



**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria
University Hospital NHS Trust**

Policy Title: Lone Working (Joint)

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Policy On A Page

SUMMARY & AIM

This policy will apply to all disciplines, including domestic, ancillary and clerical staff, working within the Trusts, whether in inpatient, residential or community settings. This applies to Trust-employed staff, staff working in integrated teams, full-time and part-time clinical and non-clinical staff, agency staff working for the Trusts, and all other persons whose work is overseen by the Trusts e.g. students, volunteers, interns. Further detailed guidance on arrangements for the management of risks associated with violence and aggression can be found in Trust Policy for Prevention & Management of Violence & Aggression.

TARGET AUDIENCE:

All staff who lone work and their Managers.

TRAINING:

Mandatory training for PMVA
Lone worker device training (as required)
Conflict Resolution Training
[Appendix 4](#) – Security Management Policy - MH practice guidance for support on reliance lone working system / device

KEY REQUIREMENTS

All lone workers need to be identified and a risk assessment carried out by team leads / managers.

Risks of lone working falling ill or having an accident that requires support, physical assault, theft of property.

Procedures need to be written that include how their individual teams are going to manage lone working.

Following the risk assessment if a staff member as part of their duties visits patients in their own homes, then a lone worker device must be provided.

If a lone worker device is given to a member of staff, then training on its use must be provided by the Trusts.

Lone worker devices must be monitored and if not being used then this must be brought to the attention of the lone workers line manager.

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1. INTRODUCTION

Under the general provisions of the Health & Safety at Work Act 1974, and the specific requirements of the Management of Health & Safety at Work Regulations 1999 (as amended) employers must assess risks to employees, and provide safe systems of work, to minimise risks to employees or others who may be affected by the organisation's work activities.

Whilst the work activities of lone workers should not be significantly more hazardous than activities of other staff working in groups, the risks to lone workers are considered to be greater due to the potential consequences if an adverse incident were to occur. It is for these reasons that risks associated with lone working must be assessed and managed in order to comply with the legislation mentioned above.

2. PURPOSE

This policy stipulates the mandatory arrangements for

- the processes and procedures to be used by staff and managers to control risks to personal safety when working alone
- roles and responsibilities for taking the required actions to manage risk
- Monitoring the implementation and effectiveness of the lone working risk management processes and procedures.

Implementation of the policy will lead to:

- Good management of lone working risks and safety of staff,
- Consistent application of requirements which may apply to all areas and all relevant staff.
- Protection of staff from violence and aggression

Each employing organisation should deal with any concerns/issues relating to lone working, however any staff from other organisations are required to follow CPFT/NCUH incident report procedures to ensure their health, safety and welfare if working on CPFT/NCUH estate.

3. POLICY DETAILS – ARRANGEMENTS FOR MANAGEMENT OF LONE WORKING:

3.1 Risk Assessment

Risk assessments for lone working must be undertaken, documented and reviewed in accordance with the Trust's Risk Management Policy and Process. Risk assessments should consider the nature of the work activities being undertaken whilst working alone, as well as the environments where lone working is being undertaken.

Guidance and information on conducting risk assessments for lone working can be found at Appendix 1. Reference should be made to Trust Policy for Prevention and Management of Violence and Aggression for further guidance and information regarding the assessment and management of violence risks.

3.2 Safe Systems of Work for lone working

Safe Systems of Work are the control measures identified and implemented within risk assessments for the management of significant risks. Local managers must ensure a safe system of work for lone working is implemented that is suitable and sufficient to meet the needs of their team/ department's operational circumstances and that is practical to implement. The Safe System of Work will also incorporate follow-up actions to be taken in the event there are concerns for the welfare of a lone worker.

Guidance on components of a Safe System of Work for lone working can be found at Appendix 1. Guidance on what should be incorporated into the follow-up procedure can be found at Appendix 2. This guidance should be considered in the development of local procedures. Further good practice guidance for the management of lone working is provided at Appendix 3.

If there are any potential gaps or weaknesses in the robustness of the system operated this must be identified within the risk assessment for lone working, which the local manager may then escalate through the risk register process in accordance with the Trust's Risk Management Policy and Process.

3.3 Organisational Overview of Risk

The organisation will implement the Trust's Risk Management Policy and Process to overview all risks, including risks associated with lone working.

3.4 Integrated Teams

Within the Trusts there are numerous 'integrated teams' incorporating staff from the Trusts and also Cumbria Adult Social Care (and/or other agencies). It is essential that communication of risk issues is fluid within the team and between agencies and that all staff are familiar with procedures to follow. Wherever practicable lone worker procedures for staff in integrated teams should be consistent to minimise confusion and the potential for increased risks to staff.

3.5 Reporting and Investigation of Incidents Involving Lone Workers

All incidents and near misses involving lone workers must be reported and investigated in accordance with the Trust's Incident and Serious Incidents that Require Investigation (SIRI) Policy for CPFT and NCUH SI Policy.

4. TRAINING AND SUPPORT

Mandatory training associated with prevention & management of violence & aggression (PMVA), Conflict Resolution Training and lone working is outlined in the Trust's Training Needs Analysis. Attendance at training is managed in accordance with the Learning and Development Policy.

The Trusts may also periodically deliver additional ad hoc instruction and/or information to staff on lone working practices and incident reporting arrangements.

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Arrangements for ensuring the safety of lone workers	Sample audit of lone worker arrangements across all Care Groups and Corporate Services including risk assessments, incidents and local procedures	Health & Safety Manager	Health Safety & Security Committee	Annual

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the Health Safety & Security Committee minutes
- Risks will be considered for inclusion in the appropriate risk registers

6. REFERENCES:

Health and Safety at Work etc. Act 1974

<http://www.legislation.gov.uk/ukpga/1974/37/contents>

Management of Health and Safety at Work Regulations 1999

<http://www.hse.gov.uk/pUbns/books/l21.htm>

'Developing a Policy for the Protection of Lone Workers', NHS Security Management Service 2009

'Not Alone – A guide for the Better Protection of Lone Workers', NHS Security Management Service, 2005

'A Professional Approach to Managing Security in the NHS', NHS Security Management Service 2003,

'Tackling Violence Against NHS Staff', NHS Security Management Service, 2007,

'Improving Safety for Lone Workers', The NHS Staff Council, 2010 Ref EINF12001

'Working Alone in Safety', HSE INDG73 (Rev) 2005

7. ASSOCIATED DOCUMENTATION:

Health and Safety (Joint) Policy

Clinical Risk Policy
Incident and Serious Incidents that Require investigation (SIRI) Policy
Learning and Development Policy
Prevention and Management of Violence & Aggression (PMVA) Policy
Risk Management Policy and Process
Security Policy and Security Policy V8
Joint Mobile Phone Policy
NCUH Incident Management Policy including the Management of Serious Incidents

8. DUTIES (ROLES & RESPONSIBILITIES):

8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trusts, including ensuring that Trusts policies comply with all legal, statutory and good practice requirements. The Chief Executive delegates the duty to manage lone working through Executive Directors to local managers

8.2 Executive Director Responsibilities: Executive Director of Finance Estates and Support Services

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trusts policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

8.3 Managers Responsibilities:

It is the responsibility of local Ward / Department / Team managers to ensure:-

- Identify all staff who are lone workers and ensure this policy is implemented within their area.
- Undertake a risk assessment and document.
- An operational framework is in place and documented for ensuring the health safety and welfare of lone workers.
- Where staff within their remit undertake lone working, that risk assessments for lone working are documented and safe systems of work are implemented, including follow-up procedures should a lone worker become unaccounted for.
- All staff within their remit are aware of and understand the lone worker procedures.
- All untoward incidents involving lone workers are reported in accordance with the Trust's Incident and Serious Incidents that Require Investigation (SIRI) Policy for CPFT and NCUH SI Policy.
- Manager is responsible to maintain these records.

8.4 Staff Responsibilities:

All staff are responsible for ensuring they:-

- Understand the lone worker procedure in operation in their area, and implement the procedure should they work alone.
- Follow health and safety policies and procedures and the associated guidance notes.
- Do not to take unnecessary risks when working alone.
- Always seek and follow advice where a perception of risk exists.
- Share information with colleagues and other agencies relating to potential risks to other lone workers.
- Report all incidents and untoward occurrences using the Trust's incident reporting procedure.
- Bring to the attention of their manager any issues they consider relevant that may affect their safety or welfare whilst lone working in order that appropriate measures can be implemented to minimise risks.
- Staff are responsible to maintain staff records.

8.5 Local Security Management Specialist (LSMS)

The LSMS will provide specialist advice and support to managers and staff for lone working issues as required.

8.6 Approving Committee Responsibilities: Health & Safety Security Committee

The Chair of the Health and Safety Security Committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

Keep lists in alphabetical order

ABBREVIATION	DEFINITION
LSMS	Local Security Management Specialist
SOP	Standard Operating Procedure

TERM USED	DEFINITION
Lone Worker	A person who works by themselves without close or direct supervision, in any environment where there are no other workers present who are available to respond quickly and effectively to unusual occurrences or emergencies.
Lone Working	A person is classed as working alone if the definition above applies for any significant period of time whilst a worker is on duty. This will include staff who work in locations that, whilst part of a larger building/work area, are in practice working alone in an area that is isolated or remote from other colleagues including 1-1 meetings with patients. The definition of a 'significant period' will be determined by the level of risk posed by the activity. Examples would also include individuals working late in an office, engineers called out to an emergency situation, individuals travelling to and from a conference, engineers working in confined spaces.

TERM USED	DEFINITION
Safe System of Work	Written procedure as to how the task can be carried out safely, this can be a SOP or method statement.

APPENDIX 1 – RISK ASSESSMENT AND SAFE SYSTEMS OF WORK FOR LONE WORKING

Risk Assessments for Lone Working/ 1-1 Appointments

Risk assessments for lone working should consider potential exposure to violence and aggression risks, as well as other risks associated with the work activities being undertaken (for example driving), and the environment in which the appointment is to be held.

It is essential that risks associated with lone worker appointments are considered prior to undertaking the appointment

As part of this assessment process consideration must be given to the following:-

- History/knowledge of the individual - are there any issues that give cause for concern for working alone with the individual, or at their address (e.g. family, friends, pets?) If there is no prior knowledge of the individual, e.g. on initial referral, consider arranging an alternative venue, or not conducting the meeting alone.
- For meetings, 1-1 appointments within premises, any room considered for lone working must be risk assessed to ensure its suitability. This should include the following:
 - Location of the meeting/interview room – proximity to colleagues/other staff who may be able to hear if voices are raised.
 - Facilities within the room – is there a panic alarm, a telephone within the room and where are they situated in relation to where the staff member will be sitting?
 - Furniture/equipment within the room – what is the layout/design/seating arrangements in the room – will the staff member sit closest to the door in line with good practice? Is there any unnecessary furniture/equipment in the room that could be used as potential weapons/barricades?
 - Is there a procedure to follow if the staff member becomes concerned for their safety/welfare during the meeting, if so what is this process?
 - 2nd entry door to interview room.

Components of a Safe System of Work for lone working:-

A Safe System of Work for lone working should consider the following aspects to the assessment and management of lone working tasks, and the

Assessment of the suitability of the work activity to being undertaken by a lone worker, for example whether or not to conduct a home visit to an unknown patient who may be potentially violent (see previous section).

- Reference to individual patients' clinical risk assessments for signs or indications of potential violence/ aggression risks or other risks to the personal safety of the lone worker.
- Tracking arrangements for staff working out in the community, or at places away from their usual work base, in particular:-
 - Where they are going
 - When they expect to return
 - Who they are visiting (if appropriate)

-
- How they can be contacted whilst on the visit
 - Use of personal alarms, mobile phones or other security devices/alarm systems (if provided / available).
 - The use of buddy systems.
 - Communication with colleagues.
 - Notification of areas with poor/ no mobile phone reception
 - Procedure for visiting/contacting unknown service users.
 - Arrangements for joint visits/interviews.
 - Last out procedure (for units which close at the end of a working day).
 - Consideration whether the lone worker should have access to a first aid kit/equipment.
 - Consideration whether lone working should be undertaken at night.
 - An SOP /Action plan if a lone worker cannot be accounted for or if an incident occurs, including:-
 - How long after they become unaccounted for should colleagues start chasing their whereabouts
 - What process should be followed to try to trace the individual
 - Who should be notified if the person cannot be accounted for (e.g. on call managers)
 - How long after they cannot be located should the police be contacted
 - What information can be provided to the police (e.g. description of the individual, vehicle they were travelling in, route they would have taken, places they visited).
 - Maintenance of current information regarding employees (e.g. vehicle model and registration)
 - Instruction of staff in the implementation of the lone worker procedure.
 - Instruction of staff in the management of violence and aggression whilst lone working.

Communication

An essential element of any Safe System of Work is good communication. It is therefore vital that lone workers ensure they communicate their whereabouts with a colleague in the office base (or other designated contact), and that all information regarding the lone worker, for example vehicle registration, is kept up to date. Electronic diaries should be kept up to date within the boundaries of Information Governance.

In clinical settings, it is essential staff discuss their service users at Multi-Disciplinary Team meetings (or other similar forum) and in particular, they should raise issues of safety. It is also expected that safety and risk issues presented by a patient are raised and discussed at each clinical assessment review.

Buddy Systems

Buddy Systems can be described as formal arrangements between colleagues who 'look out for each other' to make sure the lone worker has completed their lone working tasks safely. It usually involves a telephone call, or other means of contact, by the lone worker to their 'buddy' when the lone worker has finished their duties. If the 'buddy' does not receive contact by the agreed time, the buddy

will try to contact the lone worker to enquire about their safety/whereabouts. If contact cannot be made, the follow-up SOP / procedures for the team should be implemented.

Use of Technology for Monitoring Welfare of Lone Workers (Electronic Systems)

Electronic / Technology-based systems are available and in use within the Trusts as an additional support to staff who work alone. Current systems in use are Blick and Ascom in inpatient settings.

Conducting 1-1 Meetings / Interviews

It is acknowledged that many staff within the Trusts meet patients/clients in 1-1 'interview' type situations, either in rooms within Trusts managed premises or elsewhere, such as in GP surgeries. In these situations staff are considered to be lone workers.

When conducting a one to one interview with a service user (or other person whilst lone working) it is important to be aware of all cultural, ethnic and sexual orientation issues that may be relevant to the person.

Whilst it is good practice for interview rooms to be fitted with panic alarms, it is acknowledged that it is not always possible or practicable to conduct 1-1 meetings/interviews in rooms with alarms installed. In these situations it is vital that the assessment processes described above is thoroughly undertaken and if/where there are significant concerns the meeting should be arranged at an alternative venue or with more than one staff member present.

Lone working in remote/isolated parts of a building/work area

Staff who work in locations that, whilst part of a larger building/work area, are in practice working alone in an area that is isolated or remote from other colleagues, are also classed as lone workers.

Time spent in these areas may be of relatively short duration or may be all day every day. When working in these situations, there should be an arrangement for the lone worker to keep in contact with colleagues/point of contact at some point during the working day in order that a check can be made on their welfare, this could perhaps be at the start and end of the working day (local arrangements will apply). The lone worker should also have some form of communications system available to them (e.g. telephone, or mobile phone) in order that they can call for assistance if necessary.

Lone working at night / out of hours

All lone worker visits undertaken at night or out of hours must first be risk assessed for suitability to be undertaken by a lone worker and appropriate control measures described above must be implemented.

Such visits should only be undertaken when there is support available to the lone worker, i.e. a 'buddy' to acknowledge whether the lone worker has returned safely from the appointment / visit.

Responding To 'Lone Worker Emergency' Situations

The nature of the response will depend on the environment the lone working is taking place in, and the nature of the work being undertaken. The nature of the response will also depend on what staffing resources, equipment, facilities and information is available to the people responding to the emergency.

The response to a lone worker emergency situation must form part of each ward/team/department's safe system of work, and must be understood by all persons implementing the system, especially those staff who act as 'Buddy' or emergency contact for colleagues.

Please refer to Appendix 2 for details of what should be incorporated into an emergency response procedure.

Confined Spaces and other Estates work

A risk assessment must be completed for any work carried out by Estates that will involve lone working and also following their local procedures, a permit to work may be completed if required for the task.

Accidents and ill Health

If a member of staff has an accident whilst lone working they must if possible get in contact with their line manager / team and notify them of this and agree course of action i.e. attend A&E or seek first aid treatment, a Ulysses incident report must be completed for the accident. If for any reason they are unable to contact their team then the lone worker escalation process will commence once they haven't returned to base or been in touch with their team at an agreed time. The initial risk assessment carried out should have reduced the likelihood against accidents occurring but this will never stop all accidents from happening. If the member of staff becomes ill whilst lone working then they should also get in touch with their line manager and or team to let them know what is happening and whether they are able to carry on or seek medical attention. Again a risk assessment should take into account if the member of staff has a medical condition that would advise them against carry out lone working but this may not cover for sudden illness brought on for the first time.

APPENDIX 2 - DEVELOPING A LONE WORKER EMERGENCY RESPONSE PROCEDURE

All lone worker systems must incorporate a system and procedure for following up on the welfare of the lone worker should they become unaccounted for.

Where wards / departments / teams use electronic or technology based lone worker support systems, the procedure to follow should an alert be raised through this method must be documented and known by all staff.

All personal information about staff members held in support of a lone worker system must be kept up to date.

Emergency / Follow-up procedures should include the following:-

Timescales for following up the lone worker after they become unaccounted for

Timescales for following up unaccounted for lone workers may vary depending on the location and nature of the lone worker's appointment.

For example, a lone worker visiting somebody with a high risk potential for violence or aggression should be followed up immediately, whereas a lone worker on a low-risk appointment, driving on roads known to be affected by traffic delays may be allowed a longer timescale before being chased up.

Each area operating a lone worker system must agree a protocol within their ward/team/unit as to how long they will allow for high risk visits, and other visits, and then implement an appropriate system for following up on this accordingly.

A suggestion for this is to display on a white board (or other readily accessible reference tool) the expected return time, and also whether a visit is high risk (e.g. entry written in red pen) so that colleagues/buddies can check at a glance whether the person has returned/made contact on time. (Note: for confidentiality, patient names should not be displayed on the white board.)

Process to be followed to try to trace the individual

The process of following up the lone worker needs to be agreed. Again this will depend on the nature of the visit and the place(s) being visited, and whether it is deemed to be a 'high risk' visit.

The first thing to try to do is make contact with the lone worker themselves directly, via their mobile phone (or if the lone worker is in another area of the building/premises, to actually visit that area to check they are still there & okay). If contact cannot be made at this time, there needs to be an agreed protocol as to how many times contact is attempted, and the timescales between each attempt, before escalating the situation to the next level. This will be different for 'high risk' visits than to 'routine' visits in that less time may be given between follow-up attempts for high risk visits.

An example of this could be the lone worker fails to make contact at the expected time. After the initial timescale agreed for follow up, say 20 minutes, (see 1. above) an attempt is made to contact the lone worker by mobile. If this is unsuccessful, 2 additional attempts are made at 20 minute intervals. By this time the lone worker is 1 hour past their expected return time.

At this stage, there needs to be a decision as to how to start tracing the individual. This may involve working through the individual's appointments of the day and making contact with each one, or, if there is the likelihood the person may have returned home (say at the end of the working day) and simply forgotten to make contact, to try and contact them at home.

During the time these tracing steps are being made, attempts should still be made to contact the lone worker directly.

Each unit/department/ward must have an agreed protocol as to how they will manage this follow up procedure.

Who should be notified if the person cannot be accounted for (e.g. on call managers, relatives)

At some stage during this process, usually after several attempts have been made to contact the lone worker without success, the colleague/buddy needs to notify the ward/unit/team manager (if the manager is not already involved) of the 'missing' lone worker.

At some stage the on-call manager will also need to be notified of the situation. The police may also need to be contacted. Decisions as to when to notify the on-call manager and the police should be based upon the risk level of the visit, i.e. whether it was a 'high risk' visit. If circumstances heighten suspicion contact Cumbria Police immediately.

Agreement needs to be reached within each ward/team/unit as to how long after the lone worker becomes unaccounted for notification to the on call manager, police and relatives should occur. Discussions need to take place with each individual lone worker as to how they feel about contact being made with relatives/home contacts and after what duration of being 'missing' this should be done.

Contacting the Police

When contacting the police as much information as possible needs to be given to them about the lone worker, their last known whereabouts, routes/places they were known to be traveling to, people they were due to meet etc.

Information and descriptions about the lone worker including the vehicle they were traveling in are also essential to the police to enable them to trace the person quickly.

Once contact is made with the police it cannot, however, be assumed that the Trust's responsibility for tracing the lone worker is over. Attempts must continue to be made with the lone worker and their relative/home contact until they are located.

Maintenance of current information regarding employees

In order to ensure appropriate information can be given to police, and other colleagues, regarding lone workers who may become unaccounted for, a register of details about the person should be maintained by each local manager. This should contain information such as:-

General description of the person (height, build, hair colour & length, eye colour, etc.

- Make, model, colour and registration of the vehicle they drive.
- Emergency contact details, i.e. relatives/home contact person.

APPENDIX 3 - GOOD PRACTICE GUIDANCE FOR THE MANAGEMENT OF LONE WORKING

STAFF UNDERTAKING COMMUNITY / HOME VISITS

In the community where staff work alone or in small groups they need to remain watchful for their own safety and that of colleagues. The following guidance notes provide advice that contributes towards a positive safety culture.

Planning the visit

Staff members should use their discretion as regards a suitable venue to see the service user. They should take into account history, current mental state and whether or not the service user is known to the service. In the event of a service user not being well known, the staff members should discuss the patient with other staff who may know the service user. In the case of new service users, the referring agency should be contacted.

If for any reason when planning a visit, staff have any doubts about the risk of violence, or other issue potentially affecting the safety of a lone worker, then consideration should be given to: -

A joint visit.

- The service user being seen in a setting which offers greater safeguards for example outpatient department, GP practice, hospital building.
- Police support (please note, police can offer support if there is a significant risk of violence occurring and should be called only in emergency situations or where there is evidence to support the potential for violence).
- Starting and finishing the visit from the base.

If the visit is to take place in any premises other than the person's home, then staff member must get permission from appropriate sources to use the building and provide information for them to ensure the safety of their staff, e.g. receptionists.

Organise appointments so that the person to be contacted knows why you are meeting with them.

If you are concerned about any risk issues or feel uncomfortable about a visit consult your Line Manager prior to taking action.

Carrying out the Visit

Staff members should familiarise themselves with the area where the visit is taking place, e.g. how to get there, where to park, access to public transport. Staff must comply with local procedures to inform staff of actions to be taken when carrying out lone visits throughout and beyond the normal working day. Carry a functional mobile phone and an identification badge provided by the employer.

Assess the situation as you arrive and be prepared to abandon the visit if you have cause for concern about your safety.

Stand clear and sideways of the door after knocking or ringing the doorbell. Assess the manner of the person answering the door and do not enter if you have any concerns (examples are; the person you want to see is not in, the person answering the door appears intoxicated).

In a service user's home be aware of exits, the service user's mental state and the presence of any potential weapons. Be aware of the presence of other

individuals and animals. Be aware of the layout of the furniture in the room and where you position yourself. Always position yourself nearest the exit door and ensure the pathways to the exits are not blocked.

Treat the people you are visiting courteously, you are a guest in their home. If at any time, a staff member feels threatened or uneasy they should leave the situation at the earliest opportunity.

After a visit

Wherever practicable, ensure that all parties are satisfied with the outcome of the visit. If there are any problems or unresolved issues, make sure everyone knows what will happen next. Make sure you undertake all that has been agreed.

If you have made arrangements to return to base or contact a Team Member at the conclusion of your visit/period of work, make sure you do this or advise of any change to your itinerary.

INITIAL CONTACTS

Initial contacts are the first contact a member of staff will make with a person referred to the service.

Collect as much information as possible regarding the person referred and her/his circumstances in order that an initial assessment of risk may be made. The sources of information might include; referrer, medical and nursing records, information from other professionals.

An assessment of risk should be made using the Trust's clinical risk assessment tool/processes which identifies past and current information such as: -

- Self-harm
- Harm / aggression to others generally
- Harm / aggression to others, specific people or groups of people.
- Self-neglect or general ill health.
- Alcohol and / or drug misuse.
- Association with family or other persons who might pose a risk.
- Location (isolated or prone to vandalism at certain times, are examples)
- Need for chaperoning (history of complaints/gender issues are examples)
- Good communication is essential. Be clear about why you are contacting the

person (to assess for the provision of a service, for example). Make sure the person you are contacting knows whom you are and why you are meeting.

Initial contacts should be made in a supportive environment:

- Location (Team Base, Social Services office, GP Practice are examples)
- Time (when other staff are available to give support if required)

Initial contacts to people at locations where there is not the support of other staff should not be undertaken unless justified by a risk assessment.

Initial contacts should be formally arranged and not made "on-chance" unless a rationale and plan is agreed with the Team Manager.

All staff must carry authorised identification and offer this as a reassurance of whom they are when making a visit.

Staff should arrange to report back to a Team Member or the Team Manager after an initial contact to ensure any necessary follow up action takes place.

Inpatient / Residential Units

Clinical Staff

When in a building which has an alarm system, staff must familiarize themselves with it, how to activate it and understand their role in the event of the alarm being activated. When in a room with a service user or visitor staff should consider their exit route and if possible ensure that they can be observed by other staff at all times.

On discovering an untoward incident as a lone worker staff should raise the alarm and seek assistance in line with the ward / unit's policy.

Before leaving the ward / unit staff must inform remaining staff of their intention to leave and when they expect to return. Consideration must be given to the safety of staff remaining in the ward / unit. This also applies to situations when staff are moving to remote areas of the ward / unit.

Wards / units which have one waking and one sleeping-in staff at night must ensure that the waking staff can directly contact their colleague at all times. The sleeping-in staff must have access to an external telephone in the sleep in room.

Prior to escorting a service user, consideration must be given to all aspects of safety, including their current mental state. The care worker in charge should use their discretion as to whether individuals may be accompanied off the ward / unit; reference should be made to the care plan and risk management plan.

When escorting a service user off the ward / unit, consideration should be given to the staff member taking a fully operational mobile telephone or two way radio consistent with the ward / units policy. Staff must inform colleagues of their estimated time of return, and when they actually return to the ward.

When it is necessary to escort service users of the ward / unit during the hours of darkness the risk must be assessed and risk management plans agreed, with the units senior staff, in accordance with the service users overall risk management plan.

Domestic / Ancillary staff

When in a building which has a Blick / Ascom alarm system, if available, wear a personal alarm whilst working on the ward/unit.

All cleaning materials and equipment should be kept in their sight and under their control at all times. Domestic staff should keep other staff informed of their whereabouts, especially when moving to unoccupied areas.

Before working in an unoccupied or isolated building or area of the ward / unit domestic staff should ensure that a colleague or other staff know of their whereabouts and their estimate time of return. They should then report back immediately after leaving the area.

On discovering an untoward incident domestic staff should raise the alarm and immediately move to a safe area. Under no circumstances should they intervene.

Domestic staff should ensure that all designated “locked doors” on the ward / unit remains locked at all times.

Staff should be aware on the potential for the presence of service users and visitors in other parts of the building.

Staff should consider locking themselves in a room / building when working alone and informing someone of their presence, expected time of leaving and when they actually leave.

VISITING UNFAMILIAR CLINICAL AREAS

When visiting an unfamiliar area staff should contact the ward / unit prior to arriving, to enquire if there are any circumstances relating to their safety and whether the atmosphere is conducive to a visit.

The ward / unit staff must be informed by the visiting staff of their arrival and departure.

When visiting a service user, relative or friend on a ward /unit staff must: -

- Inform the ward / units staff of their arrival.
- Consult ward / unit staff on the suitability of seeing the person alone.
- Comply with the ward / unit staffs instructions.
- Ask for care staff to be present if they have concerns for their safety.
- Agree with ward / unit staff the most appropriate place to conduct the interview, including the suitability of using a room with a glass panel in the door.
- Consider their own safety e.g. exit route.
- Inform ward / unit staff if the service user requests the visiting staff to accompany them off the ward / unit and if agreed comply with the staff instructions

GENERAL (applies to all appointments - clinical & non-clinical)

Travelling to/from Appointments by Car

- Make sure the car is adequately maintained and fuelled to avoid breakdown.
- Allow enough time for each journey.
- Do not leave items on show in the car, lock valuables or other items in the boot before starting the journey.
- Do not display “on-call” stickers or other items, which may identify the vehicle as belonging to a health care worker.
- Try to park as near as possible to the appointment address, if possible in areas which allow the car to be driven away without hindrance.
- As far as possible, avoid areas that are unlit and /or isolated.
- Be aware of local places that may act as a place of safety (such as local shops).

Travelling to/from Appointments on the Bus

- Use a bus stop known to be usually busy and well lit.

- Try to choose a bus stop nearest to the destination to reduce walking in unfamiliar locations.
- Know the departure and arrival times and try and let someone at the other end know which bus you plan to catch. They could always meet you at the destination bus-stop.
- Sit close to the driver. If someone starts up a conversation, be pleasant and confident, but don't give away personal information like where you live or work.

Travelling to/from Appointments by Train

- Wait on a well-lit section of the platform, close to the exit or where there are other people around. Many stations now have CCTV cameras and staff that are trained to deal with emergencies.
- Try to sit in a busy compartment and keep any bags and personal possessions next to you. If you feel uncomfortable switch seats or even consider getting off the train and catching the next one. Only do this if the station where you are getting off is manned and busy.
- Know where the emergency button or cord is situated or any help points at the station.

Travelling to/from Appointments by Taxi

- Carry the phone number of a taxi or mini cab firm you know, and whenever you book a taxi ask them for the driver's name and the type of car they will be driving.
- Try and book the taxi to bring you home before you go out. Give your name and when the driver arrives make sure they know the name it was booked under. If you have to book a taxi in a public place, do it quietly where people are unlikely to overhear your name and address.
- If you can, share a taxi with a friend and have your money ready and keys handy at the end of your journey so that you can enter your home or workplace quickly.
- If you ever feel uneasy in a taxi ask the driver to stop in a busy place that you know well, and get out.

Walking to/from Appointments

- Be aware of your surroundings, plan where you're going and how you're going to get there.
- Wherever possible, do not carry valuable items or equipment in a clearly visible manner.

Attending Courses and Seminars

- Whilst attending a course or seminar for work purposes you are still the responsibility of the Trust and therefore you should let them know that you have arrived at your venue, and once you have finished the course that you have returned home. As the course may not be at your normal place of work it still important that we know that you are safe whilst away from your base.

Lone Worker Safety Support Devices

If an individual has been allocated use of a lone worker device, they must ensure they operate it in accordance with its instruction and training provided. Failure to

use the device will be brought to the attention of their line manager which may result in the disciplinary process being used.

Mobile Telephones

Staff that have been allocated a mobile phone must make sure that it is charged up appropriately and be aware that they may not be able to get a signal in all parts of the county and even in some parts of the buildings/ hospitals.

See the joint Mobile Phone Policy for more specific information.

Communication with Colleagues

- All staff must ensure colleagues are made aware of their whereabouts for the duration of the time they are working alone.
- Information relating to destination, arrival time, return time, and the person/people who the member of staff is meeting must be available to staff at the office base (and/or their buddy) in order that appropriate steps can be taken to follow up the lone worker should they become unaccounted for.
- Lone workers must inform colleagues/buddy of any changes to anticipated plans, e.g. if return time changes.
- Lone workers must make contact with their buddy/colleagues at the end of their period of lone working and/or at agreed times to ensure their welfare is appropriately monitored.

APPENDIX 4 - SECURITY MANAGEMENT POLICY - MH PRACTICE GUIDANCE FOR SUPPORT ON RELIANCE LONE WORKING SYSTEM / DEVICE

Security Management Policy - Practice Guidance Note		
Reliance Protect - Lone Working System V03		
Date issued June 2019	Planned review November 2019	SM-PGN-09 (Part of NTW(O)21 Security Management)
Author/Designation	Rebecca Goodburn – Lone Working Co-ordinator Tony Gray – Head of Safety, Security and Resilience	
Responsible Officer / Designation	Tony Gray – Head of Safety, Security and Resilience	
For any advice / support in relation to lone working email loneworking@ntw.nhs.uk		
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1 INTRODUCTION

- 1.1 The ‘lone working device’ you are using is a lone worker device designed as a standard identity card holder, worn on a lanyard or lapel clip. The device provides a discreet means of alerting the 24/7 manned Reliance Alarm Receiving Centre (ARC) to a situation. Whether as a worker you are facing physical or verbal abuse, ARC staff listen in to and record everything that takes place during the incident, the ARC staff initiate the most appropriate response based on incident severity.
- 1.2 In principal the Trust operates a “one person – one device” system and does not operate pooled systems. For this reason each lone worker is responsible for the safe keeping / maintaining / charging / activation and reporting any defects of their device.
- 1.3 Meeting police guidelines, the simple operation of the device delivers all of the functions necessary for a rapid, safe, appropriate response:
- Signal strength and battery can be quickly checked as part of your dynamic risk assessment
 - A GPS fix when using the device results in Reliance being able to identify the area you are in should you need to use the red alert function
 - Amber alert to record your location and appointment details puts you in total control
 - Single, easy to find, red alert button to call 24 hour monitoring centre
 - Lanyard rip alarm can automatically trigger red alert
 - Audio link and amber alert recording ensure appropriate and rapid response
- 1.4 The device uses mobile phone technology so is dependent upon good network signals. The device, like any other mobile phone device, requires charging to ensure optimum working, the device requires a minimum charge of 2 hours to last the day, so it is good practice to charge the device when you get home, at the same time as you would charge your other mobile devices.
- 1.5 The ARC is manned with trained operatives who listen into the red alert calls via the microphone on the device, play back the amber location message to confirm your whereabouts and send a police response if necessary. The device has a talk back feature when in red alert, if staff say “break silence”, the ARC call operator will do a risk assessment and will then speak to the staff member through the device if they feel safe to do so.
- 1.6 They will inform colleagues or supervisors of the situation, or simply archive recordings for use in future legal action or to support changes in working practices if a police response is not needed.

-
- 1.7 Information recorded from any red alert can be used in evidence in court to prosecute an individual charged with committing any offence against National Health Service (NHS) staff, or anyone else who was present.
- 1.8 The device will be supplied with the following:
- A user guide
 - A device battery charger
 - A lapel or waistband clip

2 LONE WORKING PROCEDURES (SM-PGN- 02 - Lone Worker)

- 2.1 It is important to use the lone worker devices in conjunction with existing lone worker protection systems (such as buddy or diary systems), patient clinical risk assessment, and information gathering processes, including the briefing and updating of any change in a patient's circumstances.
- 2.2 Subject to risk assessment, it may be appropriate to visit in two's, and both lone workers should have access to active / charged lone working devices. Both workers should record an Amber Alert before entering the premises and both workers should activate a Red Alert if the need arises.
- 2.3 The importance of these systems is to ensure managers have up to date information of where their staff are at any given time in case an accidental activation of a device or a full emergency situation where the user has not left an amber location message.
- 2.4 No unplanned visits should be made without informing the buddy, the department diary system or leaving information with the escalation contact.

3 ESCALATION CONTACT LISTS

- 3.1 Managers must ensure that a series of robust telephone escalation contact numbers are provided for each lone working device user. The Identified telephone contact person should be made aware of what information they are expected to provide, the ARC operators with during an emergency activation. The operators will contact each number they have been given in a sequence until they establish the whereabouts of the individual, a 24 hour manned reception who has access to diaries or work schedules is ideal for this.
- 3.2 The Hospital Switchboard will be used as the third escalation contact where appropriate, Managers are to ensure that there are two separate numbers (ideally admin and a manager) to act as their team escalations.
- 3.3 Escalation contacts must be made aware they are contacts and they must know what information they are expected to pass on to ARC in the event of an emergency.
- 3.4 It is advisable that each team manager ensures that they include this requirement within the contents of this protocol and they must inform staff of appropriate protocol for their team in the event that Reliance are looking for them, this would include

making sure their contact card is up to date, Outlook and Rio diaries are up to date and completed prior to any visits and that any team buddy systems are utilised.

4 AMBER LOCATION MESSAGE

4.1 An amber location message should be left before entering any premises either in your vehicle or on the pavement as close as practicably possible to the premises you are about to enter, if it is safe to do so.

- **Example:**

“This is (lone worker’s name), I am visiting No 1 Main Street, Gosforth, Newcastle upon Tyne, NE3 3XT, I am expecting this visit to last one hour.”

You may also vocalise any concerns you have around this visit e.g. previous challenging behaviour or violence and aggression.

You may want to leave the message using the phonetic alphabet for the address and postcode, please see **Appendix 1 (Page 28)**.

5 WHEN THE DEVICES SHOULD BE USED

5.1 The devices should be used before every visit, the signal status check, battery and network facility should be used to ensure coverage and a GPS location fix. Prior to the visit, an amber location message should be left.

5.2 If for any reason the device cannot support the visit due to low battery strength or poor network coverage staff should assess the risk involved with the visit and return to base if any element of risk exists.

5.3 Any risk to your personal safety

5.3.1 In certain circumstances, the lone working device receives a police response to a red alert activation from the ARC. It is therefore important that staff use the system responsibly. They should activate the red alert button if they have been the subject of a physical assault, have been taken hostage or feel threatened to such a degree that efforts to de-escalate the situation have failed and they are in imminent danger. Or if the information recorded involves a threat to personal safety either then or in the future.

5.4 Alarm receiving centre (ARC)

5.4.1 The operators in the ARC are trained to listen to the context of the dialogue of the visit and escalate the emergency to a police response if staff are in any immediate danger. Staff must be aware that if they ask for a police response that Reliance will still assess the risk to ensure this is appropriate.

6. RESPONSIBILITIES OF TEAM MANAGERS

6.1 Team managers will be expected to monitor their teams’ usage of the Lone worker devices and manage those staff who are clearly not using their device. They will be expected to ensure that devices are returned to the Lone Working Team (based

at St Nicholas Hospital) when a staff member leaves and that they apply for lone working devices for staff starting within the team.

- To ensure staff adhere to this protocol and associated guidance
- To ensure staff appropriately use the device on a daily basis and monitor their use (staff who don't lone work on a daily basis will be expected to complete a status check and an amber alert at least once a week to ensure the device is in good working order)
- To ensure the lone working devices are maintained for effective use
- To ensure the Lone Working Team are informed of changes in staff personal profile or emergency contact detail if staff move department or leave the organisation
- To ensure staff report any incidents of violence and aggression in line with Trust's policy and practice guidance notes, NTW(O)05 – Incident Reporting
- To ensure staff report any loss, damage or malfunction of the lone working device allowing managers to arrange for a repair or replacement with the Reliance services desk
- To enforce Trust policy; NTW(HR)04 – Disciplinary, in cases of misconduct or misuse
- To ensure all staff are confident in using the device and notifying the Lone Working Team of any staff who require refresher training.

7 RESPONSIBILITIES OF STAFF

- To use the Lone working device in line with this protocol and training provided
- To ensure the device is fully charged
- To cancel accidental red alert activations as per procedure
- Not to misuse, damage or effect the performance of the device
- To follow the department lone worker guidance/policy
- To report any incidents of violence and aggression promptly in line with the Trust's policy, NTW(O)05 – Incident Reporting and practice guidance notes through the web based incident system
- To report any malfunction damage or loss of the devices through the web based incident system
- Not to loan or transfer their device to another or borrow another's device
- Repeated incidents of damage or loss may result in disciplinary action
- To hand in their device if they leave the organisation and no longer need it. **See Appendix 2 (Page 29)**

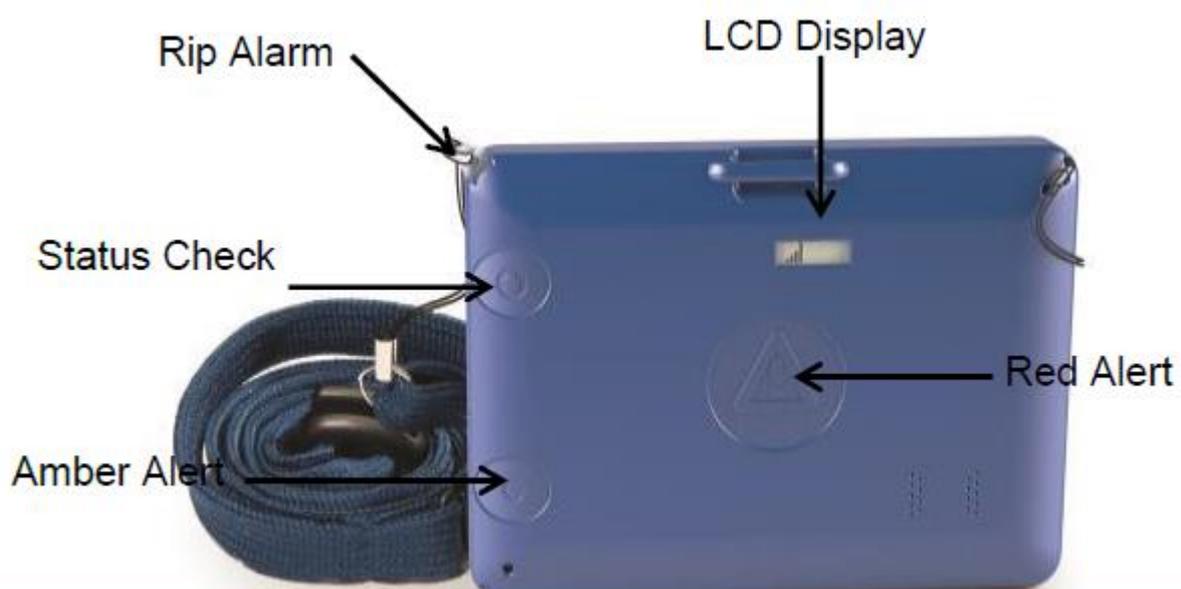
- To ensure their contact information is maintained with current information and changes communicated to Reliance via the Lone Worker Device Co-ordinator, and to ensure their contact card information is maintained.

8 STAFF REDEPLOYMENTS AND SECONDMENTS

- 8.1 When a member of staff who is in possession of a Lone Worker Device moves team within the organisation, they are entitled to retain their device, as long as their new role requires it. It is important that the appropriate escalation contact details are changed to the new team, in this situation the lone worker's manager needs to contact the lone working team.

9 FUNCTIONALITY OF THE LONE WORKING DEVICE

- 9.1 The Lone working device uses mobile phone and GPS technology. The device should be charged daily to ensure the battery will **last through the working day**. Once placed on charge, the **red battery light will flash**. This will change to amber as the charge builds up, and turn solid green once charging is complete. When on charge the device is disabled and no functions are available. Remember when device is taken off charge it is **ON**.
- 9.2 The device has a 'status check' facility which gives battery strength, network coverage.
- 9.3 The device can be worn on the lanyard or on a clip attached to a blouse shirt or waist band, the device has rip cord facility which, when pulled, automatically sends a red alert activation to the ARC.



10 CHARGING THE DEVICE

- 10.1 The Lone working device should be fully charged before use, it will take approximately six hours to fully charge the device. Plug in the three pin plug to the mains power supply and then connect the charging cable to the recharge connection point in the base of the device and switch on.
- 10.2 When charging, the device will give a flashing visual display on its reverse side of red, amber and then a constant green light when fully charged. If the red light remains on the device will require servicing.
- 10.3 The annual cost to recharge the device is 6 pence per annum; this will obviously be dependent upon current energy costs.

11 SWITCHING THE DEVICE ON OR OFF

- To check the Lone working device is on, press the status button for two seconds, if the LED's do not flash the device is off
- To turn **ON**, press and hold both the "Status Check" and "Amber Alert" buttons for 2 seconds. The device will vibrate once and go through a sequence of checking lights, symbols, speaker and vibration motor.
- To turn **OFF**, press and hold both the "Status Check" and "Amber Alert" buttons for 2 seconds. The device will vibrate twice.

12 BATTERY AND SIGNAL STATUS

- 12.1 To check the Lone working device battery level and phone signal strength before a visit and to ensure you are effectively covered, Press and hold the "Status" button until the display and LEDs start to flash.
- Red- Low battery or poor signal strength
 - Amber-OK battery or OK signal strength
 - Green- Good battery or good signal strength

The blue light will flash and then go solid. The device will then vibrate once it has an updated GPS fix. If a GPS fix cannot be obtained, the light will flash for 2 minutes and then go out.

- 12.2 If either the battery symbol or signal symbol is red, you should not rely upon the Lone working device in an emergency situation.

12.3 Network Problems

- 12.3.1 Where staff experience problems with Network coverage, staff need to complete an incident form to ensure the Lone working Team are aware of any signal problems.

13 AMBER ALERTS

13.1 An amber alert is a voice message that records your current location with the Alarm Receiving Centre (ARC). Typically you would record your voice message in the car or in the street, as close as practicably possible to the premises before you enter.

13.2 Press and hold the Amber Alert button.

You will feel three vibrations and the lights will turn solid amber.

Wait for the amber lights to flash and leave your short message (name, address, site, etc).

The Amber light will go back to solid for the last 10 seconds of the call and then will go out as the call automatically closes.

14 RED ALERTS

14.1 Press and hold the 'Red Alert' button for 2 seconds, or pull the rip alarm from the device.

The unit will vibrate 3 times and the screen will display an alert symbol to let you know a call is connecting.

You will feel intermittent vibrations from your device while the call is open to let you know that the situation is being monitored.

You can have a 2-way conversation only if you use the term "Break Silence".

14.2 Clearing red alerts

Inform the Centre that you are safe (they will ring staff in the first instance, if there is no answer this will then get escalated)

Re-insert the rip plug if necessary. Press and hold the red alert button until you feel 2 long vibrations. To verify the Alarm is closed the alert symbol will clear from the LCD Screen.

15 REPORTING FAULTS OR DEVICE FAILURES (Reliance Service Desk)

15.1 Reliance offer a fully managed end to end service for reporting and issues please contact the Service Desk by telephone on 0800 840 7121 or by e-mail servicedesk@rht.co.uk. You can click on 'contact us' on their website at www.relianceprotect.com

15.2 The Reliance Service Desk will resolve problems with faulty devices. Normally they will be replaced on a next day delivery service which is dependent upon what time they receive your call.

15.3 Staff must complete a Web-based Incident Reporting Form including a full description of how the device has failed and in what circumstances the failure has occurred.

Appendix 1**THE PHONETIC ALPHABET**

The phonetic alphabet should be used for clarification of a spelling or when a series of digits and letters is given. Similarly, there is a standard method of pronouncing numbers to ensure that precision in verbal data transmissions is assured.

The phonetic alphabet is used by the emergency services and could be used in their transmission of information. It is also helpful when there are high levels of background noise, or if there is a crackling telephone line or a lot of interference.

LETTERS

A	Alpha	N	November
B	Bravo	O	Oscar
C	Charlie	P	Papa
D	Delta	Q	Quebec
E	Echo	R	Romeo
F	Foxtrot	S	Sierra
G	Golf	T	Tango
H	Hotel	U	Uniform
I	India	V	Victor
J	Juliet	W	Whisky
K	Kilo	X	X-ray
L	Lima	Y	Yankee
M	Mike	Z	Zulu

Appendix 2

For Appendix from Intranet, please click [HERE](#)
For Appendix from internet, please click [HERE](#)

Appendix 3

On Call Manager Responsibilities

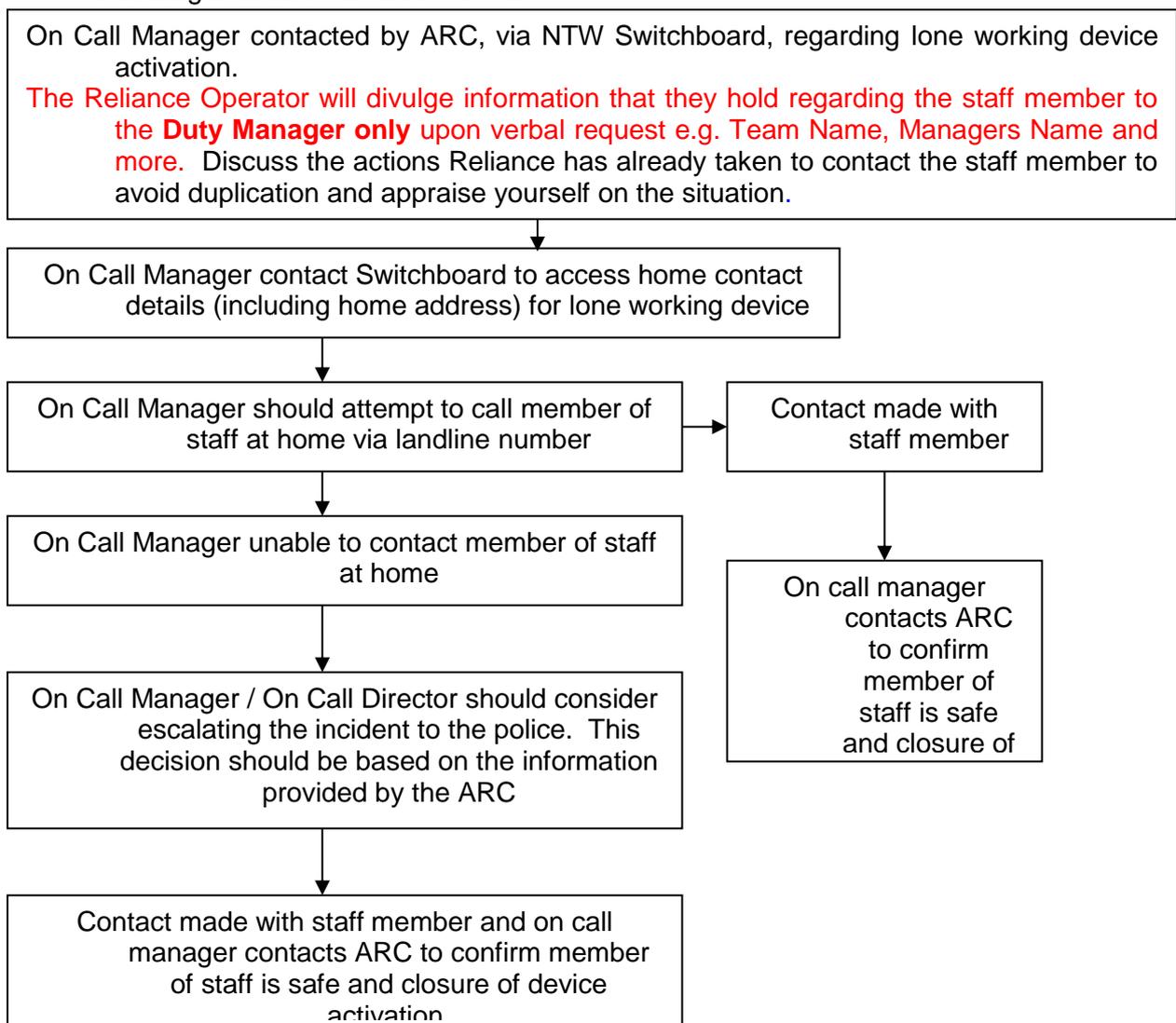
Each operational lone worker device will have an associated escalation contact list. The contact list is made up of a minimum of three contacts:

Contact 1: Supervisor

Contact 2: Line Manager

Contact 3: 24/7 contact point (normally switchboard for those working out of office hours)

During office hours it is unlikely that contact three would be required; however if a device is activated outside office hours the Alarm Receiving Centre (ARC) would call contact 3 as part of their response protocol. Where the NTW Switchboard has been used as contact 3 it may be necessary for the ARC to contact the on call manager. Where this is the case the following flowchart should be used:



Useful telephone numbers:

Reliance Alarm Receiving Centre (ARC): 0800 8407121

Northumbria Police: 101 Non Urgent: 999 Emergencies

DOCUMENT CONTROL

Equality Impact Assessment Date	
Sub-Committee & Approval Date	H & S and Security Joint Committee 17/05/2019

History of previous published versions of this document:

Trust	Version	Ratified Date	Review Date	Date Published	Disposal Date
CPFT	POL/002/ 057	April 16	April 19		

Statement of changes made from previous version

Version	Date	Section & Description of change
1.1	17/05/2019	<ul style="list-style-type: none"> Added to appendix 1 paragraphs on Ill Health and Accidents
		<ul style="list-style-type: none"> Added to 8.3 Undertake a risk assessment and document.
		<ul style="list-style-type: none"> Added Definition of lone working - Examples would also include individuals working late in an office, engineers called out to an emergency situation, individuals travelling to and fro from a conference, engineers working in confined spaces
1.0	06/08/2019	<ul style="list-style-type: none"> Add as Appendix 4 – NTW Security Management Policy

List of Stakeholders who have reviewed the document

Name	Job Title	Date
H & S Security Committee	Executive Director of Finance and Estates(Chair) Head of Resilience and Urgent Care Development (Vice Chair) H & S Manager (Lead) Clinical Risk and Safety Manager CPFT Consultant Microbiologist (Infection Prevention) Head of Patient Safety Clinical Governance Chief Matrons Lead Fire Officer Head of Estates WCH Estates Manager CIC Professional Head of Estates CPFT Health and Safety/Security Officers Union or Employee Representatives – RCN, Radiographers, Physiotherapists, UNISON	Circulated to members 22/02/2019 and 13/05/2019

	<p>Workforce Services Manager/ HR Partner Children and Families Care Group Representative Mental Health Care Group Representative Locality Lead West, Community Health Care Group Representative Network Managers Dental Services, Specialist Care Group Representative Occupational Health Service Manager Education and Training Manager I.T. Representative Nominated General Manager (Acute) Nominated Care Group Lead (Community) Nominated Care Group Lead (Mental Health)</p>	
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