



Title	Lone Worker Policy
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1. Introduction

There is on occasion a need for volunteers of Emerge to see clients after office hours whereby they are either operating as lone workers or in small groups.

This Standard Operating Procedure (SOP) is intended to give advice when dealing with common/difficult situations.

All volunteers must use their common sense and professional knowledge where unexpected situations arise. Volunteers must take some personal responsibility for their own safety.

If volunteers feel endangered or threatened they must not hesitate in removing themselves from the situation. The management committee will support this decision.

The primary advice is that lone working should only be undertaken where:

It is justified because no other setting for the activity is appropriate or practical and sufficient control measures have been put place in order to reduce the health and safety risk to all people involved to the lowest level that is reasonably practicable.

2. Purpose

The purpose of this SOP is to provide guidance to volunteers who work alone and will give volunteers the tools to be able to produce an effective risk assessment to safeguard against the potential hazards and risks presented by lone working.

3. Scope

The SOP will apply to any volunteer who is required to do any work alone or with limited back-up.

All volunteers are required to co-operate with Emerge on health and safety matters, including compliance with this SOP.

4. Definitions

For the purposes of this SOP, Lone Working is defined as:

'Any work which involves volunteers working alone or with only limited support arrangements, which therefore potentially exposes them to risk by being isolated from the usual back-up support'.

5. Completing a Risk Assessment

It is the volunteer's responsibility to ensure that a suitable and sufficient assessment of the risks to volunteers/clients has been made. This should be completed at the first meeting taking place and all assessment must be recorded.

If circumstances or any other details change, the situation must be reassessed/reviewed.

A draft risk assessment is provided in appendix 1. Each team should develop its own arrangements in line with this and ensure this is reviewed and tested periodically to confirm its effectiveness.

6. Available Control Measures

This guidance sets out some of the control measures that could be considered for use. The measures are grouped into 2 categories. However, if circumstances require they can be used in either scenario. Note: this list is not exhaustive.

Points to Consider;

- Reception and Controlled Access - Means of restricting and limiting access into and within health premises using locked doors, coded locks, swipe cards etc.
- Foundation House - Give a first line of control on who enters the premises.
- Telephone Within Room - Provides ready means of communication with other people.
- Panic Alarms (Various Types Available) - Could be permanently installed or portable. A response plan should be in place on each occasion.
- Room Layout, Décor and Lighting - Clear, uncluttered well-lit rooms with clean, pleasant well maintained décor and furnishings. Room, surfaces and desktop etc. To be free of items that could be weapons etc.
- Completion of Diaries - Making sure diaries are kept up to date.
- Buddy Arrangements - Arrangements whereby a volunteer will buddy up to minimise any lone working.
- Mobile Phones - Provides ready means of contact.
- Family – Inform a family member of your intended appointment time and expected return home time.

7. What to Do When Things Go Wrong

Consider what might go wrong!

Typical instances that need to be considered will include injury or illness of a volunteer, the onset of severe weather, car breakdown or accident, missing, lost, attack or violence affecting a volunteer.

In addition there may be instances where volunteers are significantly delayed by or through assisting in any such instance, though they are not directly a part of it.

Each assessment will need to ensure it has arrangements to cover such eventualities.

8. Emergency Arrangements

A draft of an emergency procedure is provided in appendix 2. Each team should develop its own arrangements in line with this and ensure this is reviewed and tested periodically to confirm its effectiveness.

9. Scenarios

What to do if there is Assault/Non-Compliance by client/others;

- Assess the situation
- Ensure your personal safety at all times
- Be aware of where and how to exit the premises
- React to your own intuition – feel able to leave
- Report the incident to the management committee
- Complete an incident form (see appendix 3) and review the risk assessment
- If appropriate – call the Police

What to do if a client needs Medical Attention;

1. Urgent medical attention

- If urgent medical attention is required, seek assistance
- Telephone an ambulance
- Check vital signs, i.e. airway, breathing and circulation
- Respond appropriately
- Wait with the client/volunteer until the ambulance staff takes the client/volunteer to hospital
- Contact the management committee if applicable

2. Non-urgent medical attention

- Telephone the client's/volunteer's GP
- Provide first aid as appropriate
- Observe legal obligations in respect of:

- The Mental Health Act

- The Child Protection Act - contact named person
- Cases of mental distress
- Cases of physical injury
- Regarding confidentiality

10. Firearms and Other Potentially Significant Hazards

The possible presence of firearms and/or other potentially significant hazards should be considered in the risk assessment.

If it is considered that there is no significant risk and the situation can be managed then no further action is required beyond ensuring that information and risk assessments are reviewed and updated accordingly.

However, should the circumstances change and the risk level increases, an incident report should be completed and a case review may be required.

The general advice given by the Police is that firearms should be stored in a locked cabinet secured to an outer wall. However, there is a great deal of variation in the accepted standards e.g. a firearm secured with a chain in a rack.

If volunteers feel endangered or threatened, they must not hesitate in removing themselves from the situation. The management committee will support this decision.

11. Process to Follow for Lone Worker Arrangements

Follow the steps below to ensure compliance with this SOP and to ensure that lone working arrangements are in place;

1. Read through the SOP and familiarise yourself with the content
2. Determine what type of lone working arrangements are required, ie: are volunteers working in a room within the premises, are volunteers working in isolated areas
3. Decide whether one of the checklists in the SOP will aid your risk assessment
4. Appendix 1 and 2 can be used for a situation where staff are using premises for consultation purposes to see clients
5. Follow the risk assessment form/s. Also remember to follow section 6 – Available Control Measures

6. Develop Emergency Procedures. This highlights what to do in the event of an emergency (use appendix 2 for guidance)

7. Make sure that the risk assessment and emergency procedures are sent to, and understood by, volunteers. Discuss them at team meetings and make sure all volunteers are comfortable with their content

12. Process for Monitoring Compliance and Effectiveness

It is essential that this SOP is adequately monitored and accurately evaluated in order to ensure its continued effectiveness. This will primarily be done in the following ways;

- By the management committee as part of their overview of health and safety matters
- Periodically or in the light of its content requiring modification, whichever is sooner

13. References and Further Guidance

Health and Safety at Work, etc. Act 1974

Management of Health and Safety at Work Regulations 1999

Appendix 1

Risk Assessment Form

Hazard	Risk	Control Measures
<p>Violence and Aggression</p>	<p>Potentially violent or abusive situations</p> <p>Vulnerability and immaturity of Young Person/s making it more difficult to deal with</p>	<p>Volunteers should not be placed in high risk areas nor should they be dealing with a client who has a known violent history</p> <p>Remove yourself from an intimidating situation immediately and report the incident to the management committee</p>
<p>Psychological/Emotional</p>	<p>Potential to be exposed to emotionally distressing situations/incidents and/or read material which could cause distress</p>	<p>Volunteers to be fully advised and briefed during an interview prior to and/or during induction of the potential content of documentation they may be exposed to; information that may be discussed during meetings/between volunteers; and of the potential to hear distressing information from clients</p> <p>Receive group supervision at monthly meetings</p> <p>Receive individual supervision on request</p>
<p>Use of general office/IT equipment</p>	<p>Electrocution</p> <p>General fatigue</p>	<p>Equipment PAT tested</p> <p>Regular inspection</p>
<p>Slips, trips and falls due to:</p> <p>Spillages, trailing cables, traffic route, obstructions</p> <p>Uneven ground/floor/pits</p> <p>Adverse weather</p> <p>Stairs, ramps and steps</p>	<p>Strains, pulls</p> <p>General harm, physical injury, etc.</p>	<p>Adequate lighting</p> <p>Defined walkways</p> <p>Maintain a safe and tidy working environment</p> <p>Spillages cleared appropriately</p> <p>Suitable footwear to be worn</p> <p>Volunteers to be informed of danger areas</p>

Appendix 2

Developing Emergency Procedures

To be fully effective and minimise any time delay in actioning these arrangements there is a clear requirement for reliable, accurate information regarding the individual involved, the work activity, where they should be and when they were expected and where they have been, when they were there and the vehicle they were using to do this. Use the following guidance to develop emergency procedures which are bespoke to each area.

1. What Constitutes an Emergency Situation?

Any occasion when volunteers have failed to follow their agreed itinerary and/or have failed to make contact in a manner previously agreed and no contact can be made. In creating procedures, consider the types of situations that would constitute an emergency situation.

2. Who will determine there is an Emergency situation?

In line with this SOP all volunteers involved in lone working should have agreed procedures with appropriate control measures, eg: itineraries, buddy systems, up to date diaries.

The procedures should highlight the person/s who is able to decide whether the situation is an emergency and requiring escalation. Phone numbers of these people are necessary in order to ensure contact can be made to discuss the situation.

3. How will this person decide that an Emergency exists?

The procedures must determine what a reasonable delay is before action needs to be taken. They must also determine when an emergency needs to be declared.

4. Having decided there is an Emergency - What action is required?

At this point a contact person will contact (in this order):

1. Police
2. Management committee
3. Next of kin

5. Providing accurate information to the police

The following information will be required;

- Who is missing
- Where they are expected to be
- When they were expected to be there
- Where they were last known to be
- How they are travelling
- Description of the missing person
- Description of their car
- Any contact numbers that might assist
- The home address of the missing person

6. Progression of the Emergency state

- Ensure that the management committee and the next of kin are kept as fully informed as possible throughout the emergency state

7. Standing down the Emergency arrangements and debrief

- Be clear that the emergency is over and that the management committee and the next of kin are fully aware
- Carry out a full debrief and assessment of the emergency;
 - Were all procedures followed correctly?
 - Was the necessary documentation in place and correctly/adequately completed?
 - Following a thorough review is it necessary to amend/adapt this SOP?

Appendix 3

**Checklist to Aid the Risk Assessment of
Premises Used For Consultation Purposes by Volunteers**

1. Knowledge and Training

Are you aware of attitudes, traits or mannerisms which can annoy or upset clients?

Do you appreciate your responsibilities for your own safety and that of your clients?

2. Advance Planning

Are you aware of the issues relating to room layout, etc., to assist you in promoting a safer environment?

Do you only meet clients on premises where other volunteers or trust staff are working?

3. General

Would your family know what to do if you failed to return home?

Would you be confident that this procedure would be effective?

4. Actual client session

Do other volunteers know that you are meeting clients?

Are you within hearing distance of other volunteers during the session?

Do clients report to reception on arrival?

Can entry be made to the consultation room without knowledge of reception or other staff/visitors, eg: by-passing reception altogether, or deviating from another route?

Do clients report to reception prior to departure?

Do you have direct access to a telephone to summon assistance in difficult situations?

Do you have a second door that serves as an escape route?

Are you ever left alone in the premises with client/s?

Is the consultation room well lit?

Is the room generally well laid out for the purpose, ie: with a reasonable quantity of appropriate furniture and good walk routes around the room?

Are you able to position yourself so that you are nearer to the door than the client especially if there is only one door?

Is the room free (or at least minimised) from everyday items of equipment that could provide potential weapons?

Is the furniture comfortable but heavy enough not to be thrown around?

5. Incident Reporting

Do you maintain arrangements to ensure that you and other volunteers are fully informed of 'difficult' or 'potentially difficult' clients?

Report any incidents to the management Committee and complete an Incident Report Form - see appendix 4

- Note Any Control Measures That You Already Have in Place
- Note Any Further Control Measures That May be Helpful

Appendix 4

Incident Report Form

Client		Volunteer	
Name:		Name:	
Address:			
Phone No:			
Date of Incident:		Time of Incident:	
Details of Incident/Action Taken:			
Signed	Date	Time	