



LONE WORKER POLICY & PROCESSES

Policy	Lone Worker Policy and Processes
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LONE WORKING POLICY & PROCESSES

1. INTRODUCTION

- 1.1 Holt & District Dementia Support is committed to ensuring the safety of all volunteers supporting the delivery of its services to those living with dementia and is committed to meeting its obligations under the Health & Safety at Work Act 1974.
- 1.2 This policy and associated processes recognises that in the majority of situations lone-working presents little risk but that all volunteers working alone are potentially at risk and that these risks must be minimised as far as reasonably possible.

2 PURPOSE

- 2.1 This policy sets out agreed standards to reduce the risks associated with lone working and includes procedural guidance to ensure the personal security and safety of volunteers undertaking a client home visit as part of the delivery of the Dementia Outreach service.

3 DEFINITION

3.1 Lone Worker

- 3.1.1 A lone worker refers to a volunteer who is undertaking an unaccompanied home visit with a client in their own home without a colleague nearby.

3.2 Client

- 3.2.1 The principal client is the individual living with dementia whom the home visiting volunteer is intending to visit and support. The carer can be considered to be the secondary client in this situation.

3.3 ICE forms

- 3.3.1 In Case of Emergency forms provide the contact details of a third party to contact in case of an emergency. In the Home Visiting situation this will include an ICE form for both the client and the volunteer.

4 SCOPE

- 4.1 The scope of this policy includes all situations in which volunteers with Holt & District Dementia Support undertake unaccompanied visits to the personal homes of clients.

5 STANDARDS

5.1 The organization has agreed the following standards of practice to reduce the risks of lone working and thereby increase the safety of volunteers:

- Lone working will only happen in a planned situation and with the prior agreement of the H&DDS Coordinator for the Dementia Outreach Service;
- Lone workers/volunteers will be identified;
- Risks inherent in lone worker situations will be assessed and suitable precautionary measures taken for each case;
- Volunteers will receive training prior to commencing duties;
- Local safe systems of work will be put in place to record the whereabouts of each lone worker and to track their movements when volunteering.
- The organization will be insured to cover lone working.

6 RESPONSIBILITIES

6.1 Trustees' Committee

6.1.1 The Trustees are responsible for ensuring that Holt and District Dementia Support has in place the policies and processes to ensure that the risks to the safety of the organization's volunteers is minimised in all situations of lone working.

6.1.2 The Trustees are responsible for arranging suitable insurance to provide cover for public liability and accidental injury.

6.2 Coordinator / Deputy Coordinator Home Visiting Service

6.2.1 The Coordinator for the Home Visiting Service or in his/her absence, the Deputy Coordinator has a responsibility to:

- Maintain a list of Lone Worker/Volunteers that have been identified for this role;
- Maintain contact with volunteers that work alone at least once every 3 months;
- Maintain a log of the locations of volunteers considered to be lone volunteer workers and MUST be aware of the start and estimated finishing times of all lone working visits;
- Assess the risks and decide whether lone working is reasonable or not in these situations;

- Ensure that suitable precautions are in place in situations where lone working is considered reasonable such as:
 - Mobile telephones
 - Team working
 - Giving information on known risks
 - Reporting in procedures
 - Recording identified risks
- Assign each volunteer a 'Buddy';
- Contact the police in situations in which the volunteer cannot be located;
- Ensure that all coordinators /volunteers that work alone are made aware of this policy.

6.3 Home Visiting Volunteers

6.3.1 All volunteers undertaking home visiting duties have a personal responsibility to:

- Comply with any precautionary measures including guidelines laid down by the Holt and District Dementia Support and the Coordinator of the Service;
- Ensure that the following measures are adhered to, in order to maintain a safe system of work:
 - Tell the Coordinator when safety measures are not adequate;
 - Report to the Coordinator any accidents/incidents that occur so that they can be formally recorded in the Accident Book by the Coordinator;
 - Notify any changes to the agreed home visit time;
 - Ensure mobile phones are fully charged and in good working order;
 - Leave the home environment if there is imminent danger once the carer has returned.
- Report to the Coordinator of the Service any unsafe or potentially unsafe situations and incidents which involve violence, aggression or threats. The Coordinator is the first point of contact for any queries or issues that need to be raised;

- Take reasonable care for their own safety and not expose themselves to unnecessary risk;
- Ensure their vehicle is roadworthy and that they are not at risk of breakdown, fuel shortages or theft of personal effects;
- Attend any training provided.

7 RISK MANAGEMENT

7.1 The crucial element in ensuring the safety of lone workers is risk assessment. The main aim of the risk assessment is to determine whether the visit can be done safely by a lone worker and to ensure that the lone worker is not put at any greater risk than if he or she was undertaking the visit with another person.

7.2 Risk Assessment

7.2.1 The Risk Assessment should be carried out by someone who is experienced in assessing risk and has an understanding of what the visit entails.

The steps that will be taken when carrying out a Risk Assessment include the following:

- Identify the possible risks to the safety of the lone worker volunteer for each client home visit;
- Determine the level of risk entailed;
- Identify risk control measures to eliminate the risk where possible or in situations where elimination is not possible, to put in place measures to control or mitigate the risk;
- Monitor and review the risk assessment regularly to ensure it is still valid.

7.2.2 Some of the questions which need to be asked as part of the risk assessment:

- Is there a risk of violence, either physical or verbal, from the client, the carer, relatives or neighbours?
- Is the lone worker medically fit and physically fit to work alone?
- Who will supervise the volunteer lone worker and how will this be done?
- Does the client or the volunteer have an infection that can be spread?
- Is the client at risk of falling?

- Is the client at risk of developing a health emergency due to their underlying condition e.g. Collapse?
- Are there pets present which may become aggressive and present a risk?
- Can the client be left alone for short periods i.e. when making a drink?
- Is the environment safe to manage any identified risk?
- Is the location of the house isolated or rural and are there adequate parking arrangements?
- Is the client able to manage their own toileting arrangements with only minimal support (**Volunteers are not required to provide personal care**)?
- Has the volunteer attended sufficient training to have the confidence to safely undertake a lone home visit?

7.3 Risk Control Measures

7.3.1 There are a number of risk control measures and safe systems of work that will be put in place to minimise the risk of lone working:

- The coordinator will hold Volunteer ICE Forms which will include a named contact and if possible 2 contact numbers (land line and mobile). The ICE forms will be held securely and will be kept up to date;
- The volunteer is required to ensure that their car is roadworthy, including up to date tax and insurance, and that they have sufficient fuel for both the outward and return journeys. No valuables are to be left on show in the car. If driving conditions are hazardous the visit should be considered as non-essential and the visit appointment re-arranged;
- The volunteer is required to ensure their mobile phone is charged and turned on;
- The volunteer and the coordinator are required to have an agreed contact telephone number; mobile or land line for the carer; so that they can contact them whilst they are away from the home;
- The coordinator will provide a copy of the completed risk assessment and agreed risk control measures to the volunteer and provide the volunteer with an opportunity to raise any questions about the risk management plan prior to the first visit. Should the volunteer be concerned in any way that the remaining risk is too high the visit should not take place until both the coordinator and volunteer are agreed that any residual risk is acceptable;

- The coordinator will provide the volunteer with a written copy of what to do in particular situations of increased risk:
 - Collapse of client
 - Client falls
 - Client vomits
 - Client is incontinent
- The volunteer will be provided with training and guidance on working with someone living with dementia and handling potential situations of risk.
- The volunteer will be provided with the contact details of the SWIFT service.

8 SWIFT Services

8.1 SWIFT is a community-based organization that provides support to individuals in their own homes in situations where the person may require help but does not require an ambulance or the services of other emergency personnel. This includes situations when someone has experienced a fall or has had an extreme episode of incontinence.

8.2 Contact details for SWIFT: **Telephone 0344 800 8020 – THIS IS A 24 HOUR LINE**

9 PROCEDURE FOR A LONE WORKING HOME VISIT

9.1 Prior to the visit

- 9.1.1 Before the first home visit by the volunteer in a lone-working situation there must be a completed recorded risk assessment and risk management plan in place.
- 9.1.2 The risk assessment and risk management plan must be shared with the volunteer and any concerns addressed before a visit takes place.
- 9.1.3 The following 3 actions must have occurred before a visit can take place:
- The volunteer must have informed the coordinator of when a lone working visit is going to take place including the name, address and telephone number of where the visit is taking place.
 - The anticipated time frame for the visit must be provided to the co-ordinator before the volunteer leaves for the visit.
 - The pre-arranged visit will be entered into the coordinator's log at least the day before the visit, if not sooner.

9.1.4 The volunteer must ensure their ICE form is completed and up to date as this will support the organization providing an immediate response in the case of an emergency.

9.1.5 The volunteer must ensure that the coordinator has their correct mobile telephone number and must up date the coordinator as soon as possible should their number be changed.

9.2 **Day of the visit**

9.2.1 On the initial visit the coordinator will accompany the volunteer and introduce them to the client and ensure that both the volunteer and client are comfortable with the situation before leaving.

9.2.2 On the day of the visit the volunteer must:

- Ensure they have seen the risk assessment and risk management plan and are comfortable with its provisions and the level of risk;
- Wear their Holt & District Dementia Support Identification badge at all times and that it remains visible throughout the visit;
- Identify the quickest route to leave the client's house in an emergency situation;
- Ensure that if they have any personal safety concerns when they arrive for the appointment, that they do not proceed with the visit and instead apologise and leave, ensuring the client's carer is still in the house. A new appointment can be arranged for a later date;
- Leave their mobile phone switched on and in silent mode;
- Contact the coordinator and request urgent help if problems arise during the visit which require assistance. This will alert the coordinator that there are difficulties and appropriate action will be taken;
- Contact the coordinator if the visit takes longer than anticipated and let them know how long it is expected to last and the reasons for the extension.

9.3 **Completing the visit**

9.3.1 The lone worker volunteer should telephone the coordinator if any complications or problems have arisen during the visit.

9.3.2 All Home Visits should be completed by 17.30 hours.

10 TRAINING

10.1 Training will be provided to all individuals volunteering with the Home Visiting Service and will include the following elements:

- Who is a lone worker;
- What are the possible risks to safety;
- What can be done to counter these risks e.g. risk assessment of the client and their home environment prior to the initial home visit taking place;
- Understanding how to mitigate risks using risk reduction and risk control measures;
- Understanding individual responsibilities to maintain own safety;
- What policies and procedures are in place to ensure the safety of the volunteer and the client;
- Record keeping;
- Maintaining confidentiality;
- How to summon help in an emergency.

10.2 The lone worker training will include situational guidance on:

- What to do in specific situations;
- Dealing with threatening and aggressive behaviour;
- Procedural measures to ensure personal safety;
- How to escalate a safeguarding concern;
- How to report accidents or incidents to the Home Visiting Service Coordinator or Nominated Deputy;
- Handling of allegations raised against the volunteer during or after a visit.

11 REFERENCES

11.1 'We care because you care' domiciliary care lone worker safety guide *Skills for Care* (2010)

11.2 Guidance on Domiciliary Care and Section 51 of the Health and Safety at Work etc Act (HSWA)

https://www.hse.gov.uk/foi/internalops/sims/pub_serv/071105.htm

12 MONITORING COMPLIANCE

- 12.1 All reported incidents or concerns will be brought to the attention of the Trustees' Committee by the coordinator to identify whether Holt & District Dementia Support should amend this policy and processes and to determine whether all measures have been followed to ensure the safety of volunteers.