- The system is connected to a response/support system and can be responded to by more than one person;
- A suitable response procedure is in place;

- People are trained in the use of the system, awareness of the means of alarm (audible, visual), the response procedure and the expected response;
- People are appropriately trained and up to date with the V&A training;
- Make sure your working areas are safe; be particularly careful in the layout of furniture and equipment;
- The Lone Worker should position themselves nearest to the exit;
- People must make themselves aware of exits, locks, doors, exits and observe how they work.
- Ensure that colleagues are aware that an interview/treatment is taking place.

5.7. Transitioning between sites

5.7.1. Hazards

As most risk is attached to the unknown, it is essential that all work that involves staff having to travel between sites is subject to a suitable and sufficient risk assessment. Therefore, when considering the associated risks, managers must take into account factors including:

- Method of transport
 - Public transport
 - Car (pool, hire, personal) and familiarity with vehicle;
- Environment
 - Weather conditions (inclement, wet, dark, snow, ice etc.);
 - Route being taken (rural, built-up)
- Personal safety and security
 - Mobile phone blackspots;
 - What are they carrying with them?

5.7.2. Control measures

To reduce the risks to the lowest level reasonably practicable, the risk assessment must consider control measures such as:

- Method of Transport
 - Arranging meetings that allow staff to travel during daylight hours and allow adequate time to travel;
 - Staff travelling the night before the visit to allow time to travel;
 - Suitability of vehicle for travel e.g. electric car with limited range and no charging points along the way;
 - Car share where one or more colleagues share the vehicle and travel together
- Environment
 - Checking weather forecast

- Checking road conditions and closures before setting off;
- Personal safety and security
 - Vehicle tracking system;
 - Use of Lone Worker Technology;
 - Tracking persons mobile phone;
 - Checking in when leaving and arriving at destination
 - Arranging meetings that allow staff to travel during daylight hours;

What is the reason behind the requirement to make the visit; does it increase the risk of exposure to violence, aggression, theft, manual handling?

5.8. Outside

5.8.1. Hazards

As most risk is attached to the unknown, it is essential that all work that involves staff or contractors having to work alone or in isolation outside is subject to a suitable and sufficient risk assessment. Therefore, when considering the associated risks, managers must take into account factors including:

- Work being done
 - Using machinery;
 - Working at height;
- Environment
 - Weather conditions (inclement, wet, dark, snow, ice etc);
 - Layout of site where work is to be done;
 - Lighting;
 - Access and egress, surface being walked on to reach work site;
 - How close can vehicles be taken to the work area;
- Personal safety and security.
 - Communication;
 - Traceability;

5.8.2. Control measures

To reduce the risks to the lowest level reasonably practicable, the risk assessment must consider control measures such as:

- Working being done
 - Not allowing work unless accompanied;
 - Permit to Work system;
 - Training and competence using machinery;

- Environment
 - Work being done during daylight hours;
 - Checking weather conditions before work starts;
 - Well-lit and pavement;
- Personal safety and security
 - Checking mobile phone signal at work area;
 - Tracking persons mobile phone;
 - Checking in when leaving and arriving at destination
 - CCTV monitored by security guard or reception staff;
 - What is the staff bringing them to visit, does it increase the risk of violence, aggression, theft, manual handling?

6. Minimum standards of a buddy system

Teams with staff who lone work, regularly adopt a system known as a “buddy system” which is where one employee is responsible for keeping a track of one or multiple employees (team members) to ensure they are safe and well.

The “Buddy” should know where the member of staff is, who they are with and how long they will be either with a client/patient or travelling between sites/appointments. Should the lone worker fail to check in with the “Buddy” at the agreed time then the “Buddy” would have a procedure to follow which would initially involve trying to make contact with the member of staff. Should that be unsuccessful, they would have an escalation process to notify appropriate, identified individuals including the Police if necessary. The purpose of a “buddy system” is to ensure the safety of lone working staff and to identify as soon as possible if there is a problem.

To ensure a “buddy system” is effective, certain detail needs to be considered and put in place:

- An agreed procedure to be followed by both the lone worker and the “buddy”;
- The “buddy” should not be a lone worker themselves or should not be lone working at the same time. The “buddy” would be the nominated point of contact;
- The lone worker is responsible for communicating with the “buddy” in a timely fashion at the agreed points of contact;
- The “buddy” must always be available to respond to a call from the lone worker and to take any required action;
- The “buddy” must always be available to contact the lone worker should they not check in at the agreed time;
- There needs to be a minimum of two identified buddies so when “buddy No. 1” is not at work then there is an identified person to stand in. Wherever possible for the sake of consistency, “buddy No. 1” would be the point of contact;
- Diary (preferably electronic diary) providing day’s appointments must be available to the “buddy” 24hrs per day. Details provided must include names and addresses of visit, intended duration of visit along with contact numbers for person being visited;

- Any changes in schedule e.g. change of appointment times, patient/client or venue, changes in route to and/or from appointment, roadworks which extend journey time etc;
- An escalation process needs to be in place for the “buddy” to follow in the event of any concern over lone worker safety including contacting the Police;
- The “buddy” must have continuous, 24hr access to the contact numbers for the relevant responsible persons for the lone worker. This should be their immediate line manager, the next manager in line and the next agreed identified manager;
- Up to date emergency contact details need to be accessible 24hrs per day;
- All relevant information about the lone worker including, contact information, vehicle description, personal appearance, last know whereabouts, record of visits and activity, known journey route, must be available to be provided to the Police so they can begin their investigation/search immediately. All personal contact information must be kept secure and should only be accessed by managers in the event of an emergency.

7. Escorting / transporting of patients / service users

Those services that have occasion to escort/transport service users are to ensure that they risk assess each service user and individual occurrence. They should consider:

- The physical and mental state of the patient and whether they are capable of being transported.
- The level of staff experience, their qualifications and the number of staff needed to manage the patient.
- The type of transport to be used (e.g. ambulance, patient transport service, contracted taxi service or lone worker’s vehicle).
- Physical safety measures during the escorting process should be outlined. Lone workers should not escort a patient if there are any doubts about their own safety.
- What is the process if conflict arises? This should follow local procedures, which may involve calling the police, their manager, a colleague or buddy.
- Appropriate planning and provision should be made for the safe return of a lone worker to a familiar place, once the patient has been dropped off.

Refer to local Violence and Aggression Policy.

8. Dealing with animals

Staff must consider the potential risks posed by household pets when conducting home visits. Considerations will of course involve safety, allergies and infection control. These risks may be even greater in rural areas when confronted by livestock.

Any dog may attack, whether to protect its owner or its territory, however It is the owner’s training/treatment of the dog more than the breed that determine the threat a dog may pose.

- Where animals are present and the staff member is concerned for any of the above reasons, a polite request should be made for the animal to be placed in a different room. If the resident/owner is not content with this request and has had the clinical and personal

safety issues explained in a calm manner, then if appropriate the visit should be abandoned and reported in accordance with the Adverse Event Management Policy and Procedure;

- If there is a known problem with animals at a particular address or location, the occupants should be contacted and requested to remove or secure the animals before staff arrival, it is perfectly acceptable for a letter to be sent to the patient/household asking them to ensure that the animals are kept separate from the patient during staff visits;
- Clinical procedures may provoke a reaction from an animal or pet, so it may be prudent to request that it be removed or placed in a different room for the duration of the visit;
- Where a Lone Worker is confronted by an aggressive animal, on any visit to a patients / service user's address, they should not put themselves at risk. If necessary, they should abandon the visit and report the incident at the earliest opportunity to their line manager;
- Alternative arrangements should then be made to carry out the next visit, such as rescheduling so that the Lone Worker can be accompanied by a colleague, or have the patient attend a clinic in a more controlled environment;
- Livestock can be unpredictable and very dangerous when loose. Should the lone worker arrive at a rural site and livestock are loose then remain in your vehicle. Phone the occupant of the address you are attending and alert them to your situation. Once the animals are under control then go about your business. If animals are not suitably managed, then do not leave your vehicle and if necessary, terminate the visit.

9. Procedure review arrangements

9.1. Local arrangements

It is essential that the local arrangements for lone working, working in isolation/working remotely are reviewed:

- After an accident, incident or near miss;
- When new arrangements become available e.g. mobile phone personnel tracking apps, vehicle tracking system;
- The health of an employee changes e.g. diabetes, become pregnant.

9.2. Policy and procedure

It is essential that the Policy and procedure(s) that govern lone working/working in isolation/working remotely are reviewed, possibly as part of an audit, to check that:

- They are still suitable for the work being done;
- They reflect best practice, learning from other organisations doing the same work.

The audit should be carried out by someone independent of the process so a subjective assessment is done.

10. Personal safety

- Develop confidence

- Learn how to deal with difficult situations, and ensure mandatory training is up to date;
- Look confident, walk briskly between your car and your destination.
- Avoid risk
 - Avoid confrontation;
 - When out of your workplace, inform others of your exact movements and when you expect to finish. Advise or phone back any change to your plans;
 - Know where you are going and plan the safest way to get there;
 - Avoid risky situations, consider the time of day, weather, visibility, remote location, how to access assistance (recognizing mobile phone black-spots).
- Never assume it won't happen to you
 - Be aware of your surroundings and potential hazards;
 - TRUST your intuition. If you feel scared or uneasy, act on it straight away.
- Take action when in real danger
 - Your main aim is to get away fast;
 - Shout or scream – your voice is your best defence;
 - Give the command “phone the police” – people are more likely to react when given a call;

If you carry a mobile telephone, radio or Lone Working device, make sure it is charged and easily accessible.

10.1. Serious & imminent danger

Employees who believe themselves to be in serious and imminent danger should, where possible, cease or postpone the work activity and remove themselves to a place of safety. The member of staff is to inform their manager of any such situation and the reasons for their actions, at the earliest opportunity. It is impossible to give precise advice for every situation, however a decision taken at the time in the interest of their own or another person's safety, will be supported by all local NHS Boards.

Employees in these circumstances should ask themselves the following: 'Should I be here; is it safe to remain; should I seek assistance?'

REMEMBER – IF IN DOUBT, GET OUT

11. Technological devices

11.1. Mobile phones

The following precautions apply to the use of mobile phones while lone working:

- Lone workers should be provided with mobile phones, however as much as a mobile phone is an essential control measure when lone working, it should not be relied upon as

the sole means of communication. Lone working staff should follow their team's local lone working procedure, which may include Lone Working technology and they should ensure their line manager knows of any potential lone working situations, and if not their line manager then there should be an identified point of contact who is fully aware of lone working staffs' schedules, including location and nature of visit/appointment

- Staff are responsible for checking phone network signal strength before entering a patient's property to conduct any type of community service or visit.
- Lone workers should ensure that they are fully familiar with the mobile phone and that they can use it properly **and that it is always fully charged.**
- Emergency contact numbers should be kept on speed dial.
- Mobile phones should not be left unattended.
- Lone workers need to be fully aware that using a mobile phone in certain situations could escalate an aggressive situation
- As part of the local lone working procedure, an agreed "code" word/phrase could be used to alert their manager/point of contact that the lone worker is feeling threatened or uncomfortable with a situation.
- This would allow the manager/point of contact the opportunity to raise an alert e.g. contact the Police. The decision to use code words/phrase should take into consideration the ability of any staff member to recall and use them effectively in a highly stressful situation.
- Staff are reminded that it is against the law to use a mobile phone whilst driving.

11.2. Poor phone network signal / blackspots

A record of all known phone network blackspots should be kept as part of the lone working procedure/documentation. Staff should be aware that they are going into a blackspot and should notify their manager/point of contact prior to going in. They should agree a timeframe e.g. 30 minutes and if after 35/40 mins there has been not contact from the staff member, the manager/point of contact should be trying to contact the staff member.

Where there is a poor network signal, prior agreement should be made with the client/patient to be able to use the landline to contact their base to notify arrival at destination.

11.3. Applications and safety devices

A lone worker safety device is a discreet and undetectable tool, app or service which allows for communication with employers, a manned Alarm receiving centre, or in more serious situations, emergency services. An employer must assess the risk to their employees and decide what technology meets the needs in their area.

With the rise in smart technology, lone worker apps are a valuable source of technology. However, the effectiveness of a mobile app is dependent on signal coverage within the area, and the mobile phone being fit for purpose. If choosing an app as the preferred Lone worker technology, the employer must make certain that there is sufficient coverage to ensure that Lone workers can raise an alarm where necessary. Contingency plans should specify the action to be taken if a pre-arranged contact cannot be reached.

Standalone devices are another option, there are many different types on the market at the moment, some of which combine the latest GPS, data and fall detection technologies and can be a simple and effective, way to call for help in any emergency situation. Utilising the latest GPS and GPRS technologies, the device allows the Incident Managers in our Alarm Receiving Centre (ARC) to accurately pin point the user's location in an emergency.

11.4. Vehicle tracking systems

Some employers have a policy to fit a tracking system to their vehicles. The system will track the vehicles location using GPS. The system helps with the recovery of stolen vehicles by directing the Police to its location. The system can also help with lone workers safety. If a lone worker has not arrived at their intended destination, within the expected time, and can't be reached by telephone, the system can indicate where the lone workers vehicle is. If concern is raised, the Police can be directed to the vehicles location, and can narrow the search area for the person.

Some vehicle tracking systems also have an emergency button. If the lone worker is in the vehicle and feels threatened, they can press the emergency button and call for help.

Some people may be concerned that the vehicle tracking system is a "big brother" system and suitable training must be provided, to allay these concerns and state the benefits.

12. Information, instruction and training

Managers responsible for staff identified as lone workers must ensure that information is communicated to them regarding the hazards and risks associated with their activities. The outcomes of risk assessments must be shared with employees, including control measures put in place to minimise the risk to their safety and well-being. Staff should be instructed on the appropriate procedures to follow to carry out their duties as safely as possible. In particular they should be given information on the limits as to what can and cannot be done whilst working alone. There should also be instructions on the circumstances in which it is appropriate to stop work and seek advice.

In addition, they should be instructed on local management systems e.g. the use of "checking in" systems and sharing information on their expected schedule of appointments with colleagues etc. or how to effectively use the Lone Working PeopleSafe Fobs. The importance of compliance with procedures must be stressed.

The contents of this guidance must also be communicated to all relevant staff. This will include temporary staff, agency staff, students, volunteers and contactors. Managers must make staff aware of their individual responsibility to adhere to the arrangements.

New staff should be made aware of their responsibilities, in terms of both local management procedures and the contents of the Once for Scotland Lone Working Policy, as part of their local induction on commencement of employment.

Training will be provided by the organisation for all employees identified as lone workers. The purpose of this is to increase staff awareness of the personal safety issues associated with lone working and to equip staff with the knowledge and skills required to recognise hazards and what measures to take to minimise the risks to their safety.

The level of training required by each staff group will be determined by the outcome of local risk assessments.

Those identified within the high or medium risk categories, i.e. those who provide domiciliary or community services, and those who work alone within the grounds of NHS Scotland buildings, must receive from their line manager the appropriate instructions and training on their department's protocols on working safely. This will include, where appropriate, the use of the automated monitoring system, which has been put in place by the organisation as an additional control measure to minimise the risks to their personal safety.

Those who are identified within the lower risk category, i.e. those who work alone within the NHS Scotland buildings, must receive from their line manager the appropriate instructions and training on their department's protocols on working alone safely.

It is the responsibility of the line manager to ensure that employees are trained in, and comply with, all local risk management systems.

Appendix A – Lone Worker Hazard Checklist

The hazards relating to lone working can be numerous and varied, the checklist below is designed as an aide for managers/ staff to highlight potential areas of concern so that suitable risk assessments and control measures can be put in place.

Although working alone may not introduce any new hazards, the risk may differ significantly when a task is carried out unaccompanied

This is not an exhaustive list and other hazards may exist in your work area. Add them in where appropriate so they are not forgotten in your risk assessment.

Person: (Staff member)	
Check	Yes/No
Activity	
Driving, travelling between different locations	
Patient transport	
Working with hazardous substances	
Working with or on live electrical equipment	
Working at height*	
Working in confined spaces*	
Working with machinery	
Handling Finances	
Handling drugs/ Medications	
Manual Handling activities	
Delivering care	
Foreseeable emergency situations such as illness, accidents and fire	
Employee	
Special Groups – trainees, pregnant workers, age, known disability?	
Mobile/Agile worker?	
Health & fitness concerns including stress?	
Known allergies?	
Training appropriate for role?	
Potential targets for theft if carrying equipment, prescription forms, medication etc?	
Personal safety issues?	

Knowledge of area visiting?	
Non-Employees (clients, patients)	
People who are already known to you?	
People about whom you know very little or nothing at all?	
Unknown history of client?	
People with a history of violence & aggression?	
People who are likely to welcome your presence or may there be conflict?	
Unpredictable relatives?	
Local gangs?	
Animals, Pets or livestock?	
Language barriers?	
Control Measures	
Appropriate information received from referral?	
Support / supervision required?	
Standard operating procedures in place?	
Safe systems of work in place?	
Safety clothing or PPE required?	
Access to IT systems?	
PeopleSafe Lone Worker Fob available (for community-based service)?	
Environment (Location and Premises)	
Fixed Base?	
Community /home visits / non-NHS building?	
Isolated work area?	
Working alone in building?	
Building Security?	
Alarm system?	
Parking?	
Suitable lighting?	
Suitable Welfare facilities?	

Access/egress?	
Adverse weather conditions?	
Mobile phone / network coverage?	
Access to computer based systems?	
Able to charge battery operated /electronic devices?	

* Not allowed by legislation

Appendix B – Assessment Checklist for Remote Working

Name of Remote Worker		
Address		
Contact numbers		
Work activity		
Name of assessor	Date	
	Date of next review	
<p>If the employee fills in this form and the supervisor does not personally see the office, it's a good idea to attach a photograph or plan of the room showing the workstation and where the windows, doors and sockets are.</p>		
Environment		
Does the employee need additional task lighting?		
Do lighting or windows cause glare on their monitor?		
If windows cause glare, are curtains or blinds provided?		
Does the employee find the heating and ventilation acceptable?		
Management action required?		Done (Yes/No)?
Electrical		
Is the fixed electrical system in good condition (eg no damaged sockets or wiring)?		
Are there enough sockets?		
Does the employee know the arrangements for ensuring portable appliances are maintained safely and how to check them visually for faults?		
Are there any faults on existing portable electrical equipment?		
Management action required?		Done (Yes/No)?
Fire		
Are flammable materials (e.g. paper) and ignition sources (e.g. cigarettes) kept to a minimum?		
Do you have an escape plan in case of fire?		
Is there a smoke detector or fire alarm that is regularly checked?		
Management action required?		Done (Yes/No)?

Workspace and storage	Yes/No
Is there enough space for the employee to work comfortably?	
Does the work area provide enough privacy and freedom from disturbances?	
Does the employee have enough storage space?	
Is there adequate segregation from non-workers (e.g. children, pets)?	
Are there any slip or trip hazards?	
Management action required?	Done (Yes/No)?
Miscellaneous	Yes/No
Are there any concerns about managing working hours, workload or work–life balance?	
Is the employee aware of arrangements for managing road risk?	
Is the employee aware of arrangements for lone working?	
Is the employee aware of arrangements and requirements for communication and reporting to the office base?	
Is the employee aware of how to get help on using computers or other equipment?	
Does the employee have to carry out significant manual handling? (If yes, you need to carry out a manual handling assessment)	
Are there any security concerns?	
Are there any other concerns? (Please specify)	
Management action required?	Done (Yes/No)?
Computer Use	
Workstation and Computer Use	Yes/No
Does the employee know how to set up the workstation and chair for safe use?	
Is the screen clear, readable and flicker-free?	
Are the brightness and contrast adjustable and does the employee know how to adjust them?	
Are the employee's eyes level with the top of the screen?	
Does the keyboard tilt and is there space in front of it to rest hands when not typing?	

Are the screen, computer and keyboard kept clean?	
Is the chair adjustable and has it been adjusted to suit the employee's needs?	
Does the employee need a footrest? (Are the feet not flat on the floor when the chair is adjusted to the right height for typing?)	
Is there enough legroom for free movement?	
Are equipment and papers within easy reach?	
Is there enough space on the desk for work?	
Is the mouse or input device suitable?	
Does the employee need a document holder?	
Does the employee take adequate breaks from computer work?	
When using the computer, does the employee get aches, pains, tingling or pins and needles in the hands, arms, shoulders, neck or back?	
Do the symptoms persist after the employee has stopped working on the computer?	
Does the employee regularly suffer from blurred/poor vision, red/sore/dry eyes or headaches while using the computer?	
Laptops	
Does the employee need a screen, keyboard, mouse or docking station? (These will be needed if the laptop is regularly used for long periods)	
Does the employee need a rucksack or trolley bag to transport the laptop?	
Is the employee over-reliant on handheld devices or smartphones for written communication? Do they need a full-size laptop or desktop computer?	
Are there any other concerns? (Please specify)	

Appendix C – Emergency Contact and Personal Information Form

Team Details	
Team/Department Name:	
Address:	
Manager/Team Leader's Name:	
Manager/Team Leader's email:	
Manager/Team Leader's Contact Number:	
Lone Worker Details:	
Surname	
First Name	
Designation	
Base	
Office Number	
Work Mobile Number	
Make & Model of Mobile	
Email Address	
Description of all vehicles accessed (make/model/colour)	
All Vehicle Registration	
Personal Mobile No	
Home Tel No	
Home Address	
Name of Contact in case of emergency	
Address of contact	
Contact details	
Relationship	
Allergies/significant medical issues i.e.: diabetes	

Distinguishing Marks (birthmarks, scars, tattoos etc)	
Hair colour	
Eye colour	
Height	

Appendix D – Local Lone Working Procedure / Protocol

Operational Unit:	District/Speciality:
Team/Ward:	Manager's Name:
Base Address:	Team Geographical Area:
Author:	Date completed:
	Review date:

Introduction

This local Lone Working procedure is intended to manage and facilitate lone working/working in isolation undertaken by staff from.... (Name of team).

Staff should not enter into lone working situations where they feel that their safety or the safety of their colleagues could be compromised. Where there are perceived or real risks, alternative provision should be made, such as arranging treatment in secure premises or organising accompanied visits.

At no time should an individual feel under pressure to undertake a task where they consider themselves to be at risk.

Manager / Team Leader responsibilities e.g.

- To ensure that all staff have read and follow their local Lone Working Procedure. This includes ensuring that staff are appropriately trained, and compliance is monitored.
- Risk assessments are carried out for all identified hazards and are reviewed annually.

Employee responsibilities e.g.

- They are fully aware of the control measures in place to reduce risk.
- Always switch on and carry a PeopleSafe Lone Worker Fob for community-based services / visits.
- They alert the Team Leader to any issues which could affect their ability to undertake lone working.
- They arrange and agree points of contact prior to lone working.
- Whilst recognising the importance of maintaining patient confidentiality, there is a legal duty to pass on information to appropriate colleagues if a patient, or their carers, are considered to pose a significant risk.

- All incidents and near misses are reported on the incident reporting system at the earliest opportunity. The employee should carry out any resulting actions and recommendations made by the Team Leader.

Outline specific arrangements for recording of lone worker's movements e.g.

- How and where are the movements of lone workers recorded including details of who they are visiting, telephone numbers and arrival/departure times? Diary of visits etc.
- How is the start and finish of staff's working day captured?
- How many times do they check back in at base and at what times?
- What do they do if a visit is cancelled or refused?
- What happens out of hours?
- Where is staff's personal emergency information held and if applicable how is accessed out of hours?
- Who is the point of contact between 9-5 and what happens in their absence?

Arrangements prior to lone working e.g.

- How do staff access risk information prior to visit?
- Where is risk information recorded?
- Is it detailed on the referral?
- What if a referral does not have adequate information?
- How is this information shared?
- What is the process for a first visit?

Emergency equipment

- What is in place i.e. PeopleSafe Fob, work mobile phones, staff attack alarm?
- Do all staff have access to such equipment and is it charged and in good working order?
- Where are the known blackspots? List areas – what precautions should be taken when visits are carried out in a mobile blackspot?
- Do staff carry torches, map of the local area or first aid kit?
- CCTV
- External lighting
- Easy access to mobile phones using "speed dial" for emergency numbers
- Use of mobile phone safety phrase e.g. "Can you find the 'Red' folder for *Mr/Mrs.....* Please
- Use of PeopleSafe Fob safety phrase "Orkney" to alert the PeopleSafe Alert Receiving Centre.

Appendix E – Example Lone Working Risk Assessments

Task /Activity	Visiting familiar low-risk patients/clients during normal working hours (not remote)					
What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
Violence and Aggression	Clinical Staff	Diary schedule with name, address, contact details of visits along with times of visits, available at base (or held by a point of contact if single-person 'team')	Ensure that mobile phone has emergency contact numbers e.g. Police, base. Ensure that phone is ready to hand at all times and charged. PeopleSafe Lone Working Fobs for community-based services	Manager/Staff	Previous to visit	
Accident/illness	Clinical Staff	<ul style="list-style-type: none"> Process in place to monitor “start and finish” of working day and agreed times of contact with base during working day Use of work mobile phone 	PeopleSafe Lone Working Fobs for community-based services			

		<ul style="list-style-type: none">• All confidential material secured in vehicle boot• All staff up-to-date with V&A training				
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Task /Activity	Visiting familiar low-risk patients/clients during normal working hours. Carrying drugs or travelling in isolated and remote areas					
What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
Violence and Aggression	Clinical Staff	All of the above plus: <ul style="list-style-type: none"> For remote areas, notify base if visiting in mobile “blackspot” and agree a time to contact base after visit. 	Any drugs being carried should be secured in the vehicle boot. PeopleSafe Lone Working Fobs for community-based services	Staff		

Task/activity	Visiting unfamiliar clients and relatives. Visiting high risk or unstable clients					
What are the Hazards?	Who might be harmed?	What are you doing already?	Do you need to do anything else to control this risk?	Action by whom?	Action by when?	Done
Violence and Aggression	Clinical Staff	All of the above plus: <ul style="list-style-type: none"> • Ensure risk information is included in referral • Complete Risk Assessment and Management Plan for each client, can incorporate relatives, visitors, address • Work in pairs (avoid lone working) • Initial visit to assess new clients/patients made in clinic setting • Share any risk information with other professionals 	PeopleSafe Lone Working Fobs for community-based services			

Task/activity	Working alone in an area of a building occupied by other NHS staff and carrying out low risk activities within normal working hours i.e.: office work					
What are the Hazards?	Who might be harmed?	What are you doing already?	Do you need to do anything else to control this risk?	Action by whom?	Action by when?	Done
Violence and Aggression	Clinical and non-clinical staff	Door has a security system (keypad/swipe card etc)				
	Accident / illness	<ul style="list-style-type: none"> • Landline and mobile phone available to request assistance • Car park well lit (security lighting etc) • Reporting check-in system in place (on entering and leaving) 				

Task/Activity	Working alone in a building not occupied by others e.g. out of normal working hours and on call					
What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by whom?	Action by when?	Done
Violence and Aggression	Clinical and non-clinical staff	All of the Above plus: <ul style="list-style-type: none"> • Security system on door and security lighting 		Manager		
Accident / illness		<ul style="list-style-type: none"> • Identify a point of contact for during hours being worked • Ensure all staff are aware of the procedure • Consider car parking (as close to building as possible) 		Manager/clinical staff		

Task/Activity	Meeting clients or patients in isolated locations within an otherwise occupied building – not client home					
What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by whom?	Action by when?	Done
Violence and Aggression Risk escalates if person unfamiliar or mental health issues/drug, unstable or unpredictable.	Clinical Staff	Isolated locations are avoided where possible and check-in and out system in place.	Not seeing client/patients who turn up without an appointment. PeopleSafe Lone Working Fobs for community-based services	Clinical Staff	At time of meeting	
Accident / illness		<ul style="list-style-type: none"> Ensure room layout is such that member of staff can readily leave the room Ensure that there are no turn locks in situ on the inside of clinic room doors 	Ensure that clinic rooms are locked when not in use Ensure waiting areas are clearly visible. PeopleSafe Lone Working Fobs for community-based services	Clinical Staff	At time of meeting	

Task/Activity	Working alone within an area of building, otherwise occupied by staff, undertaking tasks which could result in severe injury, rapid onset with inability to administer first aid, e.g. labs, estates, on call staff					
What are the Hazards?	Who might be harmed and how?	What are you already	Do you need to do anything else to control the risk	Action by whom?	Action by when?	Done
Violence and Aggression	Clinical and non-clinical staff	<ul style="list-style-type: none"> • Hard-wired attack alarm is in place e.g. PIN Point System, Panic alarm and staff are trained in its use. • Ensure there is a protocol in place for responding to any alarm system with staff trained and available to respond. • Ensure staff are familiar with the sound of the alarm • Two persons work together where patient/client is a known risk or person is NOT seen in these circumstances 	Consider CCTV to monitor waiting areas and corridors	Clinical Staff	At time of meeting	
Accident/illness	Clinical and non-clinical staff	Local management Check-in and check-out system plus monitoring				

Task/Activity	Travelling on NHS business within normal working hours					
What are the Hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by whom?	Action by when?	Done
Violence and Aggression	All staff	<ul style="list-style-type: none"> • Ensure staff have access to an alarm system that will raise alarm when necessary • Ensure protocols in place regarding use of and response to alarm • Ensure all staff required to respond to alarms are familiar with protocol and are trained in response and up to date with their V&A training • Ensure that all incidents are reported through Local Adverse Event Policy procedures 	PeopleSafe Lone Working Fobs for community-based services			
Accident / illness	All staff	Mobile phone to summon assistance in event of RTA, breakdown etc	Travel is not undertaken if weather conditions too severe	Staff	As conditions arise.	

Task/Activity	Travelling on NHS business outwith normal working hours or travelling on NHS Business in remote and rural locations (possible unpredictable or poor weather conditions)					
What are the Hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by whom?	Action by when?	Done
Road traffic accident	Staff, members of the public	<ul style="list-style-type: none"> • Travel kit within vehicle (torch, triangle, first aid kit, fluorescent tabard etc) • Dairies and contact details available within the team (or held by a point of contact if single-person 'team') 	PeopleSafe Lone Working Fobs for community-based services			
Accident/illness		As above plus local arrangements for point of contact out of hours	PeopleSafe Lone Working Fobs for community-based services	Manager/ staff		

Appendix F – Domiciliary Visits by NHS Staff in Extreme Adverse Weather Conditions

3K2 - Checklist for Domiciliary Visits by NHS Staff in Extreme Adverse Weather Conditions			
Department / Team:		Date:	
Situation: Extreme Snow & Ice / Extreme Wind / Extreme Rain / Other (please state):			
Current weather situation (is it likely to deteriorate, improve or remain unchanged) -			
Location of patient -			
Considerations		Further Actions Required	Other Comments
Is the home visit essential?	Yes / No	If no, postpone visit and re-schedule when conditions improve.	
Are the roads cleared / gritted and safe?	Yes / No	If no, consider postponing visit or re-deploy staff who may be located close by who can walk to the patient's location.	
If driving can take place, do staff understand what emergency arrangements are in place should they get into unforeseen difficulty? (PeopleSafe Lone Working Fobs, for example)	Yes / No	Ensure emergency contact arrangements are understood by all staff. (Also, carry food, drink, extra clothing / blankets, snow shovel in car, ensure mobile phones are fully charged, for example)	
If staff are walking in snow and ice conditions, do they have appropriate cold / wet weather clothing?	Yes / No	If no, provide wellington boots, one-piece survival suit / other cold & wet weather clothing with built-in high-vis, waterproof gloves etc	
Can staff work in pairs?	Yes / No	If no, consider how regular communication can be maintained and alarm raised if staff need assistance. Ensure mobile phones are fully charged.	
Are staff aware of the need for dynamic risk assessment as the visit progresses?	Yes / No	Ensure staff fully understand the principles of dynamic risk assessment	

		and the need to evaluate changing / unknown factors that could affect their safety.	
Any other factors:	Yes / No		
Is this visit considered essential and safe to take place?	Yes / No	Signed by Line Manager:	Line Manager (Print):