

Lone Working Protocol

Extended Primary Care Team

Newham Community Health and MHCOP Directorate

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Executive Summary

This protocol recognises that all staff working alone are potentially at risk and these risks must be minimised as far as reasonably practicable. 'Lone Working' may be described as any situation or location where one works without a colleague nearby.

This protocol applies to all staff within the EPCT that are lone workers off Trust premises. It should be read in conjunction with the CHN Lone Worker Procedure for further guidance on safe lone working practices.

1. Introduction

It is widely recognised that lone workers face increased risks of being subjected to violence as they do not have the immediate support of colleagues or others. For example, they may not be able to easily *escape* from a situation, particularly if they are in someone's home, or working at night or away from a main building.

Additionally, they may be in possession of equipment or drugs that may be attractive to others and would use violence to obtain them.

2. Purpose

This protocol sets out the system of work within the EPCT to minimise the risks associated with lone working and focuses in particular on the process of ensuring that the whereabouts of staff are known and all staff are accounted for at the end of their shift.

3. Duties

The Director for Newham Community Health and MHCOP Services is responsible for ensuring that this protocol is implemented, its effectiveness monitored and remedial action taken where deficiencies are identified.

The General Managers of the EPCT East and EPCT West are responsible for implementing and monitoring this protocol. Where monitoring identifies gaps, they will report this to the Director together with the proposed plan for remedial action.

All EPCT staff that are lone workers need to follow the requirements of this protocol as set out against their job roles. They are required to ensure that their mobile phones are fully charged at the beginning of their shift and in working order until their shifts ends. EPCT staff are also required to only carry out care episodes that are featured on the RIO team planner.

4. EPCT Lone Worker Protocol

4.1 Risk Assessment

The number of referrals received and visits carried out make it not practical to carry out a full risk assessment in advance of visits to new patients, using the form in appendix B

However, if there if referral letters contain information about possible risks of violence or other dangers, EPCT staff are required to obtain more information and carry out a risk assessment prior to the visit, which must be recorded in the RIO record. If the results of the risk assessment show that there might be a likelihood of harm, this will be escalated to the Community Matron, who will explore and agree with the referrer the best way forward. This may include visiting in pairs.

4.2 Personal Details Form

The purpose of the personal details form is to provide managers with information that can be given to the police in the event that a lone worker is not accounted for and could not be located using the steps described in 4.4 'Lone Worker Missing'.

All staff that are lone workers are required to complete a 'Personal Details Form' (appendix A). Where personal details change, it is the responsibility of the lone worker to supply the manager with an updated form.

Completed forms will be kept in keeping with Trust policies to maintain confidentiality. All completed forms will be kept on the n-drive in the [N:\Staff List - On Call Manager](#) folder which is access restricted to managers on call and Community Matrons.

4.3 Signing In and Off

4.3.1 All staff that are lone workers are required to sign in for duty at their respective bases.

4.3.2 Staff that work morning shifts are required to sign off duty at their respective bases. Where this is not possible, they will confirm with their team leader that they are off duty. The team leader will document in the signing in/out book that this message has been received. Staff will sign off within 15 minutes of the end of their shift.

Team leaders will confirm to the relevant Community Matron that all morning staff have signed off 15 minutes after shift end. This is either via email or otherwise documented.

4.3.3 Staff that work afternoon/evening shifts are required to call the Community Matron within 15 minutes of the end of their shift to say that they are signing off work. The Community Matron will document the time each member of staff has signed out.

The Community Matron confirms to the Newham Community Health and MHCOP Directorate Manager on Call at 22.00 that all staff are safe.

Lone workers should sign off once safely in their car or get to in a safe place, stating their name and the time they went off duty.

4.4 Lone Worker Whereabouts

The number of visits conducted during a shift or for the whole team make completion of individual forms or calling back after each individual visit not practicable. However, the implementation of i-nurse is expected to afford a tracking mechanism which will assist with establishing the whereabouts of individual lone workers at any time.

The case load of EPCT staff is allocated on RIO via 'Team Planner' and so creates a diary, showing the name of the patient to be visited for each team member. EPCT members are also required to 'outcome' each care episode on the day of each visit or within 30 minutes following the visit. EPCT staff must not carry out care episodes that are not featured on the RIO 'Team Planner'.

In the event that a lone worker is not accounted for, the RIO diary will be used to confirm which patients were visited. This will give clues as to the area where the lone worker might be.

The Community Matron on call will have duty rosters of all staff working afternoon/evening and weekend/bank holiday shifts with them that they are responsible for.

4.5 Lone Worker Missing

If a lone worker has not signed back within 15 minutes of the end of the shift, the team leader will inform the Community Matron immediately by phone. The Community Matron will initiate the process as follows:

- Phone mobile phone and find out why sign-off has not been completed.

- If the mobile phone goes to voice mail, leave message and send text to ask to call Community Matron as soon as possible.
- If there is no reply within 15 minutes, interrogate RIO records and call patients on RIO diary to establish in which area the lone worker might be.
- If there is no reply within 30 minutes from the end of shift and all patients were visited, phone the home contact number.

If there is no sign-off within 30 minutes and/or no reply from home number, contact

Plaistow Police Station Tel: 020 7474 1212 or
Forest Gate Police Station Tel: 020 8534 1211

Report missing person and provide all personal details as kept on file together with the results of the RIO diary search and possible clues to whereabouts.

5. Associated Documentation

The **Community Health Newham Lone Worker Procedure** and the **Trust Lone Worker Policy** gives guidance to Lone Workers and highlights their own responsibilities within this role.

6. Monitoring of this Protocol

Process	Frequency	Reported to	Action Plan
Completion of Person Detail Forms	annual	General Manager CHN Health and Safety and Security Group	Remedial action will be identified by the General Manager who will also monitor the action plan and report to the CHN Health and Safety and Security Group
Sign-off from morning shifts Team Leaders inform Community Matrons within 15 minutes of shift end that lone workers have signed off	annual	General Manager CHN Health and Safety and Security Group	Remedial action will be identified by the General Manager who will also monitor the action plan and report to the CHN Health and Safety and Security Group
Sign-off from afternoon/evening shifts Community Matron on duty logs the time lone workers have signed off.	annual	General Manager CHN Health and Safety and Security Group	Remedial action will be identified by the General Manager who will also monitor the action plan and report to the CHN Health and Safety and Security Group

Personal Details Form

PERSONAL DETAILS - CONFIDENTIAL

Name:

DOB:

Height:

Frame:

Origin:

Hair:

Eyes:

Home contact details:

Address:

Home telephone number:

Mobile telephone number:

First point for alternative contact:

Name:

Relationship:

Telephone contact number:

Vehicle details:

**Community Health Newham Directorate
Service User Household Risk Assessment**

Risk Assessment			
Forename:		Middle Name(s):	
Surname:		Date of Birth: DD/MM/YYYY	
RIO No:			
Diagnosis(es) [indicate primary]:			
Risk Chronology			
DATES	Significant relevant historical information relating to household (add rows as necessary)		
Previous and/or current history			
Dangerousness / Risk to Others (Aggression / Violence to others; including Sexual/domestic/other abuse; Conviction for violent or sexual offence; Stalking / Harassment; dangerous animals.			
Protective factors and contextual factors			
Factors that may reduce and ameliorate identified risks, and circumstances influencing risk.			
Completed By: (print name)	Designation:		
Sign:	Team:		
Date: DD/MM/YYYY	Next review date:		

