LONE WORKING POLICY

	POLICY

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	✓		
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Sponsor (Position)	Chief People Officer		
Author (Position & Name)	Head of Health and Safety & Trust Security Management Specialist		
Lead Division/ Directorate	Corporate		
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Associated Documents/ Information	Date Associated Documents/ Information was reviewed

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1.0 INTRODUCTION

1.1 This policy is issued and maintained by the Director of People on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

1.2 The purpose of this policy is to enable the Trust to meet its obligation to protect such staff so far as is reasonably practicable from the risks involved in lone working.

2.0 POLICY STATEMENT

2.1 Sherwood Forest Hospital NHS Foundation Trust (hereafter known as the Trust) takes extremely seriously the health, safety and welfare of its entire staff. It recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision in the community or in isolated work areas.

The policy aims to:

- Increase awareness of safety issues relating to lone working
- Make sure that the risk of working alone is assessed using the risk assessment process to reduce the risk so far as is reasonably practicable.
- Make sure that appropriate training and advice is available to staff in all areas and provides practical advice on safety when working alone.
- Encourage full reporting and recording of all adverse incidents relating to lone working.
- To maintain the low level of incidents to staff related directly to lone working.

3.0 DEFINITIONS/ ABBREVIATIONS

3.1 Definitions

3.1.1 **The trust'**: means the Sherwood Forest Hospitals NHS Foundation Trust.

3.1.2 **Staff ':** means all employees of the trust including those managed by a third-party organisation on behalf of the trust.

3.1.3 NHS defines **lone workers** as:

Any situation or location, in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague.

This could be outside of the hospital or internally, where staff care for service users on their own including community or outreach workers. Lone Working may be a constituent part of a person's usual job or it could occur on an infrequent basis, as and when circumstances dictate. Lone working is not unique to any groups of staff, working environment or time of day.

3.1.4 The Health and Safety Executive (HSE) defines lone workers as:

'Those who work by themselves without close or direct supervision'.

4.0 ROLES AND RESPONSIBILITIES

4.1 Security Management Director (SMD)

4.1.1 Is responsible for ensuring that appropriate security management provisions are made within the Trust to protect lone working staff

4.1.2 Should ensure that measures to protect lone workers complies with all relevant health and safety legislation, Secretary of State Directions and considers relevant guidance

4.1.3 Has overall responsibility for the protection of lone workers by gaining assurance that policies, procedures and systems to protect lone workers are implemented

4.1.4 Has responsibility for raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiatives

4.1.5 Has responsibility for the nomination of a Trust Professional Lead Security Management and Violence Reduction and through continued liaison to ensure that security management work (including the protection of lone workers) is being undertaken to the highest standard

4.1.6 Should oversee the effectiveness of risk reporting, assessment and management processes for the protection of lone workers. Where there are foreseeable risks, the SMD should gain assurance that all steps have been taken to avoid or control the risks.

4.2 Divisional and departmental line managers with staff involved with lone working

4.2.1 Should identify all staff who are lone workers, based on recognised definitions (see 3 above)

4.2.2 Should ensure that all relevant policies and procedures are disseminated to lone working staff through the intranet system or in hard copy as applicable.

4.2.3 Should ensure that a proper risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks from lone working are identified and that proper control measures have been introduced to minimise, or mitigate the risks before staff enter a lone working situation (see appendix 4)

4.2.4 Should ensure that lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation

4.2.5 Should ensure physical measures are put in place, and appropriate technology is made available to ensure the safety of lone workers

4.2.6 That staff have received conflict resolution training where applicable *and* NHS Lone Worker Service training provided by the service supplier before being issued with any device

4.2.7 Should ensure that all the relevant staff undertake regular reviews of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker

4.2.8 Managers should consider sexual harassment and inappropriate sexual behaviour towards the lone worker from third parties such as patients and their relatives when undertaking lone worker risk assessments.

4.2.9 Where a security incident has occurred, should make sure that the employee completes a Datix incident report form as soon as possible.

4.2.10 Where someone has been assaulted, should ensure that the individual is properly de-briefed, undergoes a physical assessment, any injuries are documented and they receive access to appropriate post incident support

4.2.11 Should ensure that following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place. This is prior to a formalised review of lessons learnt following an incident.

4.3 The Head of Health and Safety

4.3.1 Should ensure (along with the local security management specialist) that the Trust has up-to-date policies and procedures for the safety of lone workers and (in liaison with line managers) ensure that they get disseminated to all relevant lone working staff.

4.3.2 Providing advice to managers on conducting lone working risk assessments.

4.3.3 Providing advice to managers on prohibitions relating to lone working

4.3.4 Providing advice on any investigation following a serious incident involving the safety of lone workers.

4.4 The Occupational Health Department

4.4.1 Providing advice to line managers on the medical suitability of the worker to work on their own.

4.5 Professional Lead Security Management and Violence Reduction

4.5.1 Should ensure (along with the Head of Health and Safety) that the trust has up-to-date policies and procedures for the safety of lone workers and (in liaison with line managers) ensure that they get disseminated to all relevant lone working staff in the form of a staff information sheet and through intranet access to this document and it appendixes.

4.5.2 Advises the trust on systems, processes and procedures to improve personal safety of lone workers and make sure that proper preventative measures are in place

4.5.3 Advises the trust on appropriate and proportionate physical security, technology and support systems that improve the personal safety of lone workers.

4.5.4 Ensure that this is appropriate, proportionate and meets the needs of the trust and lone worker.

4.5.5 Ensures that any technology used to protect lone workers meets legal requirements

4.5.6 Plays an active part in identifying hazards, assessment and management of the risks. Advises on the proper security provisions needed to mitigate the risks and protect lone workers

4.5.7 Should carry out a full investigation of any incident and where necessary liaise with the police to allow follow up action to be taken

4.5.8 Should conduct a full post-incident review to see what lessons can be learnt and work with line managers to ensure that appropriate measures are implemented before staff enter a lone working situation.

4.6. **Lone working members of Staff**

4.6.1 Have a responsibility to do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation and the Trust Policies and Guidance Documents.

4.6.2 When requested by their line manager, attend the Trust's Conflict Resolution

Training Course or another course designed to help protect the lone worker e.g. the lone working device specific course

4.6.3 Comply with policies and procedures, particularly relating to the prevention and management of violence

4.6.4 Seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk

4.6.5 Should conduct proper planning prior to a visit and utilise continual dynamic risk assessment during a visit.

4.6.6 Should never put themselves or their colleagues at risk and if they feel at risk they should withdraw immediately and seek further advice or assistance

4.6.7 Should properly utilise all appropriate technology which has been provided for their own personal safety, ensure that they attend training in the use of the technology and associated support services

4.6.8 Any lone worker protection devices issued to staff should be properly maintained, charged and checked regularly, especially before a visit.

4.6.9 Should report all incidents even where they consider it to be a minor incident, including 'near misses' to enable appropriate follow up action to be taken.

4.6.10 In addition to any incidents of violence or aggression staff may also report any incidents of sexual harassment and inappropriate sexual behaviour immediately to their line manager on Datix.

4.6.11 Self-referral to the staff counselling service (Vivup) if they feel they need further help and support following a violent or aggressive incident or in coping with the pressures of lone working

4.6.12 Informing their manager of any medical condition that arises that may present a risk to them as lone workers. In these instances, advice will be sought from the trust's occupational health advisors.

5.0 APPROVAL

5.1 Approved by the Health and Safety Committee

5.2 Date of approval: 8th October 2026

6.0 DOCUMENT REQUIREMENTS

6.1 This policy applies to all staff including temporary and agency staff, contractors, volunteers, students and those on work experience. It forms an integral part of the Trusts Health and Safety policy and applies along with specific local guidance on Lone working: It should be read in conjunction with the following:

- Policy for the Management of Work-Related Violence and Aggression
- Health and Safety Policy
- Incident Reporting Policy
- Risk Management Policy and Strategy
- ***Sexual Safety Policy***
- ***Dignity at Work Policy***
- ***Freedom to Speak Up Guidance***

The main employer of lone workers within the trust is Maternity Services. This service team has its own working arrangements for Community Midwives developed in line with this policy. These may be of interest to other managers within the trust who have responsibility for lone workers.

6.2 Trust employees working by themselves without close or direct supervision are found in a wide range of roles and situations. Examples include but are not limited to:-

6.2.1 People in fixed locations where:

- Only one person works at the premise
- People work separately from others
- People work outside normal working hours; e.g. Domestic staff, Estates, Pharmacy, Pathology and Patient Records Staff.
- Staff who are called into work out of normal hours.

6.2.2 Mobile staff working away from their fixed base:

- Midwifes and nurses working in the community
- Occupational Therapy staff delivering equipment and making home visits
- Staff moving between hospitals and other locations
- Transport Department staff.

6.2.3 Safe Working Arrangements for Lone working

Safe working arrangements are to be established within divisions and departments. There are no general prohibitions in law on working alone, but sometimes the law stipulates that at least two people must be involved in the work and specifies the safe systems of work to be followed. In some cases, the law stipulates the standard of supervision to be provided (e.g. for young people undergoing training or work experience) and limits the extent to which people may work on their own. The Head of Health and Safety is to be contacted where managers have concerns where such restrictions may apply.

Where there is no specific legal prohibition on working alone, the general duties of the Health and Safety at Work Act 1974 and the requirements of the Trust's Health & Safety Policy apply. This requires divisional and line managers to carryout risk assessments - the identification of the hazards of the work, assessing the risks involved, and devising and implementing safe working arrangements to ensure that the risks are either eliminated or adequately controlled. When it is not possible to devise arrangements for the work to be done safely by one-person, alternative

arrangements providing help or back-up must be devised.

6.3 Lone workers face particular problems and some of the issues which need special attention when planning safe working arrangements are as follows: -

6.3.1 Can the risks of the job be adequately controlled by one person or are more people necessary?

6.3.2 Lone workers are not to be exposed to significantly more risks than employees who work together. Precautions are to take account of normal working conditions and foreseeable emergency situations, e.g. fire, equipment failure, illness and accidents. Identify all the places where people work alone and consider:

- Does the workplace present a special risk to the lone worker?
- Is there safe access and exit for one person? Can one person safely handle any emergency equipment?
- Can one person safely handle all the patients, equipment and substances involved in the work?
- Will drugs, cash or other valuable items be handled and will there be a risk of violence.

6.3.3 Is the person medically fit and suitable to work alone?

6.3.4 Check that lone workers have no medical conditions that make them unsuitable for working alone. Seek advice from the Occupational Health Department if necessary. Consider both routine work and foreseeable emergencies that may impose additional physical and mental burdens on the individual.

6.3.5 What training is required to ensure proficiency in safety matters?

Training is particularly important where there is limited supervision to control, guide and help in situations of uncertainty. It may be critical to avoid panic reactions in unusual situations. Lone workers need to understand fully the risks involved in the work, the necessary precautions and be sufficiently experienced. Divisional and line management are to establish clear procedures to set the limits to what can and cannot be done whilst working alone. Specific instruction is to be given on how to behave in circumstances which are new, unusual or beyond the normal scope of the staff's employment, e.g. when to stop work, to seek advice and whom to seek advice from.

6.3.6 How will the person be supervised?

Although lone workers cannot be subject to constant supervision, it is still the divisional and department line management duty to provide appropriate control of the work. Supervision complements information, instruction and training and ensures that staff understands the risks associated with their work and that the necessary safety precautions are carried out. It can also provide guidance in situations of uncertainty.

The extent of supervision required depends on the risks involved and the proficiency and experience of the employee to identify and handle safety issues. Staff new to their job, undergoing training, doing a job which presents special risks, or dealing with new situations may need to be accompanied or otherwise closely supervised at first. The extent of supervision required is a line management decision. It is not to be left to individuals to decide the require assistance.

6.3.7 What happens if a person becomes ill, has an accident, or there is an emergency?

Lone workers should be capable of responding correctly in emergency situations. Emergency procedures should be established and staff trained to implement them. Lone workers should have access to adequate first-aid facilities which may include access to the Trust's Accident and Emergency Departments.

Suitable systems should be devised to monitor the condition of lone workers and include at least a check at the end of the working period. In addition, the following are to be considered: -

- Procedures where supervisors periodically visit and visually monitor staff working alone.
- Procedures where regular contact between the solitary worker and supervision is maintained using either telephone or radio.
- Automatic warning devices which operate if specific signals are not received periodically from the lone worker, e.g. systems for security staff.
- Other devices to raise the alarm in the event of an emergency operated manually or activated automatically e.g. lone worker device.

6.4 Specific Safe Working Arrangements for Lone Working in the Community

Working in the community is taken to encompass work that is carried out at the patient's or client's homes, or elsewhere outside the Trust's control. It also covers travel between venues. It is crucial that consideration is given to the environment and social groupings in which staff will be expected to work. The primary threat to the health and safety of staff working in the community is violence and aggression but this is not the only risk.

Divisions are required to have protocols in place to ensure the safety of staff working in the community.

Lone worker safety devices are available to purchase through the Supplies Department and will be provided for lone workers where following a risk assessment, a significant level of risk has been identified.

6.5 Provision of information

6.5.1 It is important that staff are provided with good quality information regarding contacts and locations, so that they can do their job effectively and safely. It is equally important that patients have information about staff and the purpose of the contact, so that they know what to expect.

6.5.2 Wherever possible managers and staff are to:

- Arrange for all initial contacts where little information is available to be made at clinics rather than at the patient/client's home.
- Ensure that information which affects the safety of fellow healthcare staff is recorded and is readily available to staff who need it.
- Facilitate sharing of information between the different clinical groups dealing with the patient/client's treatment.
- Introduce and maintain 'flagging' systems on patient records or computer files, which

indicate that further information should be obtained before home visits are made.

- Ensure that 24-hour cover by management/supervisors remains accessible to all staff working out of normal hours.

6.6 Safeguards if potential problems are identified

If potential problems regarding patients, relatives or locations are identified, the following ranges of precautionary measures are to be considered:

- Arranging for patients or clients to be seen at clinics rather than at home, if possible.

- Arranging for patients or clients to be seen at clinics rather than at home and for security to be present during the meeting

- Arranging for another member of staff to be present during the visit, e.g. if a member of staff is vulnerable to sexual harassment while visiting a member of the opposite sex.

- Providing a driver or a taxi if appropriate in areas where cars might be vandalised, or staff must go through unsafe areas to make visits.

- At KMH security may be available to accompany lone workers travelling around the site at night.

- For severe problems, arranging for a senior member of the trust's management team to write to the household and inform all managers that there must be no visits made to the address, and to make alternative arrangements to provide care. Also refer to the Trust Policy for the Management of Violence Policy and what it says about the care of Individuals who are Violent or Abusive (Red Card/Yellow Card system).

6.7 Traceability away from base

Staff working in the community should be able to be located by their manager and work team if a problem occurs. Therefore, maintaining effective communications with staff working in the community is important.

Divisional and department managers are to consider the communication needs of their staff and the measures that can be taken to minimise any risk to their safety. Measure should include:

- Providing panic alarms, usually in the form of lone worker devices and appropriate two-way communications systems such as mobile phones.

- Operating protocols for informing staff that a colleague is away from their base, where they have gone and their approximate return time. Procedures for reacting to failed protocols should be in place.

- Maintaining up to date records of the make, colour and registration number of the vehicles being used by individual members of staff each day. This will need to be agreed by individual members of staff.

6.8 Home visits

Lone workers such as staff making home visits should take steps to minimise risks to their safety. Managers should ensure that there is a designated member of staff with specific responsibility for ensuring quick response when a member of staff does not report when expected.

Before setting out staff should:

- Get as much information as possible about the patient/client, their family and the location being visited.
- Wherever possible, phone or write to make appointments for visits, ensuring that people know who is to visit and what their role is. If staff are unable to keep an appointment at the agreed time, they should let the patient know.
- Follow procedures that ensure that another member of staff knows where they are going and when they should return, making sure they know if the itinerary changes.

6.9 When travelling.

When travelling to and from visits, staff should:

- As far as is practicable, not display 'on call' stickers or anything that identifies the vehicle with a healthcare professional.
- If visiting in uniform, wear a coat over the uniform.
- Lock their vehicle while driving, be aware of 'carjacking situations' - people asking for directions, groups of youths loitering at traffic lights etc.
- When parking up reverse park so that in an emergency you can drive straight out of the parking space.
- Drive with bags, drugs, and equipment concealed so that they are not seen to be hiding them as they park.

6.10 When arriving at a patient's home.

When arriving at a patient's home, staff should:

- Telephone their department or the responsible person(s) charged with knowing their whereabouts before entering and after leaving any patient’s home. On making the phone call back to the place of work they must state how long they maybe in the patient’s home, for example 30 minutes and I shall call you when I have left.
- Assess the situation as they approach and not enter a premise if they have doubts about their safety (the gut feeling). Make an excuse not to go in if the person answering the door gives and cause for concern, e.g. if they are drunk, if the patient is not in, or a potentially

dangerous relative/person is present.

- Be aware of either the households or neighbours pet dogs.
- Stand well clear of the doorway after ringing or knocking. Stand sideways on so that they present a narrow, protected target.
- Show identity badge.
- Follow the occupants in when entering.
- Remain aware of the environment and maintain escape routes in case problems arise.
- Treat patients courteously, remembering that you are a guest in their home.

Actions that are to be carried out by responsible person in the event of not receiving a phone call from the lone worker

- Once the timeline of 30 minutes has elapsed you are to call the worker. If no communication is made within 5 minutes call the police immediately and supply the following information.

(a) Last known address the worker attended
(b) Name & description of the worker
(c) Type, make, registration and colour of his/her vehicle.

6.11 When a violent incident occurs.

Staff should not feel that they must cope alone when a violent incident occurs. Divisional and department managers are to support staff when they report an incident.

Support should include:

- Post trauma support such as counselling and debriefing (but only after an assessment is made to its likely benefit). Help in dealing with family and relatives and/or practical assistance such as medical attention.
- Ensuring the incident is investigated and the police are given the opportunity to pursue criminal proceedings.
- Supporting staff when they are dealing with the police and during any prosecution that may follow.
- Helping staff apply for compensation (a police crime number will be needed) through the Criminal Injuries Compensation Authority (CICA).
- Dealing with any press enquires and ensuring that the member of staff's privacy is maintained.
- Divisional and department managers are to ensure following an incident that staff safety

measures are reviewed to improve the safety of staff in the future.

6.12 When an Incident of Sexual harassment or Inappropriate Sexual behaviour happens

- ***Listen to the staff members report, respecting their boundaries and pace of disclosure***
- ***Be non-judgemental and supportive***
- ***Signpost the member of staff to the support documented in the Sexual Safety Policy***
- ***Ensure that the lone worker is safe to be at work or do they need time away from work***
- ***The staff member may need support to report the incident to the police if they want to take this action***
- ***You will need to gain agreement before sharing information that identifies the lone worker making the report of sexual harassment or inappropriate behaviour.***
- ***You may need further advice from the Safeguarding Team or a member of the People Services Team***

6.13 When a hate incident occurs

A hate incident is any behaviour where a hate crime has been committee against an individual and/or they have experienced violence, aggression, discrimination and/or harassment and the behaviour is, or is believed to be motivated by one of more of the following protected characteristics:

- ***Race***
- ***Religion***
- ***Disability***
- ***Sexual Orientation***
- ***Gender Reassignment***

These are the five protected characteristics or 'strands' that are monitored nationally by the Police for hate crime.

Managers can find detailed information on how to support colleagues subject to a hate crime while lone working. This is contained in the Hate Incident Response for Leaders Guidance. This includes information for line managers includes detailed advice on available sanctions against [perpitrators.

6.13 Incident reporting

Staff are required to report every incident of violence, verbal abuse, ***sexual harassment or***

inappropriate sexual behaviour as soon as possible thereafter. Department managers must therefore ensure that all staff know how to report incidents. Refer to the Trust's incident reporting policy.

6.14 Technology

- The Trust does not see the use of technology as a solution, but as part of a wider package of measures to protect lone workers. The Trust professional Lead for Security Management and Violence Reduction in consultation with the SMD, the Head of Health and Safety and the lone worker's line managers will ensure that technology is part of a proportionate and targeted response to problems that lone workers face.

- The Trust will provide a range of technology to assist lone workers including mobile phones, attack alarms and lone worker protection devices.

- Lone worker protection devices provided to trust staff will not stop incidents from occurring, nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

- Staff will not be issued with a lone worker device until a suitable risk assessment has been carried out and they have received training to be able to use the device properly. This training should include scenarios that may occur to a lone working individual who has been issued with a device.

- Lone worker protection devices should be properly maintained, charged and checked regularly, especially before a visit.

- A mobile phone is a means of communication rather than a protection device. It will only be effective if used as part of a buddy system with an agreed escalation procedure and a means of locating the whereabouts of the person raising the alarm. The use of a mobile phone during a confrontation can carry risks and the decision to use them to call for help needs to be carefully considered at the time. Mobile phones can also attract crime and be a target for thieves. They should never be left on show in parked cars and staff should consider their surroundings before using them.

- Personal audible attack or screech alarms are primarily designed as a distraction device to stun an alleged offender and enable the lone worker to escape from a situation, rather than as a protection device, these are available on request.

6.15 NHS Lone worker service

- A lone worker can use a device to record their location as they go about their work; this is called an amber alert. If they feel that their safety may be threatened, they can send a red alert to the Alarm Receiving Centre (ARC). The ARC listens to the lone worker's incident and use technology to confirm their location. It can then notify the emergency services or the escalation point as required to provide an appropriate response. The service also records incidents, to enable them to be used as evidence in court. Lone

workers can only use this service if they give prior consent to being located when they activate a red alert.

- When a lone worker activates the device, the ARC records the incident. The lone worker is under *no* obligation to inform the assailant that a device has been activated *or* that the incident is being recorded.

- If an incident is recorded, the Professional Lead for Security Management and Violence Reduction will be informed by the supplier. They will listen to the recording and, if necessary, take appropriate action to progress criminal, civil or local sanctions. Access to recordings of incidents must only be given to the police or the Professional Lead for Security Management and Violence Reduction through the defined process.

6.16 Retaining recordings and notifying individuals

- **Amber alerts**

- Amber alerts will be kept for a maximum of three months, at which point they will be securely deleted by the supplier. Amber alerts relating to a genuine red alert (i.e. those created on the same day) will be retained for 12 months, after which they will be securely deleted by the supplier.

- **Genuine red alerts**

- Genuine red alerts are retained by the ARC for the police and the Trust for use in criminal, civil or local sanctions and are securely retained by the supplier for 12 months after which time they are securely destroyed.

- The Trust Professional Lead for Security Management and Violence Reduction will be provided with access to the recording for review. They should take all reasonable steps to inform the alleged offender that a recording of the incident exists and how a transcript of the recording can be obtained on request.

- Where a genuine alarm is activated but closed safely by the lone worker without the police being called, the ARC will retain the recording of the genuine alarm for the police and ASMS to access for 12 months. The ASMS must review the recording and take one of the following actions: send a sanction letter (e.g. warning letter) to the alleged offender which includes that a recording of the incident exists and how a transcript of the recording can be obtained on request refer the incident to the police for action and inform them that a recording exists

- Where no sanction is to be progressed at that time, a letter shall be sent to the alleged offender informing them of the existence of a recording and how a transcript of the recording can be obtained on request.

- Where a genuine alarm is activated, closed safely and no formal action is to be progressed and the lone worker considers that the alleged offender's health will be adversely affected by the notification of the existence of a recording, the ASMS must review the recording and agree with an independent senior clinician that notification to the alleged offender of the recording is not appropriate for clinical reasons. If the decision

is made not to notify then this must be documented. This should be agreed on a case-by-case basis.

6.17 Publicity

- The Trust is required to promote its use of lone worker devices to the public, patients and other stakeholders. The trust will do this through the display of posters within those areas making use of lone worker devices. The wording of the posters will cover the following

- "Sherwood Forest Hospitals NHS Foundation Trust has a responsibility to protect its staff from incidents of violence, threatening behaviour, verbal abuse, ***sexual harassment and inappropriate sexual behaviour.*** Our staff can now use devices to monitor and record incidents where they feel their safety is threatened. Evidence, including audio recordings, obtained through these devices may be used in criminal and civil proceedings and/or to take local sanctions against alleged offenders. The trust is responsible for the use of the devices and any recordings. Reliance Protect manages this service on behalf of Sherwood Forest hospitals NHS Foundation Trust. For more information call the trust's Security Management Specialist or Health and Safety Manager. Sherwood Forest Hospitals NHS Foundation Trust will continue to take any necessary steps to safeguard patient confidentiality."

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Incident Statistics	Head of Health and Safety	Reported on Datix	Quarterly	Health and Safety Committee
Legal Actions Cases	Accredited Security management Specialist	Report following legal action	As required	Estates Governance
Staff Survey	Organisational Development	Review findings of survey	Annually	People Cabinet

8.0 TRAINING AND IMPLEMENTATION

8.1 The main aspects of training requirements for individual lone workers is dealt with in section 6. In addition the Trust will provide Conflict Resolution Training to all front line staff in accordance with the full national syllabus provided by the NHS Counter Fraud and Security Management Service.

8.2 Delivery of the conflict resolution training will be via an in-house trainer who has attended a suiatble national course.

8.3 New staff will be offered a place on the full course, and the Conflict Resolution Training will be refreshed every three years in accordance with the standard and syllabus set by the NHS.

8.4 The Trust will look to build on any lessons learned because of the comprehensive conflict resolution training course put in place for trust staff. The quality of the training provided will be regularly monitored by means of feedback sheets and attendance lists.

8.5 The trust recognises that because of risk assessment some staff groups may require training over and above the conflict resolution training syllabus. In-house or external contractors depending on the nature of the training concerned will provide this.

8.6 Monitoring: The Trust's Incident reporting procedure will be used to monitor the effectiveness of this policy. The six-monthly health and safety report provided to the Trust Risk Committee will include data or incident reports on any significant problems reported via Datix due to staff working alone.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

10.1 Secretary of State Directions

NHS organisations have responsibilities to manage security, including protecting all staff from violence and aggression in accordance with the directions to health bodies on measures to deal with violence against NHS staff and directions to health bodies on security management measures, 2003 and 2004 respectively and as amended 2006.

10.2 Health and Safety at Work Act 1974

NHS organisations have responsibilities under the Health and Safety at Work Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work.

10.3 The Management of Health and Safety at Work Regulations 1999

These Regulations require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of

health and safety risks. Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

10.4 Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)
Employers must inform and consult with employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

10.5 The Corporate Manslaughter and Corporate Homicide Act 2007
This legislation creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

10.6 Employment Rights Act 2025

This legislation requires employers to take all reasonable staps to prevent sexual harassment at work

10.7 Other relevant Legislation for guidance

- Provision and Use of Work Equipment Regulations 1998
- Workplace (Health, Safety and Welfare) Regulations 1992
- Personal Protective Equipment at Work Regulations 1992
- Health and Safety (First-Aid) Regulations 1981 (as amended 2013)

10.8 List of Relevant Guidance

- L21 Management of Health and Safety at Work. Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and Guidance
- INDG73(L) (rev 3 2013) Working Alone in Safety
- NHS CFSMS (2005) Not Alone. A Guide for the Better Protection of Lone Workers in the NHS [online] NHS CFSMS. Available from: www.cfsms.nhs.uk/

Related SFHFT Documents:

Management of Unacceptable Behaviour Policy
Sexual Safety Policy
Hate Incident Response for Leaders

11.0 KEYWORDS

Badges
Home Visits
Lone Working

12.0 APPENDICES

Appendix 1	Equality Impact Assessment

Appendix 2	Environmental Impact Assessment
Appendix 3	Guidance for Lone Working
Appendix 4	Lone Worker Risk Assessment Template
Appendix 5	Audit report forms

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Robert Dabbs		**Date of EIA completion: 22/1/26**
Department: Health and Safety		**Division: People Directorate**
Name of service/policy/procedure being reviewed or created: Health and Safety Policy		
Name of person responsible for service/policy/procedure: Robert Dabbs		
Brief summary of policy, procedure or service being assessed: The Trust Health and Policy provide the framework for meeting the employer's duties under the Health and Safety at Work etc. Act 1974 and associated regulations designed to secure the safety of the Trust's workforce. The policy also sets out the consultation processes required to help the Trust secure the safety of its workforce		
Please state who this policy will affect: Patients or Service Users, Carers or families, Commissioned Services, Communities in placed based settings, Staff, Stakeholder organisations, Others (give details) **(Please delete as appropriate)**		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.**
Race and Ethnicity	No	The Health and Safety at Work etc Act 1974 generally applies to employees regardless of protected characteristics. There are specific Regulations made under the Act that provide specific protections for people with protected characteristics. For example, provisions for protecting pregnant workers and new mothers or young people at work.
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	

Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative			
High	**Medium**	**Low**	**Nil**	**Low**	**Medium**	**High**
If you identified positive impact, please outline the details here:						

Protected Characteristic	**Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.**	**Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.**
Race and Ethnicity		
Gender		
Age		
Religion		
Disability		
Sexuality		
Pregnancy and Maternity		
Gender Reassignment		
Marriage and Civil Partnership		

EIA Form Stage Two:

Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)		

Signature: Robert Dabbs

Date: 22/1/26

Please confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Please send the complete EIA form to the People EDI Team for review.
Please send the form to: sfh-tr.edisupport@nhs.net

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	**No**	Not Applicable
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example, bunded containers, etc.)	**No**	Not Applicable
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	**No**	Not Applicable
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example, use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	**No**	Not Applicable
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	**No**	Not Applicable
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	**No**	Not Applicable
Name of Responsible person Undertaking Tis Assessment – Robert Dabbs			
Signature			

Date: 20th August 2026

APPENDIX 3 Guidance on Lone Working

CHECK LIST FOR MANAGERS

Are your staff –

1. Issued with all relevant policies and procedures relating to lone working staff?
2. Trained in appropriate strategies for the prevention and management of violence (in particular, have they received conflict resolution training)?
3. Given all information about the potential risks for aggression and violence in relation to patients/service users and the appropriate measures needed to control these risks?
4. Issued with appropriate safety equipment and the procedures for maintaining such equipment?
5. Trained to be able to confidently use a device and familiar with the support service systems in place before being issued with it?
6. Aware *of* how to report an incident and of the need to report all incidents when they occur?
7. Issued with the necessary contacts for post-incident support?

Are they –

8. Aware of the importance of doing proper planning before a visit, being aware of the risks and doing all they can to ensure their own safety in advance of a visit?
9. Aware of the importance of leaving an itinerary of movements with their line manager and/or appropriate colleagues?
10. Aware of the need to keep in regular contact with appropriate colleagues and, where relevant, their nominated 'buddy'?
11. Aware of the need to carry out continual dynamic risk assessments during a visit and take an appropriate course of action?
12. Aware of how to obtain support and advice from management in and outside of normal working hours?
13. Aware that they should never put themselves or colleagues in any danger and if they feel threatened should withdraw immediately?

Do they –

14. Appreciate the organisation's commitment to and support for the protection of lone workers and the measures that have been put in place to protect them?
15. Appreciate that they have their own responsibilities for their own safety?
16. Appreciate the circumstances under which visits should be terminated?
17. Appreciate the requirements for reporting incidents of aggression and violence?
18. Understand the support made available to lone workers by the trust, especially post incident support and the mechanism to access such support?

CHECK LIST FOR STAFF

- Have you received up-to-date training in the prevention and management of violence (for example conflict resolution and personal safety for lone workers)?
- Are you aware of policies and local procedures relating to lone working?

- Have you been given all the information about the risks of aggressive and violent behaviour by patients/service users and the appropriate measures for controlling these risks?
- Do you have access to appropriate safety equipment (for example lone worker alarm devices)?
- Do you know how to use and maintain lone worker safety equipment?
- Do you know how to report an incident?
- Do you understand the importance of proper planning before a visit and the need to be aware of the risks and do everything you can in advance to ensure your own safety?
- Do you always leave an itinerary with your manager or your colleagues?
- Do you keep in regular contact with your base?
- Do you carry out dynamic risk assessments during your visits?
- Are you aware that you should never put yourself or colleagues in danger and that, if you feel threatened, you should withdraw immediately?
- Do you understand the circumstances under which a visit can be terminated?
- Do you know and understand your own responsibilities as well as your manager's?

CHECK LIST FOR HOME VISITING

HOME VISITING CHECKLISTS
Home visiting checklist for **Managers**

	Are your staff who visit:-	√
1.	Fully trained in dealing with violence situations	
2.	Briefed about the area(s) where they are to work	
3.	Given all available information about the client(s)	

	Have they:-	√
1.	Understood the importance of previewing cases	
2.	Left an itinerary	
3.	Made plans to keep in contact with colleagues	
4.	The means to contact you – mobile phone	
5.	Got your home telephone number (and you have theirs)	
6.	Authority to arrange an accompanied visit, escort or use a taxi	

	Do they:-	√
1.	Appreciate the need to report incidents	
2.	Have easy access to incident report forms	
3.	Use the forms	

4.	Know they have the authority to prematurely terminate a visit	
5.	Know how to control and defuse potentially violent situations	
6.	Appreciate their responsibilities for their own safety	
7.	Understand the provisions for their support	

NOW – "What else is needed?"

HOME VISITING CHECKLISTS

Home visiting checklist for

Staff

	Have you:-	√
1.	A clear idea about the area into which you are going	
2.	Carefully previewed today's cases? Are there any potentially violent clients/patients?	
3.	Asked to 'double up', take and escort or use a taxi if unsure	
4.	Made appointments	
5.	Left your itinerary and expected departure/arrival times	
6.	Told colleagues or line manager about possible changes of plan	
7.	Arranged for contact if your return is overdue	

	Do you have:-	√
1.	A personal alarm and/or mobile phone, does it work, is it at hand	
2.	A bag/briefcase, wear a uniform or car sticker that suggests you have money, drugs or other valuables with you. Is this wise where you are going today/tonight	
3.	Out of hours telephone numbers to summon help	

	Can you:-	√
1.	Be certain your attitudes, body language etc won't cause trouble	
2.	Defuse potential problems and manage aggression	

Remember the three V's of Visiting

'Vet', 'Verify', 'Vigilance'

APPENDIX 4- Health and Safety Assessment Template Form for Assessing Lone Working

SHERWOOD FOREST HOSPITALS NHS TRUST

HEALTH AND SAFETY RISK ASSESSMENT

Division		Department/Ward		Date	
Work Activity	**Lone Working**				

Assessor		Review Date	

No.	To cover all aspects of Lone Working as applicable			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Control Measures or Safeguards in place	Consequence	Likelihood (L)	Risk Rating	Observations and recommendations to improve safety	Consequence	Likelihood (L)	Risk Rating
.	Personal issues, competencies and awareness	Define who is at risk If specific to individual lone workers then assess specific hazards, risks and control measures separately	All lone workers should be competent and able to undertake appropriate dynamic risk assessment (see Lone Worker Policy and Guidance Risk Assessment section). Control measures should be implemented to overcome any hazards and risks identified as a result of training deficiencies, inexperience, pregnancy, disability or other issue.							

No.	To cover all aspects of Lone Working as applicable			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Control Measures or Safeguards in place	Consequence	Likelihood (L)	Risk Rating	Observations and recommendations to improve safety	Consequence	Likelihood (L)	Risk Rating
2	Hazards identified through previous incident history	Define who is at risk	Identify previous history and decide control measures to reduce risk of it reoccurring							
3	Communications issues Lone workers must be able to communicate effectively at all times	Define who is at risk	Control measures could include measures to communicate movements and a workable escalation system if a problem is reported. Consider use of buddy system, mobile telephones, lone worker devices, alarms, logging systems etc							
4	Day to day issues as arising and requiring immediate response from individual lone workers	Define who is at risk	Dynamic Risk Assessment and reference back to Lone Worker risk assessment, policy and Guidance							
5.	Patient associated issues in practice rooms, community setting etc. taking into consideration patient history with regard to alcohol, drugs, smoking violence etc	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Identify agreed control measures for risks before 1st referral if possible or otherwise minimise the risks identified. Measures may include separate reference to patient notes and care plans, sharing information, availability of 2nd person at visits / in practice rooms, no home visits etc							

No.	To cover all aspects of Lone Working as applicable			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Control Measures or Safeguards in place	Consequence	Likelihood (L)	Risk Rating	Observations and recommendations to improve safety	Consequence	Likelihood (L)	Risk Rating
6	Environmental and Geographical Issues, known trouble areas, dangerous landscapes or routes / roads, dangerous or difficult access / egress, working environment	Define who is at risk	Identify control measures, 2nd person, other routes, assistance from police or security, discussions and agreement with clients for change to room layout etc.							
7	Equipment deficiencies, is other equipment required to assist the lone worker	Define who is at risk	Consider provision of torch, maps, emergency numbers including local police, first aid kit, moving and handling requirements etc.							
8	Equipment carried & uniform, does equipment, uniform & resources carried render the worker more liable to be targeted for theft. EG. Prescriptions, medicines, drugs etc	Define who is at risk	Consider how equipment and resources required are best carried / concealed, uniform options, other options for drugs dispense							
9	Time of visit, night? Start or end of shift	Define who is at risk	Identify control measures for this element alongside other risk assessment issues. Poor lighting, difficult parking opening or closing of premises and safe procedures etc.							

No.	To cover all aspects of Lone Working as applicable			Initial Risk Rating			Current and Future Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Control Measures or Safeguards in place	Consequence	Likelihood (L)	Risk Rating	Observations and recommendations to improve safety	Consequence	Likelihood (L)	Risk Rating
10	Conveying bad or sensitive news or other unwelcome information	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Control measures may include need for additional staff training or 2nd person being present at certain times when news is being transmitted							
11	Other persons / pets, clients family, friends, dogs etc	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Identify control measures to resolve any risks arising from other influence							
12	Clinical / Medical Practices, can they be carried out safely for the patient and the carer?	Define who is at risk, if there are patient confidentiality issues then assess and refer these specifics separately	Control measures for back care and other issues affecting staff members and clients							
13	Other lone working issues including driving, office related etc	Define who is at risk	Control measures from lone worker policy and guidance and / or other policies such as Driving at Work etc.							

For scoring see latest Trust Risk Management Guidance

Appendix 5 – Audit Template

Outstanding Care,
Compassionate People,
Healthier Communities

Sherwood Forest Hospitals
NHS Foundation Trust

Appendix 6 HEALTH & SAFETY AUDIT FORM FOR LONE WORKERS

Ward/Dept:		**Date:**	
Health & Safety Rep, Name:		**Signature:**	
Auditor, Name:		**Signature:**	
Job Title:			

Key Column 1 **S = Satisfactory** **U = Unsatisfactory** **N/A = Not applicable**
Key Column 2 **A = Action Required (See Action Section)**
Note: *if you are totally satisfied that the answer to the question is yes then put an S in column 1 but if not put a U in column 1 and an A in column 2 to reflect an action is required.*
Actions should be recorded with section reference at the bottom of the form in section 4.

Section 1: Are your staff –		**1**	**2**
1.1	**Issued with** all relevant policies and procedures relating to lone working staff?		
1.2	**Given all** information about the potential risks for aggression and violence in relation to patients/service users and the appropriate measures needed to control these risks?		
1.3	**Issued with** appropriate safety equipment and the procedures for maintaining such equipment?		
1.4	**Trained in** appropriate strategies for the prevention and management of violence (in particular, have they received conflict resolution training)?		
1.5	**Trained to** be able to confidently use a device and familiar with the support service systems in place before being issued with it?		
1.6	**Aware of** how to report an incident and of the need to report all incidents when they occur?		
1.7	**Issued with** the necessary contacts for post-incident support?		
Section 2: Are they –			
2.1	**Aware of** the importance of doing proper planning before a visit, being aware of the risks and doing all they can to ensure their own safety in advance of a visit?		
2.2	**Aware of** the importance of leaving an itinerary of movements with their line manager and/or appropriate colleagues?		
2.3	**Aware of** the need to keep in regular contact with appropriate colleagues and, where relevant, their nominated 'buddy'?		
2.4	**Aware of** the need to carry out continual dynamic risk assessments during a visit and take an appropriate course of action?		
2.5	**Aware of** how to obtain support and advice from management in and outside of normal working hours?		
2.6	**Aware that** they should never put themselves or colleagues in any danger and if they feel threatened should withdraw immediately?		
Section 3: Do they –			

3.1	**Appreciate the** organisation's commitment to and support for the protection of lone workers and the measures that have been put in place to protect them?		
3.2	**Appreciate that** they have their own responsibilities for their own safety?		
3.3	**Appreciate the** circumstances under which visits should be terminated?		
3.4	**Appreciate the** requirements for reporting incidents of aggression and violence?		
3.5	**Understand the** support made available to lone workers by the trust, especially post-incident support and the mechanism to access such support?		

Section 4 Actions Required		
Section	**Corrective Action Required and Responsibility**	**Time Scale**

Section 5 Planned Date of Next Inspection:	

Section 6
I have been informed of the outcome of the Workplace Health and Safety Audit and agree to co-ordinate the remedial action required.

Name of Responsible Manager (Please Print):	

Signature:	
Date:	

Please forward a copy of this completed report to:-

Rob Dabbs, Head of Health and Safety,