

you are not
alone

A UNISON guide to lone working in the health service

Introduction

This guide has been developed to help UNISON safety reps and stewards working in the NHS and the health sector as a whole. Lone workers are more vulnerable to violent attack and assaults, more exposed to hazards and more likely to be injured.

Protecting the safety of all our members is one of UNISON's top priorities, and one of the areas where members can most easily see the benefits of belonging to a trade union. This guide gives broad advice and guidance to health branches on the issues affecting lone workers, and what can be done to improve their safety.

However, what works in one workplace may not be appropriate in another so safety reps and other UNISON activists should engage with lone workers, find out what their concerns are and look for possible solutions. They should share good practice and involve members who work alone in the development and implementation of local policies.

This guide explains:

- what lone working is
- the employer's legal duties to protect lone workers
- training and procedures
- the role of the NHS Security Management Services (SMS)
- the hazards of lone working.

It is recommended that this guide be read in conjunction with '*Working Alone: a health and safety guide on lone working for safety representatives*', stock number 1750 - which can be ordered from the UNISON communications unit.

What is lone working?

According to '*Croners' Health and Safety*', a lone worker is somebody 'whose activities involve a large percentage of their working time operating in situations without the benefit of interaction with other workers or without supervision'.

However, even workers who only spend a small percentage of their time operating in isolated situations, may face risks and dangers associated with working alone. Examples of workers in the NHS who work alone include:

- ambulance personnel, such as paramedics, emergency responders or patient transport services
- a receptionist working alone in a clinic reception area
- community mental health workers, assertive outreach workers, community psychiatric nurses, social workers and occupational therapists
- staff who see patients/service users for individual sessions in wards or clinics
- carers in the community and in community homes
- a technician working alone in a laboratory to provide an out of hours service
- those who provide primary care services, such as single handed GP practices, community pharmacists and dentists or opticians
- NHS security staff, particularly at night
- a pharmacy porter conveying medicines to wards and departments, utilising corridors and public walkways where they might not come into contact with any other colleagues
- those who travel between NHS sites and premises
- on-call staff required to respond to clinical or non-clinical emergencies
- those who open (or reopen) and close NHS buildings either early in the morning or late at night
- smoke-stop co-ordinators or counsellors.

The employer's legal duties to protect lone workers

Employers have a legal responsibility to provide a safe working environment, and part of this responsibility is to provide safe and adequate staffing levels. Inadequate staffing levels not only mean

that staff are more likely to be working alone in the first place, but also make it more difficult to implement the rigorous reporting and risk assessment procedures and necessary backup that lone working requires.

Although lone working does not in itself contravene the law, it does bring additional risks. Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a legal duty to assess all risks to health and safety, including the risks of lone working.

Risk assessment is a process of identifying hazards in the workplace and how likely it is that they will cause harm to staff. It should not merely be a tick-box exercise, but a dynamic process whereby risks are constantly re-assessed. If a risk is identified the employer has a duty, in law, to remove the risk or reduce it.

If a risk assessment shows that work cannot be carried out safely by a lone worker, arrangements for providing help or back up must be put in place. These measures should be implemented promptly - any unnecessary delays could put the employer in breach of their legal obligations.

For a more detailed explanation of what risk assessment involves please read UNISON's guide for safety representatives, '*Risk Assessment: a guide for UNISON safety representatives*' - stock number 1351, which can be ordered from the UNISON communications unit.

Some employers have introduced 'Lone Worker' policies and this may be something you wish to take up with your employer. Any policy should include the views of staff-side and of lone workers themselves and should also incorporate the guidance and strategy of NHS Security Management Services (see below).

3. Training and reporting procedures

Where staff work alone it is important they have the information and training to avoid panic reactions in unusual situations.

Information should enable them to understand the risks of their work, the precautions that are needed, who to report back to and what should be done in an emergency. Training should be comprehensive enough to ensure that employers are competent to deal with circumstances which are new and unusual, or beyond the scope of training.

If staff work alone away from base, there should be procedures for leaving details of their itinerary and work schedule for the day, their expected arrival and departure times, contact names and telephone numbers. Whether working on site or alone from base, there should be a system for lone workers to keep in contact and for raising the alarm if necessary.

There should be mechanisms and procedures in place to ensure that any incidents are recorded and reported at the earliest opportunity. New technology may provide ways of keeping in contact. However, consideration should be given to its limitations and the circumstances in which it would be used and only be implemented in partnership with trade unions. There must also be the necessary training for those who would be expected to use it.

The role of NHS Security Management Services (SMS)

NHS SMS is charged with ensuring that all possible measures are taken to deliver a proper secure environment for all who work, or receive treatment, in the NHS. The implementation of the NHS SMS strategy at local level is the responsibility of Local Security Management Specialists (LSMS). All health bodies are required to nominate appropriate and suitable staff for training and subsequent accreditation as LSMS nominees. LSMS should ensure that:

- robust lone working procedures are in place, reviewed annually and communicated to all existing and new employees
- lone working procedures are included in new employee

induction programmes, that are specific to their working environment

- robust risk assessments are carried out locally, pre or post incident
- technology is used appropriately and effectively and that it should not be seen as a solution in itself - consideration must be given to the legal and ethical implications of its use, as well as its limitations.

NHS SMS has also produced the guide '*Not alone: a guide for the better protection of lone workers in the NHS*' - NHS Security Management Service, 2005
(www.cfsms.nhs.uk/doc/lone.worker/not.alone.pdf).

This publication outlines the management arrangements that should be in place to provide better security for NHS staff, along with examples of physical security measures. It makes it clear that development of local procedures and the consideration of physical security measures should always be carried out in consultation with trade union representatives. It emphasises the importance of a good reporting process.

The hazards of lone working

Violence and assault

In June 2006 the NHS announced that over 60,000 NHS staff had been physically assaulted by patients and relatives over the previous year. For staff working alone the risks are even greater. They are more vulnerable to assault, and less able to call for assistance.

That is why UNISON has given this issue such a high priority and worked in partnership with NHS SMS on measures to tackle violence including moves to increase the number of prosecutions brought against perpetrators of violent acts against NHS staff. Where appropriate, the SMS Legal Protection Unit (LPU), in conjunction with various health bodies, has prosecuted individuals who have physically assaulted or abused NHS staff, in

cases that have not been progressed by the police or the Crown Prosecution Service (CPS).

Details of the cases being pursued by the LPU can found at:
www.cfsms.nhs.uk/sms/sms.cases.html

The SMS has also signed memorandums of understanding with both the CPS and the Association of Chief Police Officers. These agreements can found at the following links:

www.cfsms.nhs.uk/doc/sms.agreements/mou.sms.acpo.pdf
www.cfsms.nhs.uk/doc/sms.agreements/mou_sms_cps.pdf

As described above, the responsibility for implementing measures for protecting lone workers against acts of violence and assault is delegated to local SMS nominees. Branches should ensure LSMS are provided with the appropriate support, resources and security management training.

Manual handling

The most common accidental injury at work is manual handling and for lone workers, particularly those working in a patient's home, the risk is even higher. Where patients being cared for in their homes require lifting, management should:

- assess the premises, the patient's needs, and the capabilities of staff assigned to the patient
- where necessary, install lifting and handling aids in patients' homes on a loan basis - staff should be able to obtain hoists if required
- if a patient refuses a hoist, visit them and explain why a hoist needs to be used
- review staffing levels in the community - more than one staff member should be assigned to certain manual handling tasks
- provide staff with information and training that is geared to the manual handling problems they face in the community, including how to make on the spot evaluations of the risk.

Staff should, wherever possible, be given advance warning of particular hazards and information on what precautions must be taken

- ensure staff know who to contact for help when a manual handling problem arises.

For further information on manual handling see the chapter on manual handling in '*The Health and Safety six pack*' - stock number 1660, which can be ordered from UNISON's communications unit.

Fire

Lone workers are less likely to be:

- aware of a fire until they themselves see or smell it
- able to call for assistance if they get into trouble.

Under Fire Regulations employers must carry out risk assessments to identify fire risks in the workplace. They will therefore need to ensure that any risk of fire is taken into account when risk assessments for lone working are carried out. Under the Fire Regulations employers must:

- assess the risks from fire
- check that fires can be detected in a reasonable time and allow workers to be warned
- check that staff can leave the building safely
- provide fire fighting equipment
- check that workers know what to do if there is a fire.

Employers must take account of lone workers in their fire and evacuation procedures. For example, they would need to consider whether the lone worker would be able to operate the fire fighting equipment on their own and can hear the alarm.

Hazardous chemicals and other substances

Some Health Service staff working alone may be required to work with and handle hazardous chemicals (eg lab technicians working alone, porters conveying substances between wards and departments). Employers must carry out a risk assessment under the Control of Substances Hazardous to Health Regulations (COSHH), before any workers use hazardous substances and this should include taking into account the special risks faced by people working alone. Lone workers should:

- know the substances or infectious agents they are working with
- know the hazards, precautions needed, and what to do in an emergency
- be trained in the use of personal protective equipment (PPE) and have access to adequate first aid facilities
- be trained in the safe means of carriage if their job involves the transportation of hazardous substances.

For further information on COSHH see the UNISON *Health and Safety Six Pack* (pages 60-62) and the HSE Guide to the regulations '*COSHH: A brief guide to the Regulations; What you need to know about the Control of Substances Hazardous to Health Regulations 2002*' (COSHH), HSE Books, Sudbury, 2002 (www.hse.gov.uk/pubns/indg136.pdf).

Driving

Some members have to spend long periods driving alone. In order to reduce the risk of a break-down and the obvious associated dangers it is vital that any vehicles used for work purposes are properly maintained. The privatisation and fragmentation of patient transport services has created subsequent difficulties in monitoring vehicle safety. The HSE, in conjunction with Department of Transport, has produced a useful guide to driving at work and managing road risk: '*Driving at work*' - HSE, London (www.hse.gov.uk/pubns/indg382.pdf)

Consideration should also be given to the risks and dangers of transporting passengers without being accompanied by a colleague. The basis of safe practice is vigorous risk assessment. A passenger may be a risk because their medical history indicates they could require assistance or attention during the journey, or because they have a history of violent behaviour. Drivers should not, in any circumstances, carry passengers without being accompanied by a colleague, unless they are confident the passenger does not pose a risk.

If you require further information or wish to join UNISON, call
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Lines open from 6am to midnight, Monday-Friday and 9am to 4pm Saturday.
Alternatively visit UNISON's website www.unison.org.uk