Lone Worker Policy

Document Reference:	POL114
Document Status:	Approved
Version:	V4.0

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author (s)**
19 November 2007		D Daniel
Version	**Date**	**Comments (i.e., viewed, or reviewed, amended approved by person or committee)**
V0.1-0.10	January – March 2012	Lone Worker Working Group review
V0.11	July	Operations/Staff-side review and agreement to separate Operational and HEOC appendices from the Policy.

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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
V0.12	3 August 2012	Sent to SPF for approval
V0.2	November 2012	Sent to EMT for approval
(etc.)	[date]	Approved by [Management Assurance Group / Trust Board / etc.]
V1.0	January 2013	Approved
V2.0	December 2015	Approved extension review date by SPF to August 2016
V3.0	October 2016	Approved at SPF, following grievance outcome. Appendices reviewed and updated by Policy Group.
V3.1	January 2020	Review by HR Policy Sub-Group
V3.2	21 August 2020	Final Review by HR Policy Sub-Group
V3.3	4 September 2020	Sent to H&S team and The Ops Managers Meeting
V3.4	20 November 2020	Sent to ELT
V3.5	8 December 2020	Sent to Health & Safety and Wellbeing Group
V3.6	01 March 2021	Sent to CRG
V3.7	7 April 2021	Reviewed for EHRC
V3.8	28 April 2021	Further review following recommendations from ELT
V4.0	25 May 2021	Approval at ELT

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Document Reference	Standards For Better Health – Relevant to standard(s) Relevant Trust objective: Directorate: HR/Health & Safety
Recommended at Date	Health & Safety and Wellbeing Group 17 February 2021
Approved at Date	ELT 25 May 2021
Valid Until Date	May 2022
Equality Analysis	26 January 2021
Linked procedural documents	Violence and aggression policy. Home Working Policy Dignity at Work Policy Freedom to Speak Up policy Health & Safety Policy Management of Incidents Policy Disciplinary Policy
Dissemination requirements	All Trust employees by Intranet Public - To be published on the Trust's website
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will

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have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

East of England Ambulance Service recognises our obligation of supporting the requirements of the Modern Slavery Act 2015 and any future legislations. EEAST prime objective is to eradicate modern slavery and human trafficking and recognises the significant part EEAST must play in both combatting it and supporting victims. EEAST is also committed to ensuring that its supply chains and business activities are free from any ethical and labour standards abuse.

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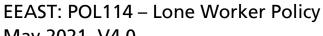
Contents

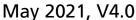## Paragraph

Appendices

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1. Introduction

1.1 The purpose of this policy is to protect as far as possible, those within the Trust who are required to work alone in line with the Trust's Health and Safety Policy and any other relevant statutory provisions. The definition of staff and employees within this document includes both contractors and volunteers working on behalf of the Trust.

1.2 This policy updates and supersedes all previous related policies, SOGs or Ops instructions.

1.3 This policy should be read in conjunction with the Trusts Violence and aggression policy.

2. Policy Statement

2.1 This document outlines the Lone Worker Policy and Procedures for the East of England Ambulance Service NHS Trust (the Trust). The Trust recognises that it has a duty to ensure the safety of its employees, workers, volunteers and contractors when operating in lone worker roles.

2.2 The Trust will ensure, so far as is reasonably practical, that staff and others who are required to work alone or unsupervised for significant periods of time are protected from risk to their health and safety. Measures will also be adopted to protect anyone affected by lone working. Please make reference to the Lone working risk assessment. (Appendix A)

2.3 Lone working exposes staff and others to certain hazards. The Trust will do everything possible to remove the risk from these hazards or, where elimination is not reasonably practical, to reduce the risk to the minimum possible.

2.4 The Health and Safety at Work Act 1974 (HASWA) and the Management of Health and Safety at Work Regulations 1999 (MHSWR) lays down duties on the employers to ensure (so

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far as reasonably practicable) the safety of their employees and others who may be affected by their undertaking. Complete avoidance of lone working is not possible to achieve within an organisation dealing with the care and transportation of patients.

2.5   Harassment Statement: In any workforce there will be a range of attitudes about what conduct is considered to be offensive, humiliating, intimidating, hostile, or degrading. What one worker – or even a majority of workers – might see as harmless fun or 'banter', another may find unacceptable. A worker complaining about conduct may be considered by others to be overly sensitive or prudish. However, it is important to understand that conduct can amount to harassment or sexual harassment even if that is not how it was intended.

EEAST will not tolerate sexual harassment, bullying and harassment, harassment because of a protected characteristic and or victimisation, this policy reminds that sexual harassment, harassment and victimisation can be deemed as unlawful. Those who carry out these acts should be aware it may lead to disciplinary action up to and including dismissal.

3.   Definition of Lone Workers

3.1   Lone working is not unique to any particular group of staff, working environment or time of day. The Trust defines a lone worker as:

Any situation or location in which both clinical or non-clinical staff work without a colleague nearby; or when someone is working out of sight and earshot of another colleague whilst engaged on Trust business.

4.   Scope

4.1   This policy applies to all Trust employees as well as, workers, volunteers, and contractors. The policy covers all Trust

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property and premises and all locations in which Trust employees may be working in a lone worker role arising in connection with their duties (see below).

4.2 The Health and Safety Executive (1998) defines lone workers as "those who work by themselves without close or direct supervision". However, for the purpose of this policy, this can also be applied to all those who are working alone.

4.3 Where lone working is part of the employee`s role, the Trust will consider the appropriate level of training and support the role requires.

4.4 Roles within the Trust that currently meet this definition are as follows:

• Some Primary Care Employees

• Some Courier Transport Service employees

• Some Patient Transport employees

• General Practitioners

• Community First Responders

• Solo Emergency Operations Employees (including for example, RRV's, CRU, ECP's, Single staffed DSAs)

• Managers

• Support services employees

• Some domestic employees

• Nurses

• Some Home Workers

• Volunteer Car Drivers

• Private Contractors/Temporary Employees

(This is not an exhaustive list.)

5. Employer Roles and Responsibilities

5.1 The CEO has overall responsibility for the implementation and review of this policy.

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5.2   The Trust board will both individually and collectively ensure that the policy is implemented, reviewed and appropriate resources committed to ensure its effectiveness.

5.3   All Trust managers will support the CEO in ensuring the aims and objectives of the policy are proactively managed and supported.

5.4   The Trust will ensure that appropriate safe systems of work are developed and implemented. Clear arrangements for work allocation and communication should exist between the various control functions, such as Ambulance Operation Centres (AOC), (all hereafter referred to as "dispatch") and employees, whether involved in an emergency, scheduled transport or primary care support services role.

5.5   Managers, HR employees and trade union representatives are responsible for providing advice and guidance to employees on the application of this policy and procedures. All adverse incidents relating to lone working, should be reported and investigated following the Trust`s standard procedure for the reporting of untoward incidents and employees should also notify their line manager.

5.6   The Trust is responsible for ensuring that their employees are suitably trained in relation to lone working. The Trust will ensure that employees of contractors working on our behalf will have the appropriate policies and procedures in place for their lone workers.

5.7   The Trust are responsible for providing employees with the appropriate information, instruction, and familiarisation together with access to relevant mandatory training and/or professional updates. Managers must ensure that employees, for whom they have direct responsibility, have received, and completed the required mandatory training. It is the responsibility of the "dispatch" to notify any member of staff if there are any known problems in the area(s) which are

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relevant to the patient they are visiting or their assigned work/incident.

5.8   It is the responsibility of the Trust, Managers and "dispatch" to ensure that lone workers have access to appropriate equipment to enable them to effectively communicate. This ensures an effective means of communication to enable staff to notify the employer of where they are going and how long they are likely to be at that location.

5.9   Where there are identified aspects of best practice or techniques to reduce risks, these will be communicated to employees through the appropriate channels.

6.   Employees

6.1   The HASWA and the MHSWR lone working guidance requires employees "to take reasonable care of themselves and other people affected by their work activities and to cooperate with their employers in meeting their legal obligation".

6.2   All employees are encouraged to offer suggestions into ways in which to improve lone working conditions. All suggestions for improvements should be made in writing to their line manager in the first instance.

6.3   Employees are responsible for:

• Reporting any lone working incidents or injuries using the appropriate incident reporting system and where applicable informing their line manager. This should include actual incidents, near misses, observed practice etc.

• Attending any training as required.

• Complying with all relevant Trust policies, procedures and guidance documents, in particular the Trust's Policy on Violence and Aggression and all appendices attached to this Policy.

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• Ensuring all of their equipment is functional and in good order, which includes personal communication and safety equipment.

6.4 Employees should be aware of their own behaviour and reactions and how these could contribute to either triggering or the prevention of violence. Employees should:

• Treat all patients, the public and colleagues with courtesy, dignity and respect.

• Explain who they are, what they are doing and why these actions are necessary.

• Undertake their own dynamic risk assessment on approach to and during attendance at any patient/work/incident in accordance with their training.

• Consider their own safety first and if in doubt contact the relevant AOC/Control Centre/hub for further information, advice and assistance before proceeding.

• Respect an individual patient's right to refuse a particular treatment or advice.

• Undertake Trust provided training on conflict resolution or the equivalent

6.5 Further guidance for specific areas to be considered related to lone working is shown in the appendices.

7. Risk Assessment

7.1 Line managers are responsible for ensuring that risk assessments are undertaken for generic tasks and for specific activities that take place. Where a hazard has been identified, risk assessment is deemed appropriate or required the responsible manager should undertake a risk assessment.

7.2 In all cases the Trust and members of the Trust will be supported in making dynamic risk assessments regarding emergency activations. Deployment decisions must take into account the presenting situation. Clinical staff have access to

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clinical advice line, tactical operations centre, AOC staff (with ambient listening if required.) and their Locality Operations Managers for additional support and guidance

7.3   Risks are likely to be greater in certain circumstances as identified below; therefore AOC or the attending crew must carry out a dynamic risk assessment(s) before considering the activation and on activation of a lone worker to:

7.3.1.   Patients with mental health issues.

7.3.2.   Individuals under the influence of alcohol or drugs.

7.3.3.   Patients who are known to have a history of violence.

7.3.4.   Individuals who are clearly angry and/or reluctant to receive treatment either on location or at hospital.

7.3.5.   Patients with certain medical conditions such as diabetes or epilepsy.

7.3.6.   A patient who has experienced a longer than normal (or reasonable) response time.

7.3.7.   Poor signal reception areas, particularly rural areas, crowds at nightclubs or pubs or other locations with concealed spaces or restricted access.

7.3.8.   Forced entry to premises in order to gain access to patient.

7.3.9.   Public houses or licensed premises.

7.3.10. Incidents under pre-alert conditions when further information is not clarified before arrival.

7.3.11. Activation to an area where the lone worker has no local knowledge.

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7.3.12. CFRs and co-responders are not sent to incidents where there is a CAD marker for violence or aggression, or where the call handler has heard sounds of a violent or aggressive situation

7.4 Lone workers have the right to decline an instruction if it is reasonably considered to be unsafe For example asking a the attending individual to withdraw themselves https://www.legislation.gov.uk/ukpga/1998/42/schedule/1/enacted

7.5 When a lone worker requests assistance they will be supported appropriately as a priority, when needed. For example, asking a the attending individual to withdraw themselves.

7.6 Staff who find themselves working alone but are not normally employed to do so:

7.6.1 It is important to recognise that not all staff are comfortable working alone and therefore, where reasonable all steps must be made to ensure in such circumstances staff are supported accordingly.

7.6.2 Where a member of staff finds they are working alone, for example, where a crew member commences duty to find they are solo crewed, they will immediately ensure that AOC (or line manager in the case of non-operational staff) are aware.

7.6.3 Staff that do not normally work alone have the right to challenge doing so. Discussions between the lone worker and local management teams must take place to achieve a satisfactory conclusion.

7.7 It is accepted that public perception where an emergency ambulance vehicle arrives at the scene of an incident could be that the responder should be able to convey the patient. Where a crew member finds themselves single crewed and are happy to operate as a lone worker but not utilising an

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Emergency Ambulance Vehicle AOC / Operational Managers will identify a response car for the member of staff to use.

7.8   In the case of a lone worker being the subject of complaint, it may be necessary to work with a colleague as part of a management plan.

7.9.   The safety of our staff is paramount; therefore, we do not tolerate any form of sexual harassment. Where a lone worker is subject to sexual harassment, immediate line management action should be taken to address the issue and the incident reported and escalated (please refer to either the Dignity at Work policy, Disciplinary Policy or the Violence and Aggression Policy). Line managers should ensure adequate welfare support is provided to the victim of the harassment and ensure the alleged perpetrator receives the necessary support whilst the allegations and/or incident is being investigated. Lessons should be learnt from each incident and where necessary the policy, risk assessment and or action plan updated.

8.   Lone Workers in Office Premises
Wherever possible staff should aim not to remain alone working in their work base after the premises officially close, but there are times when this is unavoidable. Where it is expected that staff work 'after hours' there must be a system in place, enabling staff to make contact with the office or their Manager.
Where there is a situation where members of staff are in a lone working scenario, they should where possible arrange for someone to ring them at a predetermined time to check they are all right.
If the colleague or line manager doesn't hear from the person working on their own, contact the relevant Manager on-call.

9.   Policy Review
9.1   This policy will be reviewed annually or amended in the light of new employment legislation and/or relevant case law.

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Appendix A:

<u>LONE WORKING RISK ASSESSMENT</u>

What is a risk assessment?

A risk assessment is simply a careful examination of what, in the course of Trust activities, could cause harm to people, so that we can weigh up whether we have taken enough precautions or should do more to prevent harm. The Trust Risk Grading Tool at the end of this document provides guidance on how risks are assessed.

The Law

The Trust has statutory duties to ensure, **so far as is reasonably practicable (SFAIRP),** the health, safety and welfare at work of all its employees and also to ensure, SFAIRP, that persons not in Trust employment but who may be affected by Trust activities are not exposed to risks to their health or safety. EEAST must make suitable and sufficient assessments of the risks and communicate both the risks and control measures to all employees affected.

Employees also have statutory duties; these include taking reasonable care of themselves and others, cooperating with the Trust, using all equipment, substances, vehicles etc. in accordance with training and instruction, to report shortcomings in protection arrangements and any situation reasonably considered to represent serious and immediate danger, and not to interfere with or misuse anything provided in the interests of health, safety or welfare.

What is SFAIRP?

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SFAIRP has acquired meanings through many interpretations by the courts and it is the courts which, in the final analysis, decide their application in particular cases.

To carry out a duty SFAIRP means that the degree of risk in a particular activity or environment can be balanced against the time, trouble, cost and physical difficulty of taking measures to avoid the risk. If these are so disproportionate to the risk that it would be unreasonable for the Trust to have to incur them to prevent it, the Trust is not obliged to do so. The greater the risk, the more likely it is that it is reasonable to go to very substantial expense, trouble and invention to reduce it. But if the consequences and the extent of a risk are small, insistence on great expense would not be considered reasonable. It is important to remember that the judgement is an objective one and the size or financial position of the Trust is immaterial.

Note: not all health and safety legislation is based on the term SFAIRP. For example, some other obligations are "so far as is practicable" – which, without the qualifying word "reasonably", implies a stricter standard. This term generally embraces whatever is technically possible in the light of current knowledge, which the Trust had or ought to have had at the time. The cost, time and trouble involved are not taken into account.

The Principles of Prevention

Control measures must be implemented on the basis of the Principles of Prevention. These are: avoiding risks, evaluating risks which cannot be avoided, combating risks at source, adapting the work to the individual, adapting to technical progress, replacing the dangerous by the non-dangerous or less dangerous, developing an overall prevention policy, giving collective protective measures priority over individual protective measures, and giving appropriate instructions to employees.

When does a risk assessment need to be reviewed?
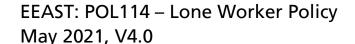
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A risk assessment must be reviewed if there is reason to suspect it is no longer valid or there has been significant change in the matters to which it relates. It should be reviewed following a related incident (DATIX), periodically to verify whether an update is necessary (such as every 3 years) and updated following the completion of any further actions identified to reduce risk.

Title of Risk Assessment:	Lone Working
Name / Title of Assessor(s):	Health, Safety and Security Specialist / Health, Safety and Security Lead / HR Advisor / AOC Support Manager / Driving Standards Manager
Directorate / Department:	Clinical / Operations
Date of Assessment:	April 2021
Date of next review:	April 2022 or following any significant change relevant to this

Scope of Risk Assessment

The Trust has a statutory responsibility for the Health, Safety and Welfare of employees and also for anyone who is affected by the activities of the Trust. This includes contractors (e.g. PAS/VAS, estate contractors etc); students; observers; volunteers (e.g. CFRs, volunteer drivers and co-responders); patients; family and bystanders (who may or may not be involved in the Trust activity). This list is not an exhaustive list.

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Generic Controls (current)

EEAST Health and Safety Policy; Lone Worker Policy; Violence and Aggression Policy; Acts of Violence & Aggression Guidance; Security Management Policy; CAD Markers Policy, Violence and Aggression Risk Assessment; Management of Incidents Policy.

ESOP2 Management of Officer Deployment; ESOP21 Management of risk markers within HEOC. ESOP67 Requesting Police Assistance; and ESOP 63 Digital radio ambient listening.

EAST HR Policies; Home Working Policy; Dignity at Work Policy; Freedom to Speak Up policy; Health & Safety Policy

Communication:

Provision of Airwaves Radios to A&E operations staff, PTS crews and some CFRs. Staff have contact with Ambulance Operations Centre (AOC) through Airwave radio and can request a welfare check or ambient listening from AOC if they are proceeding but have any concerns.

Provision of mobile phones and/or Airwaves radios to CFRS and co-responders.

There is an Emergency button on all Airwave radios. Status zero indicates to EOC that an immediate police response is needed.

Station Security:

Crime Reduction Surveys highlight to managers the importance of security of their stations and recommended actions where necessary.

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The Trust Local Security Management Specialist (LSMS) reviews DATIX on a regular basis and updates managers if there any issues identified with station security.

Driving and Vehicle controls:

- EEAST HSS Risk Assessment for Road Risk (DRAFT), and associated actions.
- Driving Trust vehicles is carried out in accordance with legislation, the Highway Code, Trust *Driving Standards policy*, *Driving Trust Vehicles policy*, *Fast Roads and Multi-lane policy* and Trust speed cap guidance as appropriate.
- Driver training is carried out in accordance with standards set by the Trust and/or awarding body for each course.
- The Trust ensures compliance with any relevant standards set by the Driver and Vehicles Standards Agency, and to higher Trust driving standards as required.
- All staff driving licences are checked in line with the policy and staff are required to declare any change in their driving licence status.
- Drivers are only permitted to drive vehicles covered by their license category
- Telematics fitted to front line vehicles.
- Drivers are required to declare any medical factors affecting their ability to drive, or any factors that may impact their ability to drive safely on the day.
- Patient conveying staff are required to maintain Group 2 medical clearance.
- Trust DSAs and PTS vehicles are designed and certified to CEN 1879 requirements. All RRVs are designed to meet current Construction and Use Regulations.
- Trust owned, leased or hired vehicles are serviced and tested according to manufacturers' recommendations and legal requirements.
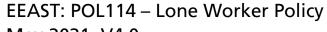- Trust vehicles are checked prior to use in accordance with the Driving Trust Vehicles Policy.
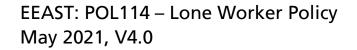
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- Investigation of serious collisions or vehicle related incidents is carried out in accordance with the Trust Collision Investigation and Adjudication Policy and/or the SI Policy.
- The Trust work in conjunction with NARG, DTAG and our insurers to improve public awareness of appropriate actions to take in the presence of a vehicle using blue lights.

No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
					L	C	RR	No.	L	C	RR
1	**Wellbeing** Stress issues related to lone working. Performance pressure. Need to perform every task oneself, and consider every clinical decision.	Detrimental impact on mental health / wellbeing. Consequential reduced performance, sickness absence, or retention issues. Potential for errors leading to staff or	Lone workers Managers CFRs & co-responders. 'Grey fleet' lone drivers. Make ready staff.	Generic controls (as above), plus: Access to Clinical Advice Line for clinical support. Access to EOC for logistic support, out of service time, and/or backup. Access to Occupational Health Services;	3	3	9	1-OH 2-Wellbeing tool kit 3-Stress RA	2	3	6

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	C				L	C	RR	No.	L	C	RR
	Inability to debrief after job. Limited scope for support.	patient safety to be compromised. Consequential reputational risk to the Trust.	Vehicle technicians Bank drivers.	Employee Assistance Programme (EAP); and Trauma Risk Management (TRiM).							
2	**Violence and aggression**: Public in stressful situations. Patients with underlying mental health problems	Physical injury. Damage to property or equipment. Detrimental impact on mental health / wellbeing. Consequential reduced performance,	Staff, contractors, or volunteers. Patients.	Generic controls (as above), plus: Dynamic Risk Assessment (DRA) carried out by staff prior to attendance at each scene. CFRs and co-responders are not sent to incidents where there is a CAD marker for	4	3	12	4- PTS comms 5 -Other comms 6 -Police 7- BWC 25-Data retention	3	3	9

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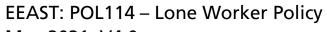| No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
	C				L	C	RR	No.	L	C	RR
	Self-harming patients with weapons Weapons around scene Substance abuse. Night working CAD marker issues Carrying drugs. False accusations (eg: of inappropriate behaviour) from patients/public.	sickness absence, or retention issues. Possible injury when working with self-harming patient. Potential for errors leading to staff or patient safety to be compromised. Consequential reputational risk to the Trust. Unpredictable act of V&A against staff member.		violence or aggression, or where the call handler has heard sounds of a violent or aggressive situation. Conflict Resolution Training provided to all patient facing staff. Culture of reversing into Cul de Sacs or narrow roads for easy exit if feeling threatened. Staff are encouraged to assess agrees and egress as part of the driving plan							

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No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
	C				L	C	RR	No.	L	C	RR
	Radio failure Waiting by roadside if vehicle malfunctions Being blocked in by another vehicle and unable to reverse or exit quickly to escape danger. Lack of situational awareness whilst treating patient	Danger from other vehicles using the road Potential for sexual abuse/harassment. Danger from intruders/burglars who may breach station doors/garage doors		when attending incidents. Park under street Lamps at night.							

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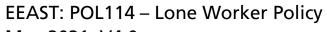| No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
	C				L	C	RR	No.	L	C	RR
	Staff working alone (e.g.: MRO's) on Trust sites. Staff alone on standby in rest room.										
3	**Driving** Drive to/from every job. Having to carry out all the tasks whilst driving:	Road traffic collision(s), either vehicle/vehicle or involving a person outside the vehicle. Injury to staff or other person.	Staff Patients Public Trust	Generic controls (as above), plus: EOC procedure to contact RRV drivers verbally rather than send updates only to MDT.	3	4	12	8-Breakdown guide 9-Comms device 26-Road RA.	2	4	8

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No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
	C				L	C	RR	No.	L	C	RR
	Blue light driving Navigation Communication from control, including complex clinical update. 'Grey fleet' driving by individuals who may not be provided with any Trust communication device. Long driving hours.	Damage to property or equipment. Prosecution under road traffic legislation. Consequential impacts such as loss of driving licence and therefore ability to carry out driving for the Trust. Detrimental impact on health / wellbeing.		Automatic satellite navigation linked to CAD which populates the incident location without user input.							

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No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
		C			L	C	RR	No.	L	C	RR
	Phone calls while driving.										
4	**Working on roads** Including: First on scene attending a RTC incident. Vehicle technician repairing or recovering a broken vehicle. Make ready staff stocking a vehicle on the road.	Road traffic collision(s), either vehicle/vehicle or involving a person outside the vehicle. Injury to staff or other person. Damage to property or equipment. Prosecution under road traffic legislation. Consequential impacts such as loss	Patients Staff Public Trust	Generic controls (as above), plus: Third party roadside recovery services are used whenever a vehicle is on a fast road. Is there any policy or procedures for vehicle technicians and/or make ready staff??	2	4	8	10-lone worker risk reduction	2	4	8

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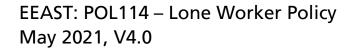| No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
					L	C	RR	No.	L	C	RR
		of driving licence and therefore ability to carry out driving for the Trust. Detrimental impact on health / wellbeing.									
5	**Communication failures**: Network blackspots Radio failures	As per violence and aggression above. As per driving above. As per health issues below.	Lone worker	Generic controls (as above), plus: MDT messaging (cellular network) can be used to contact control in the case of radio failure.	3	2	6	11- Comms failure actions	2	2	4

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					L	C	RR	No.	L	C	RR
				Radio failures can be reported direct to Airwave for resolution.							
6	**Fatigue**: Length of shifts, and Night working.	Detrimental impact on mental health / wellbeing. Consequential reduced performance, sickness absence, or retention issues. Potential for errors leading to staff or patient safety to be compromised.	Lone workers Trust	Generic controls (as above), plus: BBR/ARP reduction in number of RRVs vs DSAs Increased recruitment and training to enable more staff to work as a DSA crew. Trials such as Intelligent X-ray process to reduce overtime working.	3	3	9	12-shift length/late finishes 13-Fatigue management 24-Sleep tool kit	2	3	6

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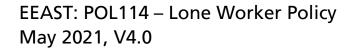| No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
					L	C	RR	No.	L	C	RR
		Increased likelihood of slips, trips and falls; moving and handling injuries; and road traffic collisions. Consequential reputational risk to the Trust.		Emergency staff can request transport to be provided to return to base if they are too fatigued to drive safely.							
7	**Moving and handling.** Carrying all equipment required to a patient and back to vehicle.	Physical injury. Cumulative injuries. Slips, trips and/or falls.	Lone workers	Generic controls (as above), plus: Lone responder can call for backup if required.	4	2	8	14-review of equipment 15-Review policy 17-evidence based review	2	3	6

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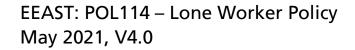| No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
		C			L	C	RR	No.	L	C	RR
8	**Display screen equipment**. Individual having to record every job.	Musculoskeletal injuries. Eye strain.	Lone workers (emergency and patient transport)	Generic controls (as above), plus: Staff do not use display screen equipment continually throughout the day. Some time is spent driving; assessing and treating patients etc.	3	2	6	16-ergonomic review	2	2	4
9	**Health event or incident** Office staff working alone. May be no other	Member of staff suffering a health incident may not be able to gain help as quickly as required.	Staff	Generic controls (as above), plus: Office phones are provided. Mobile	2	4	8	18-Comms/IT 26-personal attack alarm	2	3	6

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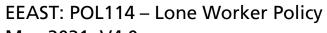| No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
					L	C	RR	No.	L	C	RR
	staff in the building. Make Ready staff working alone. Malfunction of equipment, particularly electrical items or of a hazardous nature			phones provided to some office staff.							
10	**Health event or incident to clinical staff** Clinical member of staff may suffer a	Member of staff suffering a health incident may not be able to gain help as quickly as required.	Lone workers	Generic controls (as above), plus: A&E operational staff carry an airwaves radio which provides	2	4	8	18-Comms/IT	2	3	6

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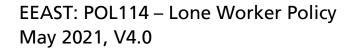| No	WHAT HAS THE POTENTIAL TO CAUSE LOSS OR HARM? (HAZARD)	WHAT IS THE RISK? (DESCRIBE THE HARM OR LOSS THAT COULD OCCUR)	WHO IS THE RISK LIKELY TO AFFECT?	WHAT ARE YOU ALREADY DOING TO MANAGE THE RISK?	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR)? (LXC =RR)			WHAT FURTHER ACTION IS NEEDED? (ACTION No. refers to action plan below)	WHAT IS THE LIKELIHOOD (L) CONSEQUENCE (C) & RISK RATING (RR) AFTER ACTIONS?		
					L	C	RR	No.	L	C	RR
	health incident or injury to themselves whilst working alone.			immediate contact with the EOC. EOC track vehicle movements and will call if no update is heard from staff for a considerable time.							
11	**Quality of care due to lack of supervision** Degradation of skillset not identified. Potential to deviate or continue	Quality of care to the patient is reduced. Reduced availability of resources to respond to patients. Reputational impact on the Trust.	Patients Lone workers Trust Public	Generic controls (as above) plus: Lone worker policy. In the event of an allegation or complaint, lone working staff (RRV) may be asked to work with a partner	3	4	12	19-change work pattern 20-spot check clinical practice	2	4	8

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	C				L	C	RR	No.	L	C	RR
	to deviate from recognised clinical practice. Potential for illegal or unprofessional acts to be carried out unnoticed. Possibility for staff to operate whilst under the influence of alcohol or other substances.	Reduced public confidence in the Trust.		(DSA) – on a case by case basis.							

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					L	C	RR	No.	L	C	RR
12	**Unprofessional conduct / Harassment** Potential for illegal or unprofessional acts to be carried out. Risks of allegations made against staff/volunteers. Potential lack of chaperone for the patient with a solo clinician	Harm to patient(s), other healthcare professionals, or the public. Harm to staff or volunteers Reputational damage to EEAST. Potential scrutiny from external regulators	Lone workers Other HCPs Patients Public EEAST Staff and volunteers	Registered professionals Code of conduct (policy?) Persons in Positions of Trust Policy Safeguarding Policies Chaperone Policy Stations: xxx Departments: xxx Vehicles: xxxx	3	4	12	19- change work pattern 20-spot check clinical practice	2	4	8

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Appendix B

Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	Lone Worker Policy
Is the process new or existing? If existing, state policy reference number	V3.5
Person responsible for process/policy	Head of HR
Directorate and department/section	Workforce
Name of assessment lead	Navrita Atwal
Has consultation taken place? Was consultation internal or external? (please state below):	This policy has been written in partnership by management and staff side, in accordance with current employment legislation and followed the standard 21 days' consultation process across the Trust.

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The assessment is being made on:	Guidelines	
	Written policy involving staff and patients	x
	Strategy	
	Changes in practice	
	Department changes	
	Project plan	
	Action plan	
	Other (please state) Training programme.	

Equality Analysis

What is the aim of the policy/procedure/practice/event?

This document outlines the Lone Worker Policy and Procedures for the East of England Ambulance Service NHS Trust (the Trust). The Trust recognises that it has a duty to ensure the safety of its employees, workers, volunteers and contractors when operating in lone worker roles.

The Trust will ensure, so far as is reasonably practical, that staff and others who are required to work alone or unsupervised for significant periods of time are protected from risk to their health and safety. Measures will also be adopted to protect anyone affected by lone working. Please make reference to the Lone working risk assessment. (Appendix A)

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Lone working exposes staff and others to certain hazards. The Trust will do everything possible to remove the risk from these hazards or, where elimination is not reasonably practical, to reduce the risk to the minimum possible.

List the main activities of the function or policy? (for strategies list the main policy areas)

The organisational objectives of this policy are to provide an effective framework to assist the Trust in complying with statutory requirements by ensuring that there are arrangements in place:

- for the effective implementation of this policy throughout the Trust
- for the carrying out of suitable and sufficient risk assessments on lone working, including the carrying out of dynamic risk assessments
- to ensure that all appropriate controls, so far as reasonably practicable, are put in place to control, manage and reduce that the risks to staff who are lone workers
- to provide suitable information, instruction and, where necessary, training to staff who are lone workers
- to provide support and assistance to lone workers so that they can work effectively and efficiently and deliver excellent professional care to patients
- to provide lone workers with information on addresses they may visit (special situation feature application)
- to ensure that all incidents involving lone workers are reported and investigated
- to provide staff with suitable post-incident support
- where appropriate, to liaise with external agencies following any assaults on lone workers

Who will be the main beneficiaries of the strategy/function/policy?

This policy applies to all Trust employees as well as, workers, volunteers, and contractors. The policy covers all Trust property and premises and all locations in which Trust employees may be working in a lone worker role arising in connection with their duties.

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Who does the policy/procedure/practice/event impact on?					
Race	✖	**Religion/belief**	✖	**Marriage/Civil Partnership**	✖
Sex	✖	**Disability**	✖	**Sexual orientation**	✖
Age	✖	**Gender re-assignment**	✖	**Pregnancy/maternity**	✖

Who is responsible for monitoring the policy/procedure/practice/event?

HR/ WORKFORCE

What information is currently available on the impact of this policy/procedure/practice/event?

This policy links in with:

Workforce Race Equality Standards
Workforce Disability Standards
EDS2 – Equality Delivery System
Compliance with Public Sector Equality Duty and Specific Duty
Gender Pay Gap
Five Diversity Networks within EEAST e.g. AWE Women's Network, Multi-Faith Network, Disability Network, LGBT Network, BAME Network, Equality Diversity Inclusion Group.
Health and Safety Executive research on lone working staff

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event?

No

Are there any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes, please provide evidence/examples.

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- **Please see table below**

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics?
- **NO**

Who does the policy/procedure/practice/event impact on?					
Race	✖	Religion/belief	✖	Marriage/Civil Partnership	✖
Sex	✖	Disability	✖	Sexual orientation	✖
Age	✖	Gender re-assignment	✖	Pregnancy/maternity	✖

The policy should have a positive or neutral impact on all protected characteristics. No negative impact has been identified.

		Positive impact	Negative impact	Reasons
Gender	Women	✓	NA	This policy takes into account the increased risk to women who may be lone working. However, the policy is designed to protect all staff, including women who work on their own.
	Men	✓	NA	Policy is designed to protect all staff who may be lone working.
Race		✓	NA	Policy is designed to protect all staff who may be lone working.
		✓	NA	Policy is designed to protect all staff who may be lone working.

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		✓	NA	Policy is designed to protect all staff who may be lone working.
		✓	NA	Policy is designed to protect all staff who may be lone working.
		✓	NA	Policy is designed to protect all staff who may be lone working.
Disability		✓	NA	It may not be possible for those with certain disabilities to undertake all elements of lone working however, Managers are expected to make all reasonable adjustments to facilitate lone working as appropriate for all staff if the work situation requires it. Appropriate advice should be sought and the adjustment agreed with the employee. However, this policy is designed to protect all staff who may be lone working.
Sexual Orientation		✓	NA	Policy is designed to protect all staff who may be lone working.
Age	Older People (60+)	✓	NA	Policy is designed to protect all staff who may be lone working.
	Younger People (17	✓	NA	Policy is designed to protect all staff who may be lone working.

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	to 25) and children			
Religion/Belief		NA	NA	Policy is designed to protect all staff who may be lone working.
Pregnancy/ Maternity	Pregnant women	✓	NA	An increased risk to new or expectant mothers exists and lone working should be considered as part of the pregnancy risk assessment where reasonable adjustments are made to ensure the safety of new and expectant mothers. However, this is designed to protect all staff who may be lone working.
Gender Reassignment		NA	NA	Policy is designed to protect all staff who may be lone working.
Marriage/Civil Partnership		NA	NA	Policy is designed to protect all staff who may be lone working.

Will the policy/procedure/practice/event create any problems or barriers to any community or group?
NO

Will any group be excluded because of this?
NO

Will there be a negative impact on community relations?
NO

If the answer to any of these questions is YES, you must complete a FULL Equality Impact Assessment

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Could the policy/procedure/practice/event have a positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:

Yes – ensuring that a fair and consistent process is followed for all Trust staff.

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Actions apply to all staff and a generic Lone Working Action Action Plan has been included within the Lone Working Policy

---

Evaluation Monitoring Plan/how will this be monitored?

Who

Director of Workforce is the ELT Sponsor

ELT, Workforce Committee and EDI Committee will monitor the policy and associated actions

How

The Lone Working Task and Finish Group will be asked to review the Action Plan and Risk assessment on a 6-monthly basis. As part of the process, this EQIA will be reviewed to establish if application of this policy has created any disproportionate impact and to assess if application of the

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policy has increased the risk of sexual harassment or any other kind of bullying and harassment. Relevant data will be supplied to the group for review

By

HR Policy Lead will ensure the review has taken place and update the Director of Workforce

Reported to

ELT and the Workforce Committee as part of the EHRC action plan

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