

## **Appendix B**

### **Lone Workers Risk Assessment for Staff working in Healthcare Premises**

Lone working by staff working in hospital and other healthcare premises may be necessary from time to time, the great majority of patients and the public recognise that such staff provide a valued service and would generally come to the assistance of staff in difficulty rather than cause harm. There is however a small minority of people who for reasons outlined below may be considered a hazard to staff. This risk assessment process reflects this, together with the situations and environment where staff may feel more vulnerable.

It is first necessary to determine whether it is reasonable to avoid lone working by changing location or work procedure, joint working with other services in the same area, considering:

1. The nature of the work, e.g. x-ray, therapeutic handling.
2. Profile of typical patients
3. Day and time of lone working
4. Location
5. Suitability of the environment
6. Means of summoning assistance
7. Availability of appropriate emergency assistance.

#### **Generic Risk Assessment**

This assessment considers typical lone working hazards in healthcare premises and should be completed by or on behalf of the manager. The possible control measures should be selected from those given below on the basis of risk reduction each would realistically provide. The selected control measures should be reflected in the approved safe working procedure agreed with and followed by staff. Many of the control measures suggested could not only reduce risk, but also increase the level of control that the lone worker can have over the situation. The latter can increase confidence and reduce any stress or anxiety.

#### **Dynamic Risk Assessment**

Individual members of staff should carry a dynamic risk assessment. These should reflect any information such as relevant problems encountered by staff or from other agencies or the circumstances concerning the individual patient, situation etc. Whilst this may be carried out informally, any significant aspects must be recorded in the case notes or other appropriate secure format and reported to the manager at the earliest opportunity.

Specific risk assessment should be carried out for unusual or short-term lone-working activities. The principles identified in the generic assessment can be applied for this type of risk assessment.

## Generic Risk assessment Guide for Lone-Working within Healthcare Premises

**Typical Hazards - Persons exposed to hazards are lone working staff themselves, unless otherwise stated.**

Hazard	<i>Possible Control Measures</i>
<p><b><u>Violent or Threatening Persons</u></b> (or fear of such persons)</p> <p>These may include patient, partner, relatives and friends who could cause difficulty because of their temperament, alcohol or substance abuse or a perceived grievance.</p> <p>Profile of typical patient for the treatment or consultation may indicate pre-disposition to such behaviour.</p>	<p>Appropriate appointment times made for new patients to avoid lone working. Briefing from managers, colleagues or other agencies on patients (and partner's friends or family) that may cause a problem.</p> <p>For patients who are known to be threatening/violent, consider</p> <ul style="list-style-type: none"> <li>• Pre-arranged management and security support for appointment</li> <li>• Second person in attendance where determined by risk assessment.</li> <li>• Appropriate appointment venue or ward side-room, etc.</li> <li>• Formal training in attitude recognition, de-escalation and disengagement techniques</li> </ul>
<p><b><u>Materials and Substances</u></b></p> <p>Hazardous substances may include clinical waste, body fluids, and poor standards of hygiene. These could transmit infectious diseases, Medical gases such as cylinders of oxygen and Entonox could also cause a hazard if improperly handled and possibly interfered with by patients, family, etc.</p>	<p>When attending to patients, comply with infection control procedures, including use of personal protective equipment.</p> <p>Use appropriate sharps containers and clinical waste bags and preferably rigid card clinical waste containers.</p> <p>Waste generated should be promptly and securely contained. cylinders of medical gases should remain in the secure control of staff.</p>
<p><b><u>Processes</u></b></p> <p>.</p>	<p>Risk assessment reviewed in view of lone working. Emergency procedures in place so that staff member can stop process make safe and call for assistance if required.</p> <p>Second person in attendance where risk assessment determines this.</p> <p>Guidance to staff on hazard awareness and risk avoidance.</p>
<p><b><u>Emergency Procedures</u></b></p>	<p>Staff trained and aware of procedures in event of fire, cardiac arrest, etc.</p>

Hazard	Possible Control Measures
<p><b><u>Sickness/Medical Condition</u></b></p>	<p>If there is any doubt about the suitability for lone working, Obtain Occupational Health Dept advice</p>
<p><b><u>Lack of Communication</u></b></p> <p>Communication is essential to have other persons aware of your movements, respond if you do not follow your schedule to initiate assistance in event of the unexpected.</p>	<p>Buddy system to give mutual support and assistance say between adjacent wards or departments by direct contact, telephone or intercom. Notification of start and finish of lone working and periodic checks.</p> <p>Panic alarm to alert adjacent ward or department, together with agreed action to take. Alarm is routinely tested.</p> <p>Panic alarm to alert Security fast response</p>
<p><b><u>Security</u></b></p> <p>Unauthorised access, vulnerability to attempted theft</p>	<p>Doors locked to prevent unauthorised access</p> <p>Remote door lock with intercom and/or CCTV.</p> <p>Buzzer/chime to alert staff that a person has entered the Dept.</p> <p>Buzzer/chime to indicate door not fully closed and latched</p> <p>These could be switched off during normal activities without lone working.</p>

**Dynamic Risk assessment for Lone Working by Staff working  
in Health care Premises**

Note: Space is left for any aspects that are specific to the nature of the service provided

1. Have you checked that there is no specific information that you need to know before your patient's appointment?
2. Does anybody know where you are lone working and how long you will be?
3. Are arrangements in place for someone to initiate action if you do not respond to check visits or calls or report completion at the agreed time?
4. If your appointment programme changes have you informed the person who would initiate such action?
5. Have you made sure that you can be contacted?
6. Is appropriate access control in place to ensure that unauthorised persons cannot enter without your permission or knowledge?
7. Can you summon assistance and are arrangements made to enable specified persons to attend promptly?
8. In emergency, can the process be safely stopped and persons evacuated if necessary?
9. Can you safely get to your work area and return to your car if say working late or attending on-call?
10. Have you avoided or minimised the carrying of cash and having valuable items visible?
11. Are you prepared to seek advice, get support or terminate the appointment as appropriate if there is any aspect that makes you uneasy?
12. Will you pass on to colleagues or other agencies at the first opportunity on any aspects of the visit that need to be shared?
13. Do you carry a personal alarm?
14. Are you manual handling risks insignificant or covered by existing manual handling assessments

