HSE Policy on Lone Working

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Signature Sheet

I have read, understand and agree to adhere to this Policy and Procedure:

Print Name	Signature	Area of Work	Date

1.0   Policy Statement

1.1   It is the policy of the Health Service Executive to ensure as far as reasonably practicable, the safety, health and welfare of its employees and others who may be affected by its work activities.

1.2   The Health Service Executive acknowledges that some employees are required to work alone in a diverse range of environments, and in this regard, it is the policy of the HSE to ensure the safety of lone workers by minimising the related risk and putting in place appropriate measures to improve their safety.

1.3   In all circumstances when employees work alone, all hazards associated with lone working must be identified, the risks assessed, control measures identified and implemented to ensure the safety and health of employees and those affected by our activities.

1.4   Employees have a responsibility to play their part in monitoring their own personal safety by their joint involvement in the identification, assessment and control of identified hazards and risks and in adhering to the safety measures put in place by the HSE to protect them.

Lone workers are those employees who work by themselves without close or direct supervision (HSA, 2011).   Lone workers are employees who are physically isolated from colleagues and without access to immediate assistance.

Lone working refers to situations where employees in the course of their duties work alone:

- In fixed workplaces e.g. Health centres, employees working out of hours in laboratory, x-ray department, isolation patient care cubicles, reception areas, community group homes, maintenance departments etc.
- Workers working away from their base e.g. community based employees, ambulance personnel, employees working / attending meetings in a non HSE facility etc.

2.0   Purpose

2.1   To clearly state HSE policy in respect to Lone Working

2.2   To raise awareness of the safety risks presented by lone working to managers and employees

2.3   To describe procedures for managers and employees which will minimise such risks associated with lone working

2.4   To identify the responsibilities each employee has in relation to his /her role as a lone worker

2.5   To provide a framework to support managers in managing lone working activities in consultation with their employees.

This policy supersedes the HSE Policy for Lone Working and Guidance, 2012. Individual services may develop local Guidelines and/or Standard Operation Procedures to support implementation and on-going monitoring of this policy.

3.0   Scope

This Policy applies to all HSE employees, fixed term employees, and temporary employees who may be working alone at any time in any of the situations described in the definition above.

4.0   Health and Safety Legislation

- Safety, Health and Welfare at Work Act, 2005
- Regulation 2 (3) of the Safety, Health and Welfare at Work (General Application) Regulations, 2007

5.0   Glossary of Terms/Definitions/Abbreviations

Dynamic risk assessment	An undocumented continuous process of identifying hazards and the associated risk and taking steps to eliminate or reduce them in the rapidly changing circumstances. (adapted from NHS (2009) Not Alone – A guide for the better protection of lone workers in the NHS)
Clientele	In the context of this policy refers to service users, family members of service users, business owners or members of the public
Hazard	A source of potential harm In the context of this policy examples includes: clientele, transport, needle stick injury, moving and handling, aggressive animal, physical environment, (non exhaustive list)
Lone Worker	Those who work by themselves without close or direct supervision *(HSA, 2011)* In the context of this policy, lone working refers to situations where employees in the course of their duties work alone: • In fixed workplaces e.g. Health centres, employees working out of hours in laboratory, x-ray department, reception areas, community group homes, maintenance departments etc. • Workers working away from their base e.g. community based employees, ambulance personnel, employees working / attending meetings in a non HSE facility etc.
Employee	Means all personnel employed by the HSE i.e. any person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes fixed-term employee and a temporary employee and references, in relation to an employer, to an employee shall be construed as references to an employee employed by that employer *(Safety, Health & Welfare at Work Act, 2005)*

Employer	In relation to an employee:
	    a) Means the person or persons with whom the employee has entered into or for whom the employee works under (or, where the employment has ceased, entered into or worked under) a contract of employment
	    b) Includes a person (other than an employee of that person) under whose control and direction an employee works, and
	    c) Includes where appropriate the successor of the employer or an associated employer of the employer
	(Safety, Health & Welfare at Work Act, 2005)

Fixed-Term Employee	means an employee whose employment is governed by a contract of employment for a fixed-term or for a specified purpose, being a purpose of a kind that the duration of the contract was limited but was, at the time of its making, incapable of precise ascertainment. *Whilst these employees are commonly known as "Temporary", care should be taken not to confuse this term with "Temporary Employee" (Para. 4.12 refers) as given in the Act 2005 and used throughout this policy document.* *(HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others)*
Line Manager	In relation to an employee: The person who directs the work of an employee
Near Miss	An incident which could have resulted in harm, but did not either by chance or timely intervention
Reasonably Practicable	In relation to the duties of an employer, means that an employer has exercised all due care by putting in place the necessary protective and preventive measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned and where the putting in place of any further measures is grossly disproportionate having regard to the unusual, unforeseeable and exceptional nature of any circumstance or occurrence that may result in an accident at work or injury to health at that place of work. *(Safety Health and Welfare at Work Act 2005, SI 10 of 2005)*
Responsible Person	In the context of section 6.5 refers to those who have responsibility for the management of resources and the management and supervision of employees. For example, Line Managers, Ward, Department and Service Managers, Senior Clinicians and Clinical Directors are considered to be "Responsible Persons".
Temporary Employee	An employee who is assigned by a Temporary Employment Business to work for and under the control of another undertaking availing of the employee's services (SHWW Act 2005). These employees are generally known as Agency Staff. *(HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others)*

Abbreviations

HSE	Health Service Executive
HSA	Health and Safety Authority
DG	Director General
ND/AND	National Director/Assistant National Director
CO	Chief Officer
HGCEO	Hospital Group CEO
CEO	Chief Executive Officer
AM	Area Manager
GM	General Manager
CHO	Community Healthcare Organisation
OHD	Occupational Health Department

6.0 Roles & Responsibilities

6.1 Responsibilities of the Director General (DG)

6.1.1 The DG has overall responsibility to ensure, as far as is reasonably practicable, the safety, health and welfare at work of all employees and others affected by HSE activities by:

6.1.1.1 Ensuring that arrangements are in place for identifying, evaluating and managing the risks associated with Lone Working

6.1.1.2 Ensuring the development of and compliance with this Policy

6.1.2 The DG delegates accountability for coordinating and monitoring implementation of this Policy and any associated procedures to National Directors, Assistant National Directors, Hospital Group Managers/CEOs Chief Officers, Area Managers and equivalent.

6.2   Responsibilities of the National Directors

6.2.1   Ensure arrangements are in place for identifying the implementation of this policy to include; evaluating, managing, monitoring and auditing the risks associated with Lone Working

6.2.2   Ensure the necessary resources (to include any training requirements) are provided to support the effective implementation and compliance with this Policy

6.3   Responsibilities of the Assistant National Directors, Hospital Group Chief Executive Officer's, Chief Officers Community Health Organisations

6.3.1   Ensure that appropriate structures are in place for the effective implementation, management, monitoring and audit of this Policy

6.3.2   Ensure there is the required awareness and training available on this Policy for all employees

6.3.3   Ensure that arrangements are in place within their Divisions for identifying, evaluating and managing the risks associated with Lone Working

6.3.4   Ensure that appropriate resources are available to support the implementation of this Policy

6.4   Local Senior Managers e.g. Hospital GM Area Manager/ Head of Service, Operations/Business Manager or Support Services GM/Directors of Nursing are responsible to:

6.4.1   Ensure that all employees are aware of this Policy

6.4.2   Ensure that the hazards and risks associated with Lone Working are identified and assessed, and appropriate measures are put in place to eliminate, control or minimise the risk

6.4.3   Ensure that risk assessments are undertaken in a written format and form part of the service/site specific Safety Statement.

6.4.4   Ensure there is a process in place for the Line Manager to escalate risks that cannot be managed locally onto the appropriate service risk register while managing the risk as far as is reasonably practicable

6.4.5   Ensure that employees are provided with appropriate information, instruction and training

6.4.6   Ensure that incidents involving Lone workers are reported and managed in accordance with HSE Safety Incident Management Policy, 2014 Policy and

ensure that remedial measures identified through incident reviews are promptly implemented

6.4.7   Monitor and review the effectiveness or preventative procedures and measures

6.4.8   Audit the implementation of this Policy

6.4.9   Provide assurance to those responsible persons listed in 6.3 above that the policy is being effectively implemented, monitored and audited.

6.5   Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers, (Responsible Persons) are responsible for:

6.5.1   General responsibilities of Ward/Department/Service /Line Managers are given in the local Site Specific Safety Statement and are not reproduced here (refer to said document for further information).

In the context of Lone Working responsibilities include:
- Carrying out a suitable and sufficient risk assessment (to include the identification of lone workers) in consultation with employees, thus ensuring that all hazards associated with lone working are identified and appropriate control measures introduced to eliminate, minimise, or control the risks
- Establish clear procedures to set limits as to what can and cannot be done whilst working alone and where appropriate, when to stop and seek advice
- Ensuring that lone workers receive sufficient information, training, instruction and supervision.
- Regular reviews of arrangements to ensure that all measures are effective and continue to meet the requirements of the lone worker
- Referring employees to the Occupational Health Department (OHD) if concerns are identified
- Take cognizance of other related policies as appropriate
- Hold on file personal details for lone worker to include: name, address, mobile number, car registration make and model and next of kin details
- Ensure that where risks cannot be managed locally, they are escalated on to the appropriate risk register and prioritised for action while managing the risk as far as is reasonable practicable
- Being aware of the range of employee support services available and advise employees of the services / supports available to them.

6.6   Responsibilities of Employees

6.6.1   Take reasonable care to protect their own safety, health and welfare and that of others

6.6.2   Adhere to and apply this Policy any other relevant HSE policies / circulars, local procedures and safe systems of work and any associated risk assessments and risk controls

6.6.3   Work in a safe and responsible manner and co-operate with their employer.

6.6.4   Co-operating in the regular review of risk assessments and control measures

6.6.5   Attending relevant training as appropriate

6.6.6   Reporting any matters of concern in relation to lone working defects in equipment or the place of work and any unsafe systems of work to the Line Manager

6.6.7   Reporting accidents, incidents and near misses in line with the HSE Safety Incident Management Policy (2014)

6.6.8   Provide the Line Manager with personal details to include: home address, mobile number, car registration make and model and next of kin details and advise of any changes to these details

6.6.9   Comply with any safety measures (e.g. lone worker systems /devices, buddy system etc), that have been introduced to protect the personal safety of lone workers.

> Note: Guidance on personal safety can be found in Appendices V and VI.

7.0   Procedure

7.1 Risk Assessment Process

Lone working, such as working in the community or in a healthcare establishment has its own unique set of risks which need to be considered as part of the risk management process. In line with Regulation 2 (3) of the Safety, Health and Welfare at Work (General Applications) Regulations, 2007 all potential hazards and risks associated with lone working must be identified and appropriate control measures put in place to mimimise such risks.

Consideration should be given to the hazards and identified risks associated with the **Environment**; the **Context;** the **Clientele; the History.** Managers must ensure that the risks associated with lone working are considered and documented within their departmental risk assessments and where risks cannot be managed locally; they are escalated on to the appropriate risk register and prioritised for action while managing the risk as far as is reasonably practicable.

The risk assessment process can be broken down into a number of steps as outlined in Figure 1.

For detailed guidance on the risk assessment process refer to Appendix I.

Figure 1.
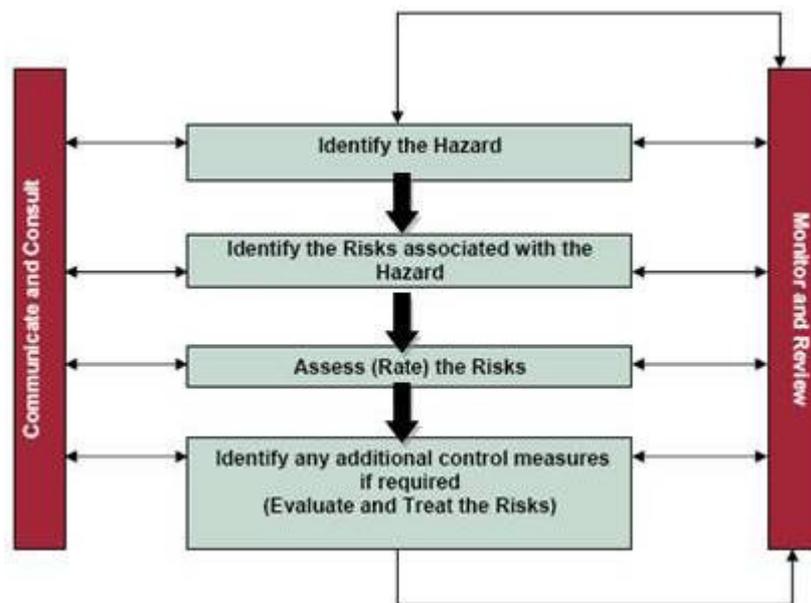
7.1 In addition to conducting formal Risk Assessments, Lone Worker employees are required to conduct dynamic risk assessments. These are informal on- the-spot undocumented risk assessments, the purpose of which is to minimise known or suspected risk factors by early intervention. Guidance on dynamic risk assessment can be found in Appendix II.

7.2 Risk Reduction Control Arrangements (non -exhaustive)

The risk reduction control arrangements identified through the risk assessment process must be service /site specific and include:

7.2.1 Information Sharing

7.2.1.1 In order to carry out their job safely and efficiently it is important that all lone workers have access to appropriate information. Good quality information in relation to contacts and locations can prove very helpful

7.2.1.2 Each department/service head should ensure that there is an appropriate flow of information to and from other departments/outside teams, and that appropriate record sharing protocols, in accordance with HSE policies and procedures, are followed

7.2.1.3 Where there has been a near miss or an incident involving an employee, it is essential that the information is shared with the team, other agencies and colleagues who may be visiting the individual concerned or going into an otherwise risky environment.

7.2.2 Service User Referrals

7.2.2.1 HSE contact with service users initially commences with referral. It is important therefore to ensure that there is full information sharing in respect of any history or concern in relation to service users / family members is communicated to the service to which the referral is being made.

7.2.2.2 All referrals, or requests for a visit, should be made through an authorised source where possible. This may not always be possible given the ethos and practice of self-referral. The practice and ethos of self-referral highlights the need to do all that is reasonably practical to ensure a safe system of work is in place. It is the responsibility of line management and each individual lone worker to obtain as much information as is possible prior to consultation.

7.2.2.3 Line Managers and lone workers should ensure whenever possible that all service users, relatives and carer's are aware that the preferred channels of communication are through an authorised source. This should be communicated in detail to lone workers prior to commencing lone working activities where possible.

7.2.2.4 Lone workers should never provide their personal telephone or pager numbers to service user's relatives or carers.

7.2.2.5 Where self-referral is made from a client that is not known to the service a risk assessment must be carried out and where possible the lone worker should be accompanied by a colleague where possible

7.2.2.6 Where there are known risks associated with a particular location or service user, the risk assessment should identify whether a home visit is appropriate or if an alternative location is warranted.

7.2.3 Central point of contact (control point)

7.2.3.1 A central point of contact should be established for the employee to leave details of their lone working activities. This will assist in the implementation of appropriate action being put in place should an employee be in difficulty. In the likelihood of changing circumstances, the

lone worker should be able to advise the control point of any deviation from their planned itinerary

7.2.3.2 In light of the above it is necessary for each Manager to establish an appropriate agreed point of contact to manage lone working

7.2.3.3 The following options used individually or collectively may prove effective. Selection should be guided by risk assessment and consultation e.g.

- Office base – manned at all times when employees are lone working
- An answer phone that is monitored at agreed intervals
- Nominated person with a mobile phone

7.2.3.4 The central point of contact should also hold details of all the lone workers to ensure that in the unlikely event of a lone worker failing to return to/contact the control point at the agreed intervals, appropriate steps can be taken i.e. the escalation procedure.

For each lone worker the details should include:-

- Name
- Address, home telephone number and emergency contact
- Mobile phone number and/or pager number
- Work start time
- Itinerary of visits:
- Name, address and telephone number of each service user
- The order of visits
- Expected time of visit or call-in
- Car registration make and model

7.2.3.5 If base/control point becomes sufficiently concerned for the safety of the lone worker an escalation procedure must be put in place.

The escalation could be to:-

- Line Manager
- Head of Department
- Nominated buddy
- The Gardai

7.2.3.6 The risk assessment should identify all foreseeable events, emergency procedures established and lone workers trained in them.

7.2.4 Visits away from base

7.2.4.1 In order to reduce the risk to the lone worker all visits should be scheduled where possible

7.2.4.2 No matter what the reason that planned visits are missed/changed the control point should be informed.

7.2.5   Fixed Workplaces

7.2.5.1 Workplaces and their surrounds should be designed to reduce the risk of injury.

The Risk Assessment should take environmental design into consideration and include:

- Controlled access and egress
- Access to parking
- Location and layout of consultation / interview rooms
  - Centrally located with viewing panels
  - No additional equipment / furniture that could be used as missiles or weapons
  - Chairs and tables should be strategically placed to allow the employee the easiest access to exit route should this be necessary
- Communication devices (use of panic alarms, CCTV, etc)
- Lighting and temperature control
- Easy access to exit as appropriate

7.2.6 Technology (Lone worker Systems / Devices)

7.2.6.1 The introduction of technology (lone worker devices) should not be viewed as a solution in itself; however if used correctly in conjunction with robust procedures it can enhance the protection of lone workers

7.2.6.2 The requirement for lone worker devices should be identified through the risk assessment process and discussed as part of a multidisciplinary approach to determine the most effective system

7.2.6.3 There must be clear and robust response protocol in place in the event of a lone worker device being activated, which is tested periodically

7.2.6.4 Lone Working systems and devices must only be used for their intended purpose with managers and employees accepting responsibility by adhering to the safety measures put in place by the HSE to protect them

7.2.6.5 Lone worker devices must be properly maintained, and form part of a routine preventative maintenance schedule (to include P.A.T. testing where appropriately) and checked daily / at change of shift to ensure they are working effectively.

7.2.6.6 Where lone working devices are introduced, employees must receive appropriate information, training and instruction on their use.

7.2.7   Emergency Procedures

7.2.7.1 The risk assessment should identify foreseeable events e.g. sudden onset of illness. Emergency procedures should be established and lone workers trained in them.

7.2.8   Supervision

7.2.8.1 Although lone workers cannot be subject to constant supervision, it is still the duty of the employer to ensure their safety and health at work. Supervision can help to ensure that employees understand the risks associated with their work and provide guidance in times of uncertainty

7.2.8.2 The risk assessment should identify the level of supervision required and the means to providing it. The risk assessment should also set out the procedures under which the lone worker reports to base. Supervision can be carried out when checking the progress of the work, it may take the form of periodic site visits combined with discussions in which health and safety issues are raised

7.2.8.2 Regular contact between the line manager and the lone worker is required and forms a key part in ensuring the safety of the lone worker.

7.3 Information, Awareness and Training

The Safety, Health and Welfare at Work Act 2005 (Section 9 and Section 10), requires employers to ensure that employees receive appropriate training, information, instruction and supervision relevant to the risks associated with their tasks which includes lone working activities.

Managers must ensure they complete a training needs assessment which is informed by the risk assessment. The risk assessment will assist the Manager in the identification of any training that is appropriate to their employee and the service.

Training for lone workers may include the following; personal safety techniques, management of work related aggression and violence training and education, first aid procedures, emergency procedures, training in the use of any lone worker protection technology and any other training requirements identified in the risk assessment.

While training is recognised as an important preventative control measure, it must be supported by appropriate supervision, a robust risk assessment process, effective communication & consultation with employees, documented safe systems of work, on-going review and learning from incidents, and sharing of information between services and employees. These are all equally important measures that must be considered with regard to managing the safety, health and welfare of employees who work alone.

For more information on Health and Safety Training programmes please see the national website www.hse.ie

To request a place on a training programme, please complete the Training Request Form and submit to the health and safety helpdesk.

7.4 Incident Management

All accidents, incidents, near misses must be reported, and managed in accordance with *the HSE Safety Incident Management Policy, 2014.* Reporting of incidents should be done using the appropriate National Incident Report Form. (NIRF)

7.4.1   In the event of an incident, the line manager should:
- Carry out a timely assessment of the situation to establish the safety, health and welfare of employees and service user(s) as situational appropriate.
- Provide appropriate support to those involved

7.4.2   As part of the post incident review the line manger should:

- Review the incident with employees involved
- Review the effectiveness of the risk assessment and control measures
- Contact relevant clinicians or others where appropriate
- Advise on follow up support as appropriate

7.5 Considerations on referral to and or advice from Occupational Health

- As part of risk assessment, employees and prospective employees may be referred to OHD for assessment and advice when concerns are identified which may place them at greater risk while lone working.
- As part of incident management, employees may be referred to OHD for assessment and advice (refer to 7.4 Incident Management)

8.0 Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management Programme and is underpinned by effective consultation, communication, supervision, monitoring, audit and review.

8.1   Communication

Managers (Responsible Persons) are required to make this Policy available to all employees. Electronic and other communication means can be used to maximise distribution.

Managers must create an awareness of the policy throughout their services and ensure that employees under their supervision have read and understand the Policy. A signature sheet is provided for this purpose.

8.2   Responsibilities for Implementation

Managers (Responsible Persons) at all levels are responsible for implementing this Policy within their area and hence are required to develop an implementation plan, including identification of responsible person(s), specifying the actions to implement the PPPG and timeframes for implementation.

9.0 Monitoring, Audit & Review

9.1 Managers are required to monitor the implementation plan supporting this policy
9.2 Managers are required to audit implementation of this policy using the Audit Checklist Tool in Appendix VII
9.3 Implementation of this Policy shall be audited periodically at national level
9.4 This Policy shall be reviewed at national level every three years or earlier if circumstances require it.

10.0   References

HSE (2012) Policy for Lone Working

HSE (2012) Guidelines for Lone Workers

HSA (2011) Guidance on Lone Working in the Healthcare Sector

NHS (2009) Not Alone – A Guide for the better protection of lone workers in the NHS

Suzy Lamplugh (2016) Personal Safety available at
http://www.suzylamplugh.org/Pages/FAQs/Category/personal-safety

Other Relevant Documents

HSE (2014) Safety Incident Management Policy

Appendix I

Risk Assessment Process

The Risk Assessment Process comprises of the following four steps:

Step 1 - Identify the **Hazard**

Step 2- Identify the **Risks** associated with the hazard

Step 3 - **Assess** (i.e. Rate) the risks

Step 4 - Identify any additional control measures (if any) required (i.e. **evaluate and treat the risks**)

Step 1 - Identify the hazard associated with the work activity

The first step in safeguarding safety, health and welfare is to identify the hazards associated with lone working which may be categorised under the following headings:

Environment – Consideration should be given to places, locations, times, security and access

Context – Consideration should be given to the nature of task, the employee any special circumstances

Clientele – Consideration should be given to the type of clients the employee may work with or encounter - indicators of potential or actual risk

History – Consideration should be given to any previous incidents / near misses

All available information should be taken into account and checked or updated as necessary.

Step 2   - Identify the Risks

It is necessary to decide who is at risk from lone working and what injury / ill health could occur i.e. the impact. For the purpose of the assessment:
- Identify categories of employees who are at risk
- Describe the risk associated with the hazard
- Consider whether existing control measures are adequate.

For guidance on potential hazards and related controls, please refer to Appendix II.

Step 3   - Assess and Rate the Risk

The next step in the process is to rate the risk associated with the hazard (risk analysis). Rating of risk is carried out taking account of existing control measures.

Control measures include all measures put in place to eliminate or reduce the risk and include policies, procedures, processes, guidelines and engineering controls, training, emergency arrangements, preventative maintenance controls, protocols etc.

To assist with this the HSE has adopted a standardised approach to the assignment of likelihood and impact scores and the rating of risk i.e. the HSE Risk Assessment Tool. This tool should be applied uniformly to all processes where risk assessment is required. For further information, please refer to

the *HSE Integrated Risk Management Policy, Part 2, Risk Assessment and Treatment- Guidance for Managers"*

Step 4 - Identify any Additional Control Measures that are required (Risk Evaluation and Treatment)

Depending on the risk rating and a review of the adequacy of the current controls in place, an evaluation must be made as to what further (if any) preventative measures are required. In the context of lone working, the following hierarchy of risk controls should be considered:

Eliminate the hazard

Minimise the hazard – Substitute with something safer; isolate the hazard from people; introduce a physical control measure

Administrative Controls – Safe methods and procedures; communication systems; training, instruction and provision of information; workplace layout and design; supervision; personal protective equipment (PPE).

 Note: Consider the systems, procedures and training that will best keep your employees safe.

Communicate and Consultation

Communication and consultation in relation to the risk assessment process is essential and should occur throughout the process. This may be part of the formal communication arrangements of the health and safety committee.

Monitoring and Review

The risk assessment must be documented (RA form attached) and reviewed annually or more often in light of changes to work practices or when new equipment is introduced.

Steps must be taken to periodically review the effectiveness of current control measures in place. This should include the review of incidents and the auditing of safe systems of work. Performance indicators should be regularly analysed to measure progress.

Health and Safety General Risk Assessment Form		

Division:	Source of Risk:
HG/CHO/NAS/Function:	Primary Impact Category:
Hospital Site/Service:	Secondary Impact Category
Dept/Service Site:	Name of Risk Owner (BLOCKS):
Date of Assessment:	Signature of Risk Owner:
Unique ID No:	Risk Co-ordinator
	Risk Assessor (s):

HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Describe, the Activity - Identify the hazard and describe who might be harmed and how.	Detail the control measures to include all measures put in place to eliminate or reduce the risks and include engineering controls, policies, procedures, protocols, guidelines (clinical and non clinical), training, emergency arrangements, preventative maintenance controls etc. When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.	Detail the measures necessary to eliminate or further reduce the level of risk. Consider the hierarchy of controls: Elimination/ substitution/ engineering/ administrative/ PPE. Consider the interim and long term measures.	Enter the name (s) of the responsible person(s) for implementation of each control measure.	Enter the date by which implementation of the additional controls to mitigate the risk are due.

INITIAL RISK			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed

Appendix II

Dynamic Risk Assessment

A dynamic risk assessment is an undocumented on the spot assessment which can be defined as "a an undocumented continuous process of identifying hazards and the associated and taking steps to eliminate or reduce them in the rapidly changing circumstances".   Whilst this is carried out informally, any significant aspects must be recorded in case notes and reported to the Line Manager at the earliest opportunity.

The dynamic risk assessment involves employees:

- being alert to warning signs
- carrying out a '10-second risk assessment'; if employees feel there is a risk of harm to themselves, they should leave immediately
- placing themselves in a position to make a good escape, i.e. where possible, being the closest to an exit
- being aware of all entrances and exits
- being aware of the positioning of items, including those belonging to the lone worker (scissors, scalpels, etc), that could be used as a weapon
- making a judgement as to the best possible course of action – for example, whether to continue working or withdraw
- utilising appropriate physical security measures (e.g. triggering panic buttons to call assistance from employees nearby/security/the Gardai or using a lone worker device to raise an alarm)
- ensuring that when they enter a confined area or room, they can operate the door lock in case they need to make an emergency exit
- avoiding walking in front of a patient/service user, and not positioning themselves in a corner or in a situation where it may be difficult to escape
- remaining calm and focused during an incident in order to make rational judgements
- being aware of their body language (as well as that of the patient/service user), as there is a risk of exacerbating the situation.

Ref: adapted from the NHS (2009) "Not Alone" – A Guide for better protection of lone workers in the NHS.

Appendix III

Possible Hazards to Consider for Lone Workers in the Community Setting

Activity / Task	Hazards
Transport • Driving • Public Transport • Walking • Escorting Clients	 • Breakdown • Accident • Intruder • Fatigue • Theft • Aggression and Violence • Aggression and Violence • Bite from aggressive animal • Aggression and Violence
Carrying out home visit / visiting another person's premises	• Aggression and violence • Exposure to chemical agent (cleaning agents) • Exposure to infectious disease / OBE • Access to clients home • Bite from aggressive animal • Contact with difficult clients • Hostile environment • Accusations against employees • Inappropriate behaviour • Miscommunication • Fire • Musculoskeletal injury
Lone Working	• Stress • Isolation • Lack of communication • Lack of support • New / inexperienced employees
Sudden onset of illness / injury	• Lack of access to medical attention

Non Exhaustive List

Appendix IV

 Possible Hazards to Consider for Lone Workers in a Fixed Establishment

Activity / Task	Hazards
Access / Egress	• Slip, Trip, Fall • Security •
General working environment	• Fire • Electricity • Security • Equipment • Use of objects as missiles • Inappropriate room layout
Dealing with clients	• Aggression and Violence • Exposure to infectious disease / OBE • Miscommunication • Stalking/intimidation • Lack of an effective response protocol • Entrapment • Musculoskeletal injury
Lone working / working in isolated area	• Stress • Lack of communication • New / inexperienced employees
Sudden onset of illness / injury	• Lack of access to medical attention

Non Exhaustive List

Appendix V

Personal Safety Measures for Lone Workers in the Community

To be checked -off informally by lone worker and if any issues are believed to be significant, these should be discussed with manager/supervisor and recorded in keeping with local procedures.

Planning the visit:

- Have you checked if there is any specific information that you need to know before your planned visit?
- Does anybody know where you are going and how long you will be?
- Are arrangements in place for someone to initiate action if you do not return or report back when expected?
- If your itinerary changes have you informed the person who would initiate such action?
- Have you made sure that you can be contacted? Is your mobile phone charged?
- Are you as far as practicable going to avoid a place or time or where persons or other hazards may cause excessive risk?
- Is your clothing suitable for the work and work environment – e.g. does not restrict movement and does not present a risk of entanglement?
- Have you got your phone and keys on your person (and not in a bag), so you can retrieve them quickly if necessary?

Transport:

Modes of transport include:

Driving

- Have you checked the most appropriate and safest route to get your destination?
- Have you planned your route and allocated adequate time to get there?
- Have you parked in a well-lit area easily accessible from your destination where possible, faced in the direction of exit?
- Is your car roadworthy and in good repair?
- Have you checked fuel gauge, safety equipment on board?
- Have you minimized the carrying of cash and valuable items and ensured that items which might attract attention such as medicines are not left on display?

Travelling by foot

- Have you planned your route and allocated adequate time to get there?
- Have you concealed any medications / equipment you may be carrying?
  - Avoid taking short cuts
  - Walk towards oncoming traffic
  - If you think you are being followed, cross the road and keep walking towards a well lit up / busy area and seek help

        ○ Carry a personal alarm and have it close to you

        ○ Keep mobile phone and keys separate and not in your handbag

Travelling by Public Transport

- Do you know where you are going and which stop you need?

- Have you checked departure times, especially of last buses or trains?

- Do you have your ticket, pass or change ready in your hand so your purse or wallet is out of sight.

- If travelling at night or in an unfamiliar area, have you arranged for someone to meet you at the bus stop or train station? Otherwise try to walk near other people with whom you feel safe, and walk purposefully to your destination.

- Have you considered carrying extra money in case you get stranded and need to take another bus, train or cab?

Travelling by taxi

- Is the taxi licensed and registered?
- Has the taxi driver his Identity Plate displayed?

Escorting clients

- Has a detailed risk assessment been carried before a decision is taken to escort patients / clients?

Aggression and Violence

- Have you received training in identifying, preventing, managing and de-escalating potentially violent situations?
- Do you carry a personal alarm where one is required?
- Are you prepared to seek advice, get support or terminate the visit as appropriate if there is any aspect of the visit that makes you uneasy e.g. if you suspect the person is under the influence of drugs / alcohol or acting aggressively?

Policies and Procedures

- Are you familiar with the relevant policies and procedures relating to lone working?

Communication

- Is there a procedure in place for you pass on to colleagues or other agencies at the first opportunity any aspects of the visit that need to be shared?

References:

- Health and Safety Authority (2011) Guidance on Lone Working in the Healthcare Sector
- Suzy Lamplugh Trust, available at www.suzylamplugh.org

Appendix VI

Personal Safety Measures for Lone Workers in Fixed Workplaces

To be checked -off informally by lone worker and if any issues are believed to be significant, these should be discussed with manager/supervisor and recorded in keeping with local procedures.

Access / Egress

- Is there appropriate access control to ensure that unauthorised persons cannot enter without your permission / knowledge?
- In an emergency, can the process be safely stopped and evacuated if necessary?
- Can you safely get to your work area and return to your car if for example you are working late

Appointments with Clients:

- Are all visits pre planned and made by appointment only?
- Have you checked if there is any specific information that you need to know before your appointment?
- Do colleagues / managers have access to your diary and know who, where, when you are meeting?
- Is there a sign out book/diary in the department –have you completed it ?
- Are arrangements in place for someone to initiate action if you do not report back when expected?
- Can you summons assistance and are arrangements made to enable specified persons to attend promptly?
- If your itinerary changes have you informed the person who would initiate such action?
- Have you made sure that you can be contacted? Is your mobile phone charged?
- Is your clothing suitable for the work and work environment – e.g. does not restrict movement and does not present a risk of entanglement?

Aggression and Violence

- Have you received training in identifying, preventing, managing and de-escalating potentially violent situations?
- Do you carry a personal alarm / is the facility equipped with a personal alarm where one is required?
- Are you prepared to seek advice, get support or terminate the appointment as appropriate if there is any aspect which makes you feel uneasy e.g. if you suspect the person is under the influence of drugs / alcohol or acting aggressively?

Policies and Procedures

- Are you familiar with the relevant policies and procedures relating to lone working?

Communication

- Is there a procedure in place for you pass on to colleagues or other agencies at the first opportunity any aspects of the visit that need to be shared?

Appendix VII - Audit Tool

	Audit on the Implementation of the HSE Policy on Lone Working	Yes	No	NA	Comment
1	Does the department have the HSE Policy on Lone Working?				
2	Are there local guidelines / standard operating procedures in place to support implementation of this HSE Policy?				
3	Is there a system in place for the appropriate circulation/communication of this policy to all employees?				
4	Have risk assessments been completed using the National General Risk Assessment Form?				
5	Have the control measures identified through the risk assessment process been implemented?				
6	Has appropriate information, instruction, supervision and training been provided based on risk assessment?				
7	Is there a procedure in place for reporting all accidents/incidents/near misses?				
8	Is there a system in place to monitor compliance with this Policy?				

Appendix VIII

Step-by -Step Procedure for Policy Implementation

Director of HR in relation to Occupational Safety and Health	Reference
• Ensure this policy is reviewed and updated as appropriate	HSE Corporate Safety Statement Section 2.5

National Health and Safety Function	
• Review and revise this Policy three yearly or following any significant change in the matters to which it relates, whichever is the soonest • Provide Occupational Safety and Health support	HSE Corporate Safety Statement Section 2.9

National Directors	
• Ensure arrangements are in place for identifying, evaluating, managing, monitoring and auditing the risk associated with lone working.	6.2.1
• Ensure the necessary resources are provided for implementing this Policy	6.2.2
Assistant National Directors, Hospital Group Chief Executive Officers, Chief Officers Community Health Organisations	
• Ensure that appropriate structures are in place for the effective implementation of this policy	6.3.1
• Ensure this policy is brought to the attention of all employees	6.3.2
• Ensure that arrangements are in place within their Divisions for identifying, evaluating and managing the risks associated with Lone Working	6.3.3
• Ensure that appropriate resources are available to support the implementation of this policy	6.3.4

Local Senior Manager	
• Disseminate this policy	6.4.1
• Ensure that risk assessments are undertaken, appropriate control measures, procedures and safe systems of work are in place to eliminate or reduce the risk • Monitor the effectiveness of preventative procedures and measures	6.4.2 & 6.4.3 6.4.6

• Provide appropriate information, training and instruction	6.4.4
• Ensure that adverse events are reported & managed in accordance with HSE policy	6.3.3
• Ensure that preventive procedures are a standing item on health and safety (or equivalent) committees	6.4.7
• Audit implementation of this Policy	6.4.8

Line Managers e.g. Clinical Directors, Ward Managers, Department Managers, Service Managers, (Responsible Persons) are responsible for:	
• Conduct risk assessments and ensure that any risks from lone working are adequately assessed and controlled • Conduct regular reviews of arrangements to ensure that all measures are effective and continue to meet the requirements of the lone worker.	6.5.1
• Establish clear procedures to set limits as to what can and cannot be done whilst working alone and where appropriate, when to stop and seek advice	6.5.1
• All other duties described in the Site Specific Safety Statement	6.5.1

Employee	
• Take reasonable care to protect their safety, health and welfare and that of others	6.6.1
• Adhere to and apply this Policy, local procedures and safe systems of work and any associated risk assessments and risk controls	6.6.2
• Work in a safe and responsible manner and co-operating with their employer. In particular employees must not recap needles unless they incorporate safety and protection mechanisms and do not pose a risk of injury	6.6.3
• Co-operating in the regular review of risk assessments and control measures	6.6.4
• Attending relevant training as appropriate	6.6.6
• Reporting any defects in equipment or the place of work and any unsafe systems of work to the Responsible Person and report	6.6.7
• Reporting accidents, incidents and near misses in line with the HSE Safety Incident Management Policy (2014)	6.6.8

Appendix VIIII -Simplified Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps.

Evaluate, Monitor, Review

Human Resources

Corporate Employee Relations (CERS)
- Develop & disseminate the Policy
- Provide advice & support

National Directors
- Read & disseminate Policy
- Facilitate implementation in line with section 6.2
- Provide necessary resources

ANDs, Hospital Group CEOs, COs

Community Health Organisations
- Read & disseminate the Policy
- Facilitate implementation in line with section 6.3
- Ensure necessary resources are allocated

Senior Managers
- Read & disseminate the Policy
- Facilitate implementation in line with section 6.4

Line Managers

(Ward/Department/Service Manager)
- Read and disseminate the policy
- Facilitate implementation in line with section 6.5

Employees

Adhere to & apply this policy, local procedures & safe systems of work & any associated risk assessment and risk controls.

Successful implementation of the HSE Policy on Lone Working