York and Scarborough Teaching Hospitals NHS Foundation Trust R&D Unit
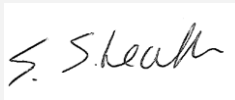**SOP**
R&D/S98

Lone Working

IT IS THE RESPONSIBILITY OF <u>ALL</u> USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the R&D Unit's website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: www.research.yorkhospitals.nhs.uk/sops-and-guidance-/ and/or Q-Pulse

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Author:	Kate Howard
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Approved by:	Name/Position:	Lydia Harris, Head of R&D
	Signature:	
	Date:	19th November 2019
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	Date:	19th November 2019

This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Implemented	Details of significant changes
1.0	5th November 2015	
2.0	24th August 2017	
3.0	17th December 2019	Change of link to R&D website. Change of author. Addition of procedures for those working in an office outside of standard hours

Contents

1   Introduction, Background and Purpose

It may be necessary for some members of the research teams to work alone due to their contracted hours of work or to carry out home visits. The purpose of this SOP is to set out the procedure for lone working to ensure the safety of all members of research teams.

2   Who Should Use This SOP

- All members of the research team who's contracted hours fall outside of the standard 09:00- 17:00 or who are required to work on call at a weekend.

- All members of the research teams who may be required to carry out home visits should be aware of the procedures in place by research teams for lone working.

- Individuals who will be visiting patients in their own homes as part of their role in research.

3   When this SOP Should be Used

This SOP should be used by research teams any time that a member of the team engages in work which involves an element of lone working.

4   Procedure(s)

All staff should familiarise themselves with, and follow, the Trust's Lone Working Policy, which gives guidance to staff on how to minimise risk when working alone. Anyone identified as a lone worker should have a lone working risk assessment completed which can be found on the trust intranet or obtained through the Security Department on 772 – 1241

4.1   Procedures for those working outside of standard office hours
4.1.1 Informing security of planned working hours

Individuals that work outside of standard working hours (09:00-17:00) should inform security of their planned working hours. This includes those that provide an on call service at a weekend. On leaving the premises individuals should inform security that they have vacated the work area. If you do not inform them of your departure they will send security personnel to the area to check all is well.

4.1.2 Security Escort

An individual can request for security to escort them to their vehicle if they feel at all uncomfortable out of hours. This may be by CCTV tracking or a member of the security team in person.

4.2 Procedure(s) for those undertaking home visits

4.2.1 Visit Log and keeping the office informed

Prior to undertaking a home visit, staff should fill in the visit log (R&D/F113) so other members of the team, and the office, know where they are going, when and how long they are expecting to be there.

Each policy user has a profile sheet (R&D/F114) kept in the folder with the 'visit log'. This would include a photo and description of height, age, eye colour etc. These are details the police will ask for if they become involved. It will save time if this profile sheet is kept in the folder with the 'visit log' in the event of a potential emergency as often HR files are locked away and not easily located

A member of the team must be appointed to monitor the visit log each day. If the nominated person is out of the office, this duty must be picked up by another member of the team. It is the responsibility of teams to be aware of who is looking after the visit log on the day they are out on home visits and to call that nominated person once the visit is complete to let them know you are safe. Staff should also call the nominated person if they think the visit will go on later than anticipated. If staff are out on multiple visits, they should call in after each visit.

A phone number is kept in the office specifically for receiving calls during the day from the research team when they are visiting patients at home. This is the first number staff should use to call in when a visit is finished or to call in an emergency. All team members should add this number to their phone and have it on speed dial.

Out of hours Contact: On occasions when a visit is expected to run later than 4.45pm, an out of hours contact from within the team will be identified as the person to be called when the visit is complete, or in an emergency. Whoever is in charge of the Visit Log that day in the office, should call or send a text to the out of hours contact to provide the following details: who is still out on visits, where they are and when they are due to finish. It is the responsibility of the team to ensure that the out of hours contact is identified prior to the visit taking place. This should be written in the Visit Log so that the rest of the team know who that person is. Staff out on visits should call this person when they are finished letting them know they are safe.

'Black Spots': When on a visit, check before you enter the property whether you are in a 'black spot' where there is no signal. If there is no signal you should find somewhere where you can get a signal and let the office know this prior to entering the property. Once you have completed the visit, call the office as soon as you reach somewhere with a signal to let them know the visit is complete. Black spot areas should be noted on the Visit Log in the 'Other' column in red ink for future reference.

Changes to your plans: If you are off sick and can't make your intended visit please phone the office and speak the nominated person to inform them of the change so they can update the Visit Log giving as much notice as possible. This also applies if the appointment is cancelled or postponed for any other

reason – make sure you have updated the Visit Log yourself or have informed the office so that the nominated person) can update the log.

4.2.2 Code Word

The team will agree a code word or sentence to alert the nominated person, or other staff member in the office that they are in immediate danger and need help. In this instance the staff member who takes this call should phone the police immediately. The team should ensure all staff in the office know what the code is.

If you are in the office and you receive a telephone call from one of the team giving this phrase you must phone the police immediately by dialling 999, telling the operator you have a nurse on a home visit that is in immediate danger.

4.2.3 Timing of Visits

It is preferable that, as much as possible, any home visits are conducted during daylight hours to minimise any risks to staff safety. Staff should take account of this when making appointments for home visits, particularly during the winter months when it gets dark in the afternoon.

4.2.4 Prior concerns about patients

If you have a concern about a specific patient prior to arranging a home visit, this should be discussed with the rest of the team, as much in advance as possible, so other arrangements can be made – for example attending the visit in pairs rather than alone.

4.2.5 Personal Attack Alarms

If a member of staff wishes to carry a personal attack alarm they should do so but should use them for surprise and only where you have a clear escape route.

4.2.6 What to do if a colleague has not after a home visit

If a colleague has not called in after a home visit; defined as within an hour of the 'Anticipated Time of Completion' entered on the visit log, the nominated person in the office should:

- Call them to check that they are ok

- If they do not answer, call again in 15 minutes

- If they still do not answer, call again in 15 minutes

- Contact registered next of kin (this person needs to be aware of the lone working policy so they don't feel overly concerned when they are contacted)

- If there is still no response, you should raise the alarm by calling the police using the emergency number

- Tell the operator who you are and that one of your nurses is on a home visit, is overdue contact with the office by an hour and a half and may be in potential danger

5 Related SOPs and Documents

York and Scarborough Teaching Hospitals NHS Foundation Trust Procedure for Lone Working: This document is available on Staffroom.

R&D/F113　Lone Working Visit Log

R&D/F114　Lone Worker Profile