

Standard Operating Procedure for Lone Working

Objectives	The purpose of this SOP is to increase staff awareness of the safety issues relating to lone working.
Scope	This procedure applies to all members of the Research & Development team.
Responsibility	It is the responsibility of all Research & Development staff to adhere to this SOP.
Related Document	DHC Staff Safety Procedures Lone Worker IN-127a DHC NHS Employers Lone Workers Guide DHC NHS Employers Lone Workers - Guide for Managers

1 Purpose

The purpose of this Standard Operating Procedure (SOP) is to explain the local process for lone working.

2 Introduction

Lone workers are those who work by themselves without close or direct contact with another staff member. Lone working can occur:

- During normal working hours at a remote location either within the normal workplace or off site (e.g. when visiting patients' homes)
- When working outside normal working hours.

3 Training

All members of the research team should read and adhere to this SOP prior to engaging in any work that involves an element of lone working.

4 Revisions

This is the first version of this SOP.

5 Procedure

The risk to personal safety is not always known prior to home visits. For this reason staff must remain alert to the possibility and avoid complacency.

5.1 Personal information

Prior to lone working all members of staff must complete the Trust's Staff Safety Procedures Personal Details Form (Appendix B). This includes a photo and description of age, height,

eye colour etc. These are details the police will ask for if they are involved. This information is kept electronically in the Research & Development shared drive. Information on these sheets must be kept up to date and will be reviewed every three months.

Contact arrangements should ideally be between the lone worker and another member of the department. If, for any reason, the arrangement is with a personal friend or family member, it is essential that the latter be briefed on the procedure to follow if contact cannot be made.

5.2 Mobile phones

All lone workers must be provided with a mobile phone. It is the responsibility of individual staff members to ensure that they carry the mobile phone whenever working alone or visiting patients at home and that the phone is fully charged at all times.

5.3 Risk assessment prior to conducting a home visit

It is preferable that, as much as possible, any home visits are conducted during daylight hours to minimise the risks to staff safety. Staff should take account of this when making appointments, particularly during the winter months. RiO should be checked prior to going out on the visit to assess whether there are any risks to conducting a home visit. If you have any concerns about a specific patient prior to arranging a home visit, this should be discussed with the team, as much in advance as possible, so other arrangements can be made – for example attending the visit in pairs rather than alone.

5.4 Risk assessment during a home visit

On arriving at any premises the lone worker should carry out a risk assessment. On entering the premises lone workers should familiarise themselves with the route into the premises in case they need to make an emergency exit. Staff must remain alert to risk presented from those who are under the influence of drink, drugs or are confused, or where animals may be present. Staff should not position themselves in front of the patient when walking or place themselves in a corner or into a situation where it may be difficult to escape. Should the member of staff feel at all threatened or in danger, they must leave the scene immediately.

5.5 Informing the Research & Development office

When individual researchers are interviewing people at home, at least one colleague should be made aware of when and where the interviews are taking place. The interviewee's address and telephone number should be recorded in the staff member's Outlook calendar and ensure the nominated colleague has access to this information and your Personal Information Form on the shared drive. Staff conducting the home visit should ring/text when they have arrived at the home and when the interview is over and they have left the interviewee's home. If staff members are out on multiple visits they should call in after each visit.

'Out of hours contact': On occasions when a visit is expected to run later than 4:00pm, an out of hours contact from within the team will be identified as the person to be called when the visit is complete, or in an emergency. It is the responsibility of the team to identify the out of hours contact prior to the visit taking place. Once the out of hours visit is completed staff should call the nominated person to let them know that they have completed the visit and are safe.

'Black Spots': When on a visit, check prior to entering that property whether you have signal on your phone. If there is no signal you should find a spot which has and let the office know prior to entering the property. Once the visit is completed, call the office as soon as you have signal to let them know the visit is completed.

5.6 Action to take if a colleague has not made contact after a visit

The nominated person in the office should be aware of the anticipated time of completion for the visit as entered in the visit information on Outlook. If contact has not been made within an hour of this time, the nominated person should ring to check that they are ok.

If they do not answer, call again in 15 minutes.

If they still do not answer, call again in 15 minutes.

Contact the nominated person on the Personal Information Form (who should be made aware of the procedure prior to carrying out lone working).

If there is still no response, you should raise the alarm by calling the police using the emergency number.

Tell the operator who you are and that one of your colleagues is on a home visit, is overdue contact with the office by an hour and a half and may be in potential danger.

6 Appendices

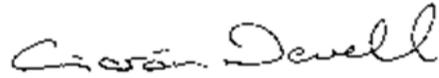
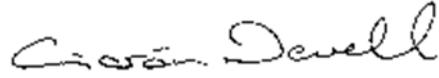
Appendix A: Trusts Staff Safety Procedures Personal Details Form

7 Review

This SOP should be reviewed every two years unless new guidance or legislation dictates a review any sooner.

Date reviewed: 12/04/19

Date of review: 12/04/21

Written By	Signature	Date
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Reviewed By	Signature	Date
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