

Brighton and Sussex University Hospitals

Working Alone in Safety Policy

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1.0 Introduction

- 1.1 Brighton and Sussex University Hospitals NHS Trust (the Trust), will ensure, so far as reasonably practicable, that employees and self-employed contractors who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety. Measures will also be adopted to protect anyone else affected by solitary working.
- 1.2 A lone worker is defined as someone who works by themselves without close or direct supervision. This may include:
 1. Staff or contractors who work alone in a specific area or building e.g. home-workers, cleaners, security, library staff etc.; or
 2. Staff or contractors who work in a number of specific areas e.g. maintenance staff, cleaning supervisors, drivers etc.
- 1.3 Lone working should be avoided where possible, but if it is necessary this policy must be implemented.
- 1.4 Solitary working exposes employees and others to hazards. The Trust's intention is to eliminate these hazards where possible. Where elimination is not possible the risks should be as low as is reasonably practicable to achieve.
- 1.5 All managers are responsible for ensuring the requirements of this policy are implemented within their areas of responsibility.
- 1.6 Lone working is not covered by a single piece of legislation, and this will vary dependant on the nature of the work carried out.
- 1.7 Legal Framework
 - 1.7.1. Health and Safety at Work etc. Act 1974
 - 1.7.2. Management of Health and Safety at Work Regulations 1999
 - 1.7.3. Health and Safety (First Aid) Regulations 1981

2.0 Purpose

2.1 It is the Trust's policy to provide and maintain a safe and healthy working environment. We also accept our responsibilities for the health and safety of patients, visitors and outside contractors invited onto our premises.

- 2.2 The purpose of this document is to:
 - 2.2.1. Enable the Trust to ensure that it provides a safe working environment so far as is reasonably practicable;
 - 2.2.2. Ensure all potential lone working hazards in the workplace are identified;
 - 2.2.3. Ensure any lone working risk to a person's safety is adequately controlled, having been reduced to the lowest level that is reasonably practicable; and
 - 2.2.4. Ensure that the appropriate risk assessments and control measures are in place.

3.0 Definitions

Hazard	A hazard is anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer, etc.
Risk	The risk is the chance (likelihood), high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be.
Risk Assessment	A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.
NHS Protect	Part of the NHS Business Services Authority (NHS BSA) whose remit encompasses the policy and operational responsibility for the management of security in the NHS in England.
Frontline Staff	Are all staff that routinely have direct contact with the public, or with other staff, where there is a risk of physical or non-physical assault, i.e. Emergency Department clinical and non-clinical staff, outreach staff (e.g. midwives), security staff, reception staff, clinical & non-clinical staff on wards and outpatient departments, ancillary staff not covered above, HR Managers and Officers involved with grievances, investigations or disciplinary proceedings etc.
Lone working	A lone worker is defined as someone who works by themselves without close or direct supervision. This may include: <ol style="list-style-type: none"> 1. Staff or contractors who work alone in a specific area or building e.g. home-workers, cleaners, security, library staff etc.; or 2. Staff or contractors who work in a number of specific areas e.g. maintenance staff, cleaning supervisors, drivers etc.

4.0 Responsibilities, Accountabilities and Duties

4.1 Trust Board

4.1.1 The Trust Board has overall responsibility for effective risk management within the Trust and to ensure that the Trust complies with its statutory obligations.

4.2 Chief Executive

4.2.1 The Chief Executive has overall responsibility for ensuring the Trust has the necessary management systems and adequate resources (financial and otherwise) for the effective implementation of all risk management policies.

4.3 Board / Deputy / Assistant / Associate Directors

4.3.1 It is the duty of Board Directors to take responsibility for the safe undertaking of all aspects of work under their control.

4.3.2 Where actions to control risks are beyond the authority of the Managers and Supervisors, the Directors must ensure that there are adequate arrangements in place for such hazards and risks to be notified to them by the fastest possible means and that they are effectively managed and controlled.

4.3.3 Directors must ensure that Managers are adequately trained to identify hazards, assess risks, develop adequate control measures, and understand their responsibility and level of authority.

4.4 Managers

Managers are required to ensure that they have identified any lone working staff. Where Lone Workers have been identified or where Managers understand that there is the potential for staff to work alone, the following must be ensured:

- A suitable and sufficient risk assessment has been completed;
- Adequate control measures are in place to eliminate the risks associated with the lone working;
- They are competent to carry out the risk assessments by undertaking the Trust delivered Risk Assessment Training;
- Adequate systems to supervise the lone worker are implemented;
- Employees receive adequate training to reduce the risks of Lone working;
- Referral is made to Occupational Health, where a member of staff reports that they are experiencing possible ill-health effects which may be related to, or exacerbated by the lone working.
- Carry out a violence risk assessment and take appropriate action to reduce any identified risks, so far as reasonably practicable. This must include a written procedure for lone workers covering work processes to mitigate against risks to personal safety (through violence or other crime) and general health and safety risks (e.g. COSHH, manual handling etc). This Policy provides further advice and guidance on lone working.

Completed risk assessments and written procedures should be forwarded to the Head of Risk Management and Security Operational Controllers having been shared with the Matrons and Heads of Department, in order for them to be reviewed. These will be reviewed on an annual basis.

4.5 Trust Employees

4.5.1 All employees have a duty under health and safety legislation to take reasonable care for the health, safety and welfare of themselves and any other person who may be affected by their acts or omissions whilst at work.

4.5.2 It is everyone's responsibility to report any matters that present a serious and immediate danger or where there are shortcomings in the arrangements that have been made for health and safety.

4.5.3 It is also an employee's duty to co-operate with the employer in matters relating to health and safety, including the assessment process. This duty includes making use of the safe systems put in place as a result of the risk assessments to reduce the risk of harm from work activities.

4.6 Health and Safety Committee

The Health and Safety Committee is a forum which meets on alternative months for the discussion of health and safety issues and assists in the dissemination of information to employees. The dates for these committees are agreed annually.

4.7 Risk Management Department

The Risk Management Department advises the Trust Board on risk policy matters and provides advice to Managers on the suitability of lone working. The Department also acts as the Trust's risk assessment coordinator and undertakes audits to ensure that this policy is being followed.

The Risk Management Trainer provides Risk Assessment Training to all staff throughout the Trust as requested and required.

4.8 The Security Department

The Security Department advises the Trust Board about Security Management issues as well as providing advice and training relating to Security and Lone Working Issues

The provision of Conflict Management Training is detailed in the Prevention and Management of Violence Policy and the Risk Management Training Policy and available to all staff who work in lone worker situations.

4.9 Divisional Management Groups

The Divisional Management Groups will assist the Heads of Department to fully implement the requirements of this policy. They monitor the risk assessment process and formulate action plans to prevent or control specific risks.

5.0 Policy

5.1 Lone Working Staff

All staff who are identified as lone workers have a responsibility to ensure their own safety and that of their colleagues.

Lone workers should undertake the relevant training before entering a lone worker situation; this could include conflict resolution and personal safety awareness training

Lone working staff should seek advice from their Line Manager and action guidance, procedures and instruction to avoid putting themselves or their colleagues in danger. Planning prior to a home visit and the use of dynamic risk assessments during a visit are essential to ensure staff safety and welfare.

All lone workers should use equipment and technology which has been provided for their personal safety, in the way which it was designed to be used and to attend training sessions regarding its use.

All incidents and near –misses must be reported to the Lone Worker's Line Manager and put onto the Trust Incident Reporting System - [Datix](#)

5.2 Safe Working Practices

5.2.1 Risk Assessment

In accordance with the Trust Policy TW017 Risk Management Strategy and TW017a [FO1 Risk Assessment](#) Form a Risk Assessment must be undertaken for each Lone Worker / Lone Working Activity – where reasonable practicable. This will form part of the Action Plan for the Employee.

Undertaking a Lone Working Risk Assessment is summarised below. There are five stages and Action Points to support the effective assessment of the risks involved in Lone Working are identified:

	Process	Action Point
1	Identify Lone Workers	Establish and identify lone workers for each work area
2	Identifying associated hazards	Isolate the range of dangers associated with whole work areas of work and/ or work processes. Review the risk assessment to make sure you have included these issues
3	Assessing the degree of risk for generic or individual situations	Review the risk assessments and complete individual or local risk assessments if necessary. Then prioritise the level of associated risk.
4	Putting Control measures in place and developing safe systems of work	Assess how effective the existing control measures are and update them, if appropriate. Develop local procedures or action plans if necessary.
5	Evaluating and review	Evaluate and record how effective the control measures are review when the assessments or controls are no longer in place

Risk Assessments must be carried out in all areas of work identified by Line Managers where working alone poses an actual risk to staff.

The risk assessment will involve anything identifying all potential dangers and the risks associated with specific work tasks or activities. It should identify who will be affected and how, and the control measures which are required to reduce or eliminate the risk.

Factors to consider when carrying out the risk assessment include:

- Does the workplace present a special risk to a Lone Worker?
- Can the risks of the job be carried out safely by one unaccompanied person?
- Is the person medically fit and suitable to work alone?
- What training is required?
- How will the person be supervised?
- Is there a risk of violence?
- What happens if the lone worker becomes ill or has an accident?
- How can they summon help in an emergency?
- Are there systems in place for contacting and tracing those who work alone?

Details of the risk assessment should be recorded and should include:

- The extent and the nature of the risk;
- Factors which contribute to the risk of the job content and specific tasks and activities, a safe system of work which should be followed;
- The information from the risk assessment should be passed to staff. Risk assessments should be carried out whenever there is a change in working arrangements and updated at least annually.

In order to assist with the Lone Working Risk Assessment, there is a checklist in the Appendix.

This checklist should be retained by the ward/department and a copy forwarded to the Security Department for verification.

5.3 Lone Workers Risk Assessment

5.3.1 The risk assessment must confirm whether or not the work can be done safely by one unaccompanied person.

5.3.2 Identification should be made of the hazards specific to the lone working activity and the lone worker; evaluation of the risks, description of all existing control measures and identification of all further measures required. The assessment must be completed before any lone working takes place. Where lone working already exists the assessment must be completed immediately.

5.4 Control Measures

5.4.1 Identify existing control methods, assess their effectiveness and specify any additional controls that may be necessary. Consider alternative work methods, training, supervision, protective equipment/devices, etc.

5.4.2 Ensure staff wear their Identity Badge when working in the Community, to enable patients and their family to identify the person as a member of staff.

5.4.3 Ensure staff are trained in Conflict Resolution at least three-yearly. Contact Security for more information.

5.4.4 Measures to consider should include:

1. Specific information, instruction and training e.g. emergency procedures, out-of-hours procedures, personal safety training, etc
2. Increased communication systems/procedures e.g. agreed regular pre-arranged contact – buddy system;
3. Agreed actions to be taken in the event of an emergency or failure to contact;
4. Provision of communication equipment;
5. Increased supervision ;
6. Increased security e.g. CCTV, secure access, motion sensors, personal alarms, panic alarms;
7. Increased lighting at entrances, exits, car parks;
8. Agreed periodic telephone contact with lone workers by manager;
9. Periodic site visits to lone workers;
10. Pre-work inspections of work area to ensure provisions for emergencies are in place, i.e. escape routes open, fire fighting and first aid equipment readily available, and to ensure the suitability of the workplace within the community, if not a safe and secure environment then the staff member must be able to state that on the risk assessment form and alternative arrangements made;
11. Home visits and meetings are to be recorded within a central diary and contact details for staff and the patients kept up to date;
12. At the end of task/shift the staff member must contact Security or their central department or a Buddy i.e. returning keys, signing out, the authorisation of staff to work alone;
13. Limitations being set on what can and cannot be done whilst working alone;
14. Any incidents which affect personal safety must be reported on the Trust Incident System - [DATIX](#)
15. If the staff member is injured in an accident or fall during normal working hours the appropriate Line Manager must be informed as soon as possible.

5.4.5 Additional awareness training may be required for some activities including the transportation of medical gas cylinders and/ or clinical waste. Further information can be obtained from the Risk Management Department – x 8073 or email: risk.management.support@bsuh.nhs.uk

5.4.6 With certain high risk activities there may be specific prohibitions on working alone, for example, work in confined spaces, electrical work near live conductors and fumigation works.

5.5 Safe System of Work

5.5.1 The risk assessment must result in written Safe Systems of Work which should take into account the following:

- 5.5.1.1 The capability of employees
 - Their professional training
 - Their experience and qualifications
 - Their medical fitness

- 5.5.1.2 The suitability of equipment supplied:
 - The quality of hand tools and all other equipment
 - The type of equipment
 - The level of personal protective equipment supplied by the Trust
 - The insulation of lighting and other electrical appliances
 - The method of securing equipment in vehicles to prevent injury in the event of an accident
 - The attractiveness of equipment or supplies to criminals

- 5.5.1.3 The means of communication supplied
 - Two-way radios
 - Telephones, including mobiles
 - Remote manual or automatic alarm system, radio pager or internal bleep
 - Regular visits by a competent person

- 5.5.1.4. The suitability of place/environment, remoteness of site
 - Whether inside or outside
 - Day or night time
 - Weather conditions

- 5.5.1.5 The provision for treatment of injuries
 - Portable first-aid kit
 - Availability of first-aider

- 5.5.1.6 The emergency, fire and accident procedures
 - The means of summoning help
 - The means of raising alarm
 - The rescue plans and equipment
 - The fire fighting equipment
 - The safe access/egress in event of emergency

6.0 Training Implications

- 6.1 Employees and others must be provided with all the necessary information, instruction, training and supervision to enable them to recognise the hazards and appreciate the risks involved with working alone.

- 6.2 Employees will be required to follow written safe working procedures which will include the provision of first aid, communication procedures and awareness of emergency protocols. All employees are required to adhere to the safe working practices and report any concerns to their Manager.

- 6.3 The level and extent of training required should be identified, taking into account the nature of the lone working activity and consideration of the knowledge and

experience of the lone worker, particularly young and new workers. Lone workers must be given information to deal with normal everyday situations but should also understand when and where to seek guidance or assistance from others i.e. unusual or threatening situations etc.

6.4 Mandatory Training for new staff.

7.0 Monitoring Arrangements

7.1 The following table outlines how this Policy will be monitored for compliance.

Measurable Policy Objective	Monitoring / Audit Method	Frequency	Responsibility for performing monitoring	Where is monitoring reported and which groups / committees will be responsible for progressing and reviewing action plans
Each department in the Trust has access to adequate first aid provision	Formal audit.	Every 2 years.	Risk Management Department	Reported to Divisional Leads. Results also reported to the Trust Health and Safety Committee.
Review of Lone Working Incidents	Excel Report with hyperlinks to each incident reported on Datix	Bi-annual Security report	Security Management Team	Trust Health and Safety Committee which feeds in to the Hospital Management Board
A process and monitoring for accessing all Lone Working Risk Assessments: 1. Ensure that appropriate risk assessments are undertaken. 2. Includes the following key information <ul style="list-style-type: none"> Total number of staff trained in CRT, compared to previous years Details of any major gaps in systems of work or training 	Rolling 2 nd year health and safety audit includes a risk assessment check Analysis of training attendance records Analysis of Datix Incidents / risk assessments	Every 2 nd year with a monthly report to Divisional Leads. Manager then to produce an Action Plan for remedial works. Annual Annual	Risk Management / Divisional Management Teams Security Management Team Security Management Team	Health and Safety Committee to review progress of audits at least annually. Safety and Quality Committee Safety and Quality Committee

If any shortfalls are identified which can not be progressed, then the Chair of the Health and Safety Committee will report them to the Hospital Management Board.

7.2 Process for monitoring compliance with terms of reference of committees involved with Risk

The Rules of Procedure requires all Committees to undertake an annual review of their effectiveness, the outcome of which will be reported to the Board of Directors and Audit Committee.

7.3 Review of the BSUH Risk Management Strategy

This policy will be reviewed annually.

8.0 Due Regard Assessment

		Yes/ No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age	Yes	
	Disability	Yes	
	Gender	No	
	Gender identity	No	
	Marriage and civil partnership	No	
	Pregnancy and maternity	Yes	
	Race	No	
	Religion or belief	No	
	Sexual orientation, including lesbian, gay and bisexual people	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	Yes	The Health and Safety at Work Act 1974, Managing Health and Safety in the Workplace Regulations 1999 and The Equality Act 2010, ensure the safety of all individuals whilst at work and the safety of anyone else who could be harmed by acts or omissions, whilst at work.
4.	Is the impact of the document/guidance likely to be negative?	Yes	
5.	If so, can the impact be avoided?	No	
6.	What alternative is there to achieving the document/guidance without the impact?	None	
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?	No	
8.	Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)	Yes	

If you have identified a potential discriminatory impact of this policy, please refer it to Risk Management Department, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact Risk Management Department on x 8073.

9.0 Links to other Trust policies

The following Trust Policies are linked and can be referred to for further information:

TWO17	Risk Management Strategy
RM01	Health and Safety Policy
RM02	Fire Safety Policy
RM08	New, Expectant and Breastfeeding Mothers Policy
RM12	Manual Handling of Patients and Other Loads Policy
RM19	Control of Contractors Policy
RM20	Prevention and Management of Violence Policy
RM23	Management of Security Systems Policy
RM26	Management of Physical Security Policy
RM27	Waste Management Policy
RM28	Adverse Weather Conditions Policy
RM30	Transport of Dangerous Goods Policy
RM33	Young Persons Policy
SQ008	the Internal and External Reporting of Incidents and Managing Serious Incidents
HR020	Mandatory Training Policy inc Risk Management Training and TNA

10.0 Associated documentation

TW001 Policy for the Development of Trust Policies

11.0 References

Health and Safety at Work etc Act 1974 <http://www.legislation.gov.uk/ukpga/1974/37>
The Management of Health and Safety at Work Regulations
http://www.legislation.gov.uk/uksi/1999/3242/pdfs/uksi_19993242_en.pdf

Health and Safety Executive (HSE) <http://www.hse.gov.uk/>

12.0 Additional Guidance

(available from the Suzy Lamplugh Trust - www.suzylamplugh.org)

[Working-Alone.pdf](#)

[Travelling-for-Work.pdf](#)

[Transport-Safety.pdf](#)

[Driving-Safely.pdf](#)

Appendix 1:

BSUH Lone Working Checklist

Working alone in buildings

Staff exposed to the risk, i.e. group & number:			
Ward department:			
Site / location :			
Checklist completed by:			
Date completed:		Review date:	

Main issues of concern	Yes	No
Do staff work alone?		
Do staff work outside normal office hours?		
Do staff meet with clients or patients in isolated locations?		
Is there enough security provisions		
Is there safe and secure access to the building?		
Do staff activities involve working in confined spaces?		
Do staff activities involve handling dangerous substances?		
Control Measures for consideration?		
Do you provide joint working for high risk activities (i.e. confined spaces & / or with dangerous substances		
Do you carry out regular supervisor or colleague checks during activities?		
Do you use entrance security systems (i.e. digital locks or swipe cards)?		
Is there security lighting around access points & parking areas?		
Have you installed panic buttons linked to local manned locations?		
Do you use reporting checking-in systems?		
Do you use two way radios or other communication systems?		
Do staff have information and training on basic personal safety?		
Are staff trained in strategies for prevention and managing violence?		
Do staff have access to the online (Datix) for the reporting of incidents or near misses & appreciate the need for reporting?		
Are your existing control measures adequate?		
If no, what modification or additional actions are necessary?		
1.		
2.		
3.		
4.		
5.		
Note: Please complete the Trust's Risk Assessment Form for staff whose working practices make them vulnerable.		
This checklist is to be retained by the ward / department and a copy forwarded to the security department for verification.		

Appendix 2 – General Risk Assessment form

This form should be used in conjunction with the associated guidance notes. If you do not have a copy of the guidance, contact the Risk Management Department.

Section 1 – Location

Directorate :	Department :	TASK / ACTIVITY: (If applicable)

Section 2 - Identifying Hazards		Section 3 - Existing Control Measures	Section 4 - Evaluating Risk	Section 5 - Action Plan				
Hazard	Persons at risk and how affected	Existing Control Measures	Risk Rating (SxL=R)	Action required to control risk	Risk Rating (SxL=R)	Action by Whom	Deadline for action	Date completed
Type the text in here to describe the hazard	Describe who is at risk and how	Describe any existing control measures	4 x 5 = 20	Type the text in here to describe the action required to reduce the risk to an acceptable level	4 x 1 = 4	The name of the person given the action – they must agree to it!	The date by which the action is to be completed	Date actually completed
A.								
B.								
C.								
D.								
E.								

Section 6 - Further Information

Is health monitoring required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a specific risk assessment (e.g. Clinical Risk, COSHH, Manual Handling) required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES Please state which one/s	
Is further information or investigation required to complete risk assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 7 - Assessment Sign Off

I have read and understood the Risk Assessment Policy (RM017) and have received appropriate training to carry out this risk assessment.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessor's Name :		Assessor Signature
Job title:		
Date of Assessment :		Reassessment Date
A		A
B		B
C		C
D		D
E		E
Managers Name :		Manager's Signature
Job title:		

GUIDANCE ON COMPLETION OF RISK ASSESSMENT FORMS
 For further information contact Risk Management on extension 8073

Section 1 of 7 – Location

Fill in details of the Directorate and the Department. This form is to be used for all assessments, with the exception of COSHH or Manual Handling assessments (references should be made to these other types of assessment where appropriate).

Section 2 of 7 - Identifying Hazards and persons affected

List any hazards associated with the process, and the groups of people who may be affected and how. Use a second form, appropriately marked, if you identify more than five hazards. Consider the following hazards (this is **not** an exhaustive list);

Slipping, tripping and falling hazards	Health and infection risks	Temperature and humidity
Fire hazards	Hot water management	Windows
Chemicals, including dusts and fumes	Vehicles	Radiation
Work equipment	Electricity	Radiation
Work at height	Manual handling	Please see Appendix J for clinical hazards and risks
Confined spaces	Noise	Violence
	Lighting	

Consider the following groups of people (as above, this is **not** an exhaustive list);

Staff	New or expectant mothers
Patients and Visitors	Inexperienced or young workers
Contractors	People with special needs

Section 3 of 7 - Existing Control Measures

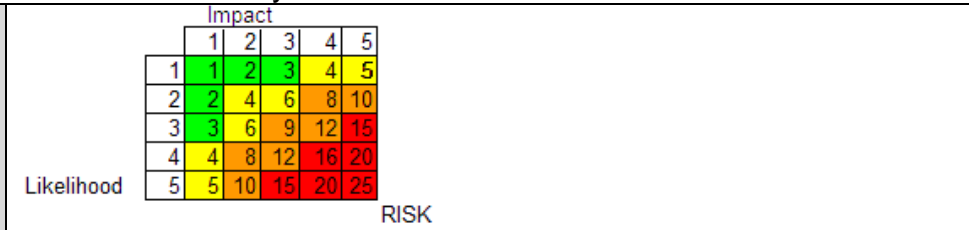
Record the measures already in place to control the risks presented by the identified hazards. Include such things as safe systems of work and training as well as physical systems such as machine guards and personal protective equipment.

Section 4 of 7 - Evaluating Risk

In order to prioritise actions, it is necessary to evaluate the level of risk presented by each of the identified hazards. This is done using a simple rating system and a basic multiplication.
 First, for each of the hazards, decide how likely it is to happen (Likelihood) and how serious the consequences are most likely to be (Severity) from the following guide, taking into account the control measures already in place;

LIKELIHOOD			Impact	
1	Rare	Will only occur in exceptional circumstances	1	No obvious harm, loss or damage
2	Unlikely	Will occur infrequently	2	Non-permanent harm, loss or damage
3	Possible	Will occur sometimes	3	Semi-permanent harm, loss or damage
4	Likely	Will occur frequently	4	Major permanent harm, loss or damage
5	Extreme	Will occur or does regularly occur	5	Unexpected or unexplained death or total disablement or permanent loss of service or facility

Next, work out the risk rating from the following equation;
 Risk Rating = Impact x Likelihood



Section 5 of 7– Action Plan

It is important that priority is given to the more serious risks. The Risk Rating calculated in the previous section gives a figure between 1 and 25, further classified as follows;

15 - 25	High Risk	Immediate action required, so far as is reasonably practicable
8 - 14	Significant Risk	Prompt action required, so far as is reasonably practicable
4 - 7	Risk	Risk reduction required, so far as is reasonably practicable
1 - 3	Moderate Risk Low Risk	Further risk reduction may not be feasible or cost effective

When considering actions to be taken, the following hierarchy of risk control measures should be considered, in the following order;

Design the problem out Eliminate or remove the risk Substitute with less risky option Isolate from people	Reduce time of exposure of numbers of people exposed Safe Systems of Work (procedures/protocols) Supervision / Training Personal Protective Equipment
--	--

Section 6 of 7– Further Information

Health monitoring (e.g. regular blood tests or lung function tests) may be required when you are not sure of the levels of exposure to a hazard with a known health effect. If you feel that health monitoring may be required, tick the relevant box and contact the Occupational Health Department at PRH on Extension 8293 or BTN on Extension 4011.

If you feel that you require any further information or investigation (including access to HSE guidance, etc.) in order to complete the risk assessment, tick the relevant box and contact the Risk Management Department at PRH on Extension 8073.

If any part of the process or activity requires a more detailed COSHH or Manual Handling assessment, tick the relevant box and contact risk management to obtain the appropriate form

Section 7 of 7- Assessment Sign Off

The reassessment date for the process / activity will depend on how serious the risk is. The highest risk rating should be considered and the review date set as follows;

15 - 25	High Risk	Review in 1 to 6 months to ensure actions are completed
8 - 14	Significant Risk	Review in 6 to 12 months to ensure actions are completed
4 - 7	Moderate Risk	Review in 1 year, or when a major change occurs
1 - 3	Low Risk	Review in 1 - 2 years, or when a major change occurs

You must get your Manager to sign the assessment to ensure that they are aware of any actions required.

Appendix 3:

Staff Alarm System

For community based staff the Trust has a contract with Skyguard to provide a lone worker / community worker safety device.

Individual departments can purchase devices for community based staff to be issued to an individual or on a pool basis directly from Skyguard.

Further details can be obtained from the Security Department x 7474.

There is currently no Trustwide staff alarm system for staff working within the Trust buildings. Should a risk assessment identify the need for an alarm system then further advice should be obtained from the Risk Management and Security Departments.

[Skyguard Brochure](#)

Appendix 4 - Version Control Sheet

Version	Date	Author	Status	Comment
5.1	November 2013	Sarah Wells	DRAFT	For comment at HSC
5.2	April 2014	Sarah Wells / Simon Whitehorn	DRAFT	For amendments
5.3	September 2014	Sarah Wells	DRAFT	For Ratification at HSC
5.4	November 2014	Sarah Wells / Simon Whitehorn	APPROVED	For Publication
6.0	July 2017	Sarah Wells / Simon Whitehorn	DRAFT	For Comment at HSC
6.1	October 2017	Sarah Wells / Simon Whitehorn	DRAFT	For Ratification at HSC
7.0	October 2017	Sarah Wells / Simon Whitehorn	FINAL	For Publication

Appendix 5 - Plan for Dissemination of Policies

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Working Alone in Safety		
Date finalised:		Dissemination lead:	Evelyn Barker
Previous document already being used?	Yes / No (Please delete as appropriate)	Print name and contact details	
If yes, in what format and where?	Electronic on Trust Infonet		
Proposed action to retrieve out of date copies of the document:	Remove and replace on Info-net		
To be disseminated to:	How will it be disseminated, who will do it and when?	Format (i.e. paper or electronic)	Comments:

Dissemination Record - to be used once document is approved

Date put on register / library of policies:	October 2017	Date due to be reviewed:	October 2020
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Disseminated to: (either directly or via meetings, etc.)	Format (i.e. paper or electronic)	Date disseminated:	No. of copies sent:	Contact details / comments: