

Lone working policy

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1 Document summary

If you work alone, always assess the risks, follow agreed safety arrangements, keep in contact with colleagues, use available safety equipment and report any concerns or incidents promptly. Your safety takes priority, and you should withdraw from any situation that feels unsafe.

1.1 What is lone working?

Lone working is any work activity undertaken without close supervision or immediate access to support from colleagues. This includes:

- working alone on trust premises.
- community and home visits.
- travelling alone for work.
- working evenings, nights, weekends or other out-of-hours periods.

1.2 Key principles

The safety of staff is a priority. Lone working should only take place after a risk assessment has been carried out and where risks can be adequately controlled. Staff must receive information about known risks before undertaking visits or lone-working activities and should leave or stop any situation where they feel unsafe. The Trust promotes a proactive approach to risk assessment, prevention of violence and aggression, and personal safety.

1.3 Checking for risks

Managers and staff must think about what could cause harm before lone working starts. This includes:

- looking at information about patients or locations.
- checking for any history of violence or aggression.
- planning safe travel and parking.
- making sure staff know how to get help.
- Ensuring that staff are medically fit and suitable to work alone

Risk assessments should be reviewed if anything changes.

1.4 Safe working arrangements

Staff are expected to follow agreed safe procedures including:

- checking known risks before visits.
- following check-in and escalation arrangements.
- carrying and using mobile phones and lone-worker devices where provided.
- planning safe travel and parking arrangements.
- maintaining awareness of surroundings and exit routes.
- not sharing personal contact details with patients, relatives or carers.

1.5 Information sharing and communication

Managers must ensure staff have access to relevant information about known risks before lone-working activities take place. Information may be shared with other services and partner agencies where necessary and lawful to protect staff safety.

Personal information must be handled in accordance with data protection and information governance requirements.

1.6 Incident Reporting and Support

All incidents, near misses, threats, violence, aggression, abuse or concerns relating to lone working must be reported through the Trust's incident reporting systems. Managers must investigate incidents, identify learning, and ensure affected staff receive appropriate support, including access to Occupational Health and other wellbeing services where required.

1.7 Training and Monitoring

Staff undertaking lone working must complete any training required for their role, including dynamic risk assessment, personal safety and violence reduction training where appropriate. The Trust monitors lone-working arrangements through risk assessments, incident reviews and governance reporting to ensure staff remain safe.

2 Introduction and aim

The trust has a legal duty to protect, as far as reasonably practicable, the health, safety and welfare of staff while they are at work. The trust must also assess and manage risks arising from work activities. This policy explains how those duties are met when staff work alone, work away from their usual base, work in isolated areas, work outside normal hours, travel alone for work, or visit patients, service users, relatives or carers without immediate colleague support.

The trust recognises that care and treatment should be provided to patients and service users wherever this can be done safely. In some situations, the duty of care to a patient or service user must be balanced with the need to protect staff from foreseeable risk. Where the risk cannot be controlled, the task must be postponed, changed, carried out with additional support, moved to a safer location or escalated for management advice.

Hybrid and flexible working can also increase the likelihood of staff working alone in offices or non-clinical areas. This policy therefore applies to clinical and non-clinical staff and to lone working on trust premises, in community settings, during travel and in any other work-related setting.

2.1 Definitions

2.1.1 Incident

An incident is an unplanned or uncontrolled event, or sequence of events, that has caused or could have caused injury, ill health, distress, damage, loss or another adverse outcome. This includes near misses, where harm did not occur but could have occurred.

For this policy, incidents include physical assault, verbal abuse, threats, harassment, discriminatory abuse, stalking, intimidation, damage to property, unsafe environments, loss of contact with a lone worker, concerns about travel safety and any failure of agreed lone working controls.

2.1.2 Violence

Work-related violence means any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. It includes:

- physical attack
- threats, even where there is no physical injury
- verbal abuse, including intimidating, aggressive or discriminatory language
- non-verbal abuse, including threatening gestures, stalking or harassment
- damage to property where this creates a risk to staff safety, health or wellbeing
- situations where staff feel unable to safely continue with a visit, meeting or task a threat, even though no physical injury results

2.1.3 Lone working

Lone working is any work activity carried out by a member of staff without close or direct supervision and without immediate access to support from colleagues. Staff do not need to be physically alone for lone working risks to apply. The key issue is whether other people could reasonably be expected to provide immediate help or contact help on the staff member's behalf if there was an incident or emergency.

An isolated working situation is work carried out, indoors or outdoors, where there are no other people nearby who could reasonably provide immediate help or contact support in an emergency.

3 Procedure

This section sets out the steps that staff and managers must follow to manage lone working safely. The level of control required must be proportionate to the risk. Higher risk work must have stronger controls, such as working in pairs, formal check-in arrangements, use of a lone working device, safer venue arrangements or management approval before the activity takes place.

3.1 Risk assessment

A risk assessment is a careful examination of anything that could cause harm to staff or others during work. It helps managers and staff decide what must be done to prevent harm or reduce risk to the lowest level reasonably practicable.

All staff whose role includes lone working must have an appropriate lone working risk assessment. Some controls may be put in place immediately, such as a mobile phone, lone working device, buddy system or working in pairs. However, these controls do not replace the need for a risk assessment. The assessment must consider the wider risks and the safe working arrangements needed.

Managers must consider lone working risks as early as possible, including when roles are designed or recruited to. If a risk assessment identifies an unacceptable level of risk, the work must not go ahead until further controls are in place. This may include two staff attending together, changing the appointment location, changing the timing of the visit, using security support or seeking senior management advice.

3.1.1 Five-step process

The following five-step process must be used when assessing lone working risk:

- identify the hazards
- decide who may be harmed and how
- evaluate the risk and decide what controls are needed
- record the significant findings, actions, controls and responsible person
- review the assessment regularly, dynamically and whenever circumstances change.

Staff who undertake home visits, community work or other higher risk lone working must be trained in dynamic risk assessment and available control measures. Risk assessment must take account of changing circumstances, including escalating violence, aggression, safeguarding concerns, environmental risks, loss of communication, health concerns or changes to staffing levels.

Risk assessments must be completed by competent people, recorded, reviewed by managers and communicated to all staff who may be affected. Staff must know where to find the assessment and what controls they are expected to follow.

3.1.2 Factors to consider for risk assessments

The factors below must be considered when assessing lone working risk. They should be adapted to the role, location and activity being assessed.

3.1.2.1 Trust premises: non-patient facing roles

- Does the activity need to be carried out alone, or can it be avoided or changed?
- Does lone working need to be authorised before it starts?
- Does the location, building, room, parking area or route present a risk?
- Is there a safe way in and out for one person, including during a fire or emergency?
- Can the area be secured while maintaining emergency exits?
- Can equipment, substances, goods or records be safely handled by one person?
- Is the staff member fit, competent and suitable to work alone for this task?
- What training, information or supervision is needed?
- How will regular contact be maintained and what happens if contact is lost?
- Are new, inexperienced, pregnant, disabled, younger or otherwise vulnerable staff at increased risk, and are reasonable adjustments needed?
- What happens if the staff member becomes ill, has an accident or faces an emergency?
- Are systems in place to locate, contact and support the staff member?

3.1.2.2 Patient facing roles, including community staff

- Does the activity need to take place alone, or is there a safer alternative?
- Does the visit or meeting need management approval before it takes place?
- Is there any history of violence, aggression, abuse, harassment, racism, discriminatory abuse or other risk linked to the patient, relatives, carers, neighbours or location?

- Could the planned intervention, discussion or task trigger distress, anger, conflict or a safety risk?
- Are there known risks linked to drugs, alcohol, mental health, weapons, animals, environmental hazards or safeguarding issues?
- Can the risks be adequately controlled by one person?
- Is a second member of staff, safer venue, security support or police advice required?
- Is the visit taking place out of hours or in a location with limited support?
- Is there a safe travel route, parking location and exit strategy?
- Is the staff member trained, equipped and able to communicate with colleagues?
- Are systems in place for check-in, check-out and escalation if contact is lost?
- Would a telephone, video, clinic appointment or other safer arrangement meet the clinical or service need?

3.1.3 Recording the assessment, line managers responsibility maintained in person's file

Risk assessments must be recorded in line with trust arrangements. The record must be clear enough for staff to understand the risk, the controls they must follow and what to do if circumstances change. It must include:

- the nature and level of the risks
- the tasks, activities, locations and circumstances that contribute to the risk
- the safe systems of work to eliminate, avoid or reduce the risk
- the staff, patients, service users or others affected by the activity
- the controls required, including training, communication, devices, staffing levels and escalation arrangements
- who is responsible for each action and when it must be completed
- environmental factors such as lighting, access, noise, temperature, floor conditions, isolated areas and parking
- review dates and triggers for earlier review.

Managers do not need to complete a separate risk assessment for every possible scenario, but they must ensure that general and individual assessments cover foreseeable lone working risks. These include, where relevant, physical assault, sexual assault, verbal abuse, threatening behaviour, robbery, theft, criminal damage, road traffic incidents, vehicle breakdown, punctures, slips, trips and falls, staff accident or illness.

Assessments must be reviewed when the work changes, staffing levels change, the control measures are no longer effective, new information becomes available, or an incident or near miss occurs. Managers must keep completed assessments, make them available to staff in the team and share copies with the Health and Safety team where required. Team or building assessments may be used, but individual lone working risks must still be considered for staff whose circumstances or duties require this.

3.1.5 Managing risk

Lone working risks must be reduced to the lowest level reasonably practicable. Local procedures must explain how the controls in this policy apply to the specific team, service, site or role. Safe systems of work must be practical, understood by staff and regularly tested.

Managers and teams must consider:

- systems for knowing where lone workers are and when they are expected back
- working patterns, travel routes and times of day that may increase or reduce risk
- joint working for high-risk activities
- security arrangements in buildings, including access control, alarms, lighting and parking
- how risk information is shared appropriately between colleagues, services and partner agencies
- training, supervision and local briefings to support safe practice
- use of mobile phones, lone working devices, personal alarms or other approved safety equipment
- not displaying identification, equipment or items in vehicles in a way that increases risk
- joint communication with relevant services such as police, local authorities, probation or social care where appropriate and lawful.

Local arrangements for managing risk must explain when staff should stop, leave, seek advice or contact emergency services. They must also explain how staff will be traced and located if contact is lost, what escalation steps will be followed, whether a lone working device is needed and how devices or check-in systems will be tested.

3.2 Type of lone working

Lone working can occur when staff:

- work in a building or location but are separate from other staff, such as working alone in a building, clinic room or interview room
- work away from base, including home visits, community work, deliveries or off-site appointments
- work outside normal hours, including evenings, nights, weekends or early mornings
- travel alone as part of work, including travelling to meetings, patient homes or other sites.

Some staff may fall into more than one category. Managers must consider the combined risk when this happens.

3.3 Hazards of working alone

Lone workers face many of the same hazards as other staff, but the risk of harm may be higher because help may not be immediately available. Hazards may include:

- fire or other emergency where evacuation may be more difficult
- violence, aggression, abuse, stalking or threats

- difficulty getting a response to a security alarm or call for help
- unsafe buildings, poor lighting, isolated parking or environmental hazards
- road traffic incidents, breakdowns or travel-related risks
- clinical materials, medication, equipment, valuables, cash or records that may increase risk
- working with people or in places where risk information is known or emerging.

Higher risk activities include first visits to a patient's home, visits where there is known or suspected violence or aggression, work in isolated or known risk areas, carrying medication or equipment, travelling between sites, working out of hours and handling cash or valuables.

3.4 Methods of reducing risk

The preferred approach is to eliminate or avoid unsafe lone working wherever possible. Where lone working cannot be avoided, a risk assessment must identify proportionate controls. These may include:

- changing the time, place or method of contact
- using a safer venue or clinic base
- working in pairs or with security support for higher risk activity
- providing training in hazard identification, dynamic risk assessment, de-escalation and personal safety
- recording significant risks and control measures and sharing them with the Safety team where required
- using approved lone working devices, mobile phones, personal alarms or check-in systems where required by risk assessment
- using device functions such as emergency alert or person-down alert where these are available and assessed as necessary
- reporting incidents and near misses so that risks can be reviewed and other staff can be alerted where appropriate.

Staff who believe they need a lone working device or additional control measure must discuss this with their manager. The manager must complete or review the risk assessment, agree the required controls and ensure that any lone worker escalation plan is completed where required.

3.5 Safeguarding lone workers

Teams must have arrangements to safeguard lone workers. These must include a clear process for notifying a team member, manager or agreed contact about planned visits or tasks, any changes to those arrangements, and the end of the visit, task or shift. Where a lone working device or check-in system is required, staff must use it as instructed and managers must monitor compliance.

3.6 Supervision

Lone workers cannot usually be directly supervised at all times. Managers must therefore provide enough instruction, training, monitoring and support to enable staff to work safely. Supervision must include checking that agreed control measures are being followed and remain effective. There must be:

- regular contact between the lone worker and their manager, supervisor or team
- periodic observation or review of lone working practice where appropriate
- checking and practising procedures for raising the alarm or escalating lost contact
- checks that phones, devices, alarms and other safety equipment work and are used correctly
- information for staff to make sure they know how to seek advice during and outside normal working hours.

3.7 Mobile phones

Mobile phones can support safer lone working, but they must be used safely and in line with the law, trust policy and local procedures. Staff must not use a hand-held mobile phone while driving. Calls, messages or device checks must be made only when it is safe and lawful to do so.

Staff should avoid drawing attention to phones, laptops, clinical equipment or other valuables in public places or vehicles. Where a discreet call or device activation is needed, staff should follow training and local procedures.

3.8 Information sharing

Staff must have access to relevant information about known risks linked to a patient, service user, relative, carer, location or area before carrying out lone working. Where information suggests an immediate or serious risk to staff safety, the appropriate manager must be informed immediately. Out of hours, the on-call manager must be contacted.

Managers must ensure that relevant risk information is shared across trust services where this is necessary to protect staff. Information may also be sought or shared with partner agencies such as GPs, local authorities, police, social care or other healthcare organisations where there is a lawful basis and it is necessary and proportionate to manage safety risk.

Personal information must be handled in line with the UK General Data Protection Regulation, the Data Protection Act 2018, trust information governance requirements and the Caldicott Principles. Information must be used fairly, lawfully and transparently; collected for a specific purpose; adequate, relevant and limited to what is necessary; accurate and kept up to date; retained only for as long as necessary; and kept secure.

Relevant risk information must be available to staff who may care for the person or attend the area where the risk has been identified. Staff who feel unsafe during a visit or task must report this to their manager so that records and risk assessments can be updated. The Information Governance team can provide advice on lawful sharing, storage and recording of information.

3.9 Patient contact

Staff must not give personal contact details to patients, relatives or carers. This includes home telephone numbers, personal mobile numbers, personal email addresses, home addresses or social media details. Staff must use approved trust communication routes and make sure patients, relatives and carers know how to contact the service through the correct channels.

3.10 Risk assessment advice to staff

Before entering a lone working situation, staff must gather relevant information and consider the risks. This may be a short check for a low-risk task or a more detailed planning process for higher risk contact. Staff must use the relevant appendix or local risk assessment tool where required.

Most higher risk situations are likely to involve clinical visits to patients' homes, although non-patient-facing work can also present risk depending on the activity, location and individual circumstances. Staff must complete a dynamic risk assessment when they arrive and throughout the contact. If they feel unsafe at any time, they must leave if safe to do so, seek advice, activate their device or contact emergency services where required.

All incidents, near misses and concerns must be reported through the trust's incident reporting system and to the manager as soon as practicable.

3.11 Incident reporting

Staff must follow the Incident management policy and report all incidents and near misses relating to lone working, violence, aggression, abuse, threats, personal safety, device failure or failure of agreed controls. Managers must investigate reports, take proportionate action and ensure learning is shared. Where an incident may meet statutory reporting requirements, the Health and Safety Team must be contacted for advice.

Managers must also consider the wellbeing of staff affected by an incident and support access to Occupational Health, counselling, staff support services, trade union or professional association support where appropriate.

3.12 Disciplinary procedure

Staff are required to follow reasonable management instructions and agreed lone working controls. Persistent or serious failure to follow lone working arrangements, including failing to use required devices, check-in systems or escalation arrangements, may be managed under the relevant trust policy or procedure. Managers must first consider whether there were barriers to compliance, including health conditions, disability, pregnancy, language needs, equipment failure, lack of training or unclear instructions. Reasonable adjustments and support must be considered before formal escalation.

4 Responsibilities

4.1 Staff

Duties include:

- taking reasonable care of their own health and safety and the safety of others affected by their work
- following lone working risk assessments, control measures, safe systems of work and local procedures
- completing or contributing to risk assessments where required by their role
- completing required training, including dynamic risk assessment, personal safety, de-escalation or device training where relevant
- using mobile phones, lone working devices, alarms and check-in arrangements as instructed
- reviewing known risk information before visits or tasks and updating managers about new or changing risks
- leaving or stopping a task if they feel unsafe, where it is safe to do so, and seeking advice or emergency help as required
- reporting hazards, incidents and near misses through trust reporting procedures and recording relevant risk information on the appropriate clinical or service system.

4.2 Managers and supervisors

Duties include:

- identifying which roles, tasks and locations involve lone working
- ensuring suitable and sufficient risk assessments are completed, recorded, shared and reviewed
- implementing control measures to eliminate, avoid or reduce risk as far as reasonably practicable
- ensuring staff understand and follow local lone working arrangements
- ensuring staff attend required training and receive local induction and updates
- providing or arranging devices, phones, alarms or other equipment where required by risk assessment
- monitoring compliance with check-in, device and escalation arrangements
- investigating incidents and near misses and ensuring actions are completed
- escalating resource needs, unresolved risks or high-risk situations to senior managers
- ensuring staff receive support after an incident, including Occupational Health or other support services where appropriate.

4.3 Directors, deputy care group directors and corporate heads of services

Duties include:

- ensuring this policy is implemented within their areas of responsibility
- ensuring adequate governance and oversight of lone working risks
- prioritising resources to address significant risks to staff safety
- reviewing incident trends, themes and learning relating to lone working and personal safety

- ensuring managers have the authority and support to implement effective control measures.

4.4 Local security management specialist (LSMS)

Duties include:

- providing specialist advice to managers and staff on security, violence, aggression and personal safety
- advising on measures to prevent or reduce violence, aggression, abuse and related risks
- reviewing or monitoring reports of violence and aggression to identify trends and learning
- supporting advice about lone working arrangements and risk assessments where appropriate
- liaising with police or other partners where required and lawful.

Advice and support can be sought from the Local Security Management Specialist and Safety team via 03000 213 000. Advice can also be sought from the Reducing Restrictive Interventions team via 03000 213 000.

4.5 Security management director

The Executive Director of Finance and Estates fulfils the role of Security Management Director for the trust. The Security Management Director promotes security management advice at Board level, supports challenge and accountability for security management, promotes the health and safety of staff and supports the Local Security Management Specialist role.

4.6 Reducing restrictive intervention (RRI) trainers and reducing restrictive intervention lead practitioner

Duties include:

- providing a training program for staff on the reduction of restrictive interventions and the management of work-related violence and aggression, including Promoting a Safer Therapeutic Service and personal safety where required by the training needs analysis
- reviewing reports of violence and aggression and, in liaison with the Health and Safety team, provide advice and guidance where appropriate

5 Training

Training requirements linked to this policy are set out in the Training Needs Analysis for the Reducing restrictive interventions policy and any other relevant role-based training requirements. Managers must ensure staff complete the training required for their role before undertaking higher risk lone working. Staff must also receive local instruction on risk assessments, check-in arrangements, device use, escalation processes and incident reporting.

6 Monitoring arrangements

This section is about how we will know that the policy is working effectively.

6.1 Arrangements for making sure lone workers are safe

- **How and who by:** line managers, care group directors, health and safety report via subgroups of clinical leadership executive
- **Reported to:** board of directors
- **Frequency:** annually

6.2 Arrangements for making sure lone workers are safe

- **How and who by:** review of incident reports by the Health and Safety team.
- **Reported to:** Health, Safety and Security Forum.
- **Frequency:** daily and to each meeting.

6.3 Completion and suitability of lone worker risk assessments

- **How and who by:** line managers with support of safety inspections by the Safety team.
- **Reported to:** Health, Safety and Security Forum.
- **Frequency:** annually or sooner if required.

7 Related documents

- Security policy
- Reducing restrictive interventions policy
- Health and safety policy
- Incident management policy
- Mandatory and statutory training policy
- Management of Health and Safety at Work Regulations 1999
- Health and Safety at Work etc. Act 1974
- [Violence in Health and Social Care, Health and Safety Executive](#)
- 'Protecting NHS Staff from Violence' leaflet issued by NHS Protect
- The Health Services Advisory Committee of the Health and Safety Commission (HSAC) recommendations
- [Protecting Lone Workers: How to manage the risks of working alone, INDG73 \(rev4\), 03/20 HSE Books](#)

8 Appendices

8.1 Appendix A Guidance on lone working

8.1.1 On trust premises

Staff working alone within a department during office hours should:

- remain near a phone or agreed method of calling for help
- secure valuables, keys, records and equipment
- avoid meeting visitors or unknown people alone where this can be avoided
- tell a colleague or manager if a meeting must take place, including who is attending, where it is taking place and the expected finish time

- avoid telling callers, visitors or members of the public that they are alone
- report incidents or concerns to their manager as soon as practicable
- plan ahead and do not assume that an incident will not happen.

Staff working alone outside office hours must also:

- tell an agreed contact where they are, when they expect to leave and when they arrive safely
- tell the contact immediately if plans change
- secure windows and doors while maintaining emergency escape routes
- not open doors to strangers or give security codes or keys to anyone not authorised
- check that fire escape routes are available and not locked
- avoid using lifts where there is a risk of becoming trapped without help
- leave immediately by the nearest safe fire exit if the fire alarm sounds
- report equipment faults and not attempt repairs unless trained and authorised
- lock windows and doors when leaving
- park as close as possible to the building in a well-lit area
- liaise with security or others in the building about expected leaving times where applicable
- consider leaving together if only two people remain in the building.

8.1.2 During visits to unfamiliar sites

Staff making visits must communicate their plans and use a lone working device or local check-in process where required. Before the visit, staff must tell an agreed colleague, manager or system:

- the visit or meeting location
- a contact telephone number
- the appointment time
- the expected length of the visit or meeting
- the expected return or check-in time
- the next visit location or expected time home if not returning to base
- vehicle make, model and registration if driving, where this is part of the local process.

Staff should check whether there are known concerns, whether another colleague is needed, whether a personal alarm or device is required, whether the mobile phone is charged and has signal, whether parking is safe, and what exit strategy will be used if the situation changes.

8.1.3 Visiting patients in their own homes

Home visits can present specific risks. Staff must assess those risks before visiting alone. If there are serious concerns, staff must discuss the visit with their manager and consider attending with a colleague, arranging a safer venue, rearranging the visit or seeking further advice.

Before the visit, staff must:

- complete or review the risk assessment and identify whether the patient, household or location is high risk or potentially high risk

- consider whether a second staff member should attend
- ensure a second staff member attends where this is required by a risk assessment or risk management plan
- tell colleagues where they are going, expected return time, names and addresses of patients being visited, appointment times and contact arrangements
- carry appropriate trust identification
- dress in a way that is safe and appropriate for the visit, avoiding items that may restrict movement or attract avoidable risk
- wear footwear and clothing that allow safe movement
- check that communication methods, devices and alarms are working and accessible
- obtain relevant information about the patient, household, family, location and previous risk history
- review records, previous referrals and the last documented risk assessment
- contact the referrer if records are unavailable or current risk is unclear
- double-check the address and telephone number
- consider inviting the patient to a safer place if there is insufficient information to support a safe home visit.

Before setting off, staff should check that the vehicle is roadworthy, has enough fuel, and that bags, medication, equipment and records are concealed and not visible. Staff should only take equipment needed for that visit.

During the journey and on arrival, staff should consider the time, route, location and parking. Staff should park as near as safely possible in a lit area, avoid subways or isolated areas where possible, lock the vehicle, remain alert and avoid leaving clinical equipment or valuables visible in the vehicle.

At the premises, staff must dynamically assess the situation. They must be prepared to abandon or postpone the visit if there are safety concerns. Staff should stand back after knocking, follow the occupant in rather than lead, remain aware of exits, sit near an exit route where possible, and remain alert to obstacles or items that could affect safe exit.

If in doubt, staff must not enter. They should seek advice or assistance. If violence is threatened, staff should leave immediately if safe to do so. If leaving is not possible, they should move to the safest available area, call emergency services where required and activate any agreed alert process.

On return to the car, staff should have keys ready, check the inside of the vehicle before getting in, lock the doors once inside, and check back with the team. If the expected return time changes, staff must update the agreed contact. Staff should avoid working on laptops in vehicles because of theft risk and the risk of confidential information being seen by members of the public.

8.1.4 Known high risk home visits

Where a visit is known or assessed to be high risk, staff must discuss the risks with their manager before attending. Controls may include two staff attending, a safer venue, security support, police advice, a clear escalation plan, a lone working device

and agreed check-in points. Staff must report back to confirm that the visit has ended and that they are safe. A record must be made of the time staff enter and leave the patient's home.

8.1.5 Interviewing patients in a consultation room

In addition to advice already given earlier in this document when interviewing patients in a consultation room consider the following:

- use consultation rooms with suitable visibility and panic alarms where available
- sit nearest to the exit where practicable
- know how locks, bolts and exit doors work
- tell colleagues that the interview is taking place and when it is expected to finish
- protect security codes and access arrangements so patients or visitors cannot see or use them.

8.1.6 When a colleague does not return as expected

If a colleague has not returned or made contact as expected, staff must follow the local escalation process. They should first check whether colleagues have received an update. If not, they should try to contact the lone worker by the agreed method, including mobile phone or lone working system where relevant.

If there is no answer, or the colleague answers and appears distressed, the manager must be notified immediately. If the manager is unavailable, the most senior person on site or the senior manager on call must be contacted. Where appropriate, the manager may try to contact the person at home or through their next of kin before contacting the police. If there are immediate concerns for safety, or the person appears to be in distress or danger, emergency services must be contacted immediately.

8.1.7 Immediate support following an incident

Following an incident, the manager must ensure that affected staff receive appropriate medical treatment, advice and immediate support. If the incident occurs out of hours, the on-call manager must be contacted. Managers must offer staff the opportunity to talk about the incident and consider support from Occupational Health, counselling, colleagues, trade unions, professional associations or other relevant support services.

8.1.8 Involving the police

If police attendance is required, staff or managers must contact the police immediately. The trust will consider appropriate action in cases of violence, threats or abuse against staff, including support for criminal justice processes or other legal action where appropriate. The member of staff affected must be kept informed, supported and advised of available support.

8.1.9 Debriefing

After an incident involving violence, aggression, abuse, threat or a significant lone working concern, the manager must offer a timely debrief. The purpose is to support the staff member, identify any further support needed, check whether the policy and local procedures were followed, understand what happened, identify what worked well, identify any changes needed to protect staff or property, and share learning to prevent recurrence.

8.2 Appendix B initial home visit risk assessment form

Refer to appendix B: [initial home visit risk assessment form \(staff access only\)](#).

8.3 Appendix C risk assessment on arrival at patients' home form

Refer to appendix C: [risk assessment on arrival at patients' home form \(staff access only\)](#).

8.4 Appendix D personal safety risk assessment form

Refer to appendix D: [personal safety risk assessment form \(staff access only\)](#).

8.5 Appendix E lone worker escalation plan

The lone worker escalation plan provides a fair, transparent and proportionate process when staff do not follow mandatory lone working controls. This includes not carrying or activating a required device, not following check-in or check-out arrangements, or not following local escalation arrangements. The pathway supports the trust's health and safety duties and complements section 3.12.

It applies to all staff, including substantive, bank, agency, students and contractors, where a risk assessment identifies mandatory lone working controls.

8.5.1 Stage 1: informal management conversation

- Trigger: one-off or first observed non-compliance, such as not carrying or activating a required device, or not following check-in or check-out arrangements.
- Actions: the manager restates the mandatory requirements, explores any barriers, provides immediate coaching or refresher training, records the discussion and confirms expected standards.

8.5.2 Stage 2: formal manager warning

- Trigger: repeated non-compliance after stage 1 or where the risk remains unmanaged.
- Actions: a formal meeting is held, a written management warning is provided, a short review period is agreed, targeted support or supervision is arranged, and the staff member is advised that continued breach may progress to human resources advice or formal process.

8.5.3 Stage 3: Human resources led disciplinary process (see also 3.12)

- Trigger: persistent or serious non-compliance with mandatory lone working controls.

- Actions: a formal investigation may be undertaken under the relevant conduct or capability process. Any outcome must be proportionate. Temporary restriction from lone working duties may be considered until safe practice is demonstrated.

8.5.4 Stage 4: Incident review and learning review

- Trigger: an incident or near miss where non-compliance with lone working controls is a contributory factor.
- Actions: the incident is reviewed, individual and team learning is identified, retraining is arranged where required, local procedures and risk assessments are updated, and alternative duties or redeployment away from lone working may be considered where appropriate.

8.5.5 Equality, reasonable adjustments and fairness

Managers must consider whether non-compliance is linked to health conditions, disability, pregnancy, language needs, equipment faults, confidence, training gaps, unclear instructions or other barriers. Reasonable adjustments and support must be considered before escalation. The process must be applied fairly, proportionately and consistently.

8.5.6 Record-keeping and monitoring

Each stage must be documented. Care groups must monitor compliance trends through the Health, Safety and Security Forum and report through existing governance routes. Records must be kept in line with trust records management and information governance requirements.