Lone worker – Working inside and outside the hospital

Patient home visits (Volunteers, other clinical staff)

Working alone within the hospital (Catering, Reception, Physiotherapists)

Staff members working alone within the hospital:

- Line managers to have completed appropriate risk assessment related to lone working e.g. when staff member is pregnant or due to other health conditions
- Alert reception and other appropriate staff when risks are higher e.g. Outpatient with a history of behavioural issues. Where possible, such high risk patients are booked when the department is well staffed.
- When high risk patients need to be treated by a lone worker (e.g. inpatient physio gym or in patient's room), please alert reception staff and DCS or DNS or the Nurse in charge of the hospital prior to the session.

Procedure for Outpatient Staff treating patients in their own home

Before the visit

- Staff to complete checklist to assess risks. (Checklist to be prepared)
    - Pets
    - People at home (other than patients)
    - Any other behavioural issues from the referring professional
    - If in doubt always complete initial assessment at HXH
- Inform results of risk assessment to other colleagues who may visit and the line manager
- Staff member will inform the reception staff by calling 1221 or 01428 643311 (if calling from outside). That they are working outside the hospital
    - They will ensure the reception staff know the address of the patient's house.
    - They will ensure the expected time of return
- Staff member will ensure that they have a charged mobile phone with them
- Reception staff alert other reception staff that this visit is taking place and ask to be ready if needed.

During the visit:

When vising, Staff should always make sure they are aware of their exits and if assessing the patient in certain areas e.g. bathrooms or bedrooms the patient should always enter first therefore allowing the therapist an open exit.

Ensure pets are secured to leads.

Procedure to summon assistance

While at the patient's home if the staff member is in trouble they tell the patient they need to get some information from their file kept at the Hospital (Holy Cross Hospital)

They call 01428 643311

When reception staff pick the phone, the staff member says 'this is Ms. X (Physiotherapist) speaking, I am in Mr. Bloggs house for a Physio session, I would like to get some information from his **RED FOLDER**. Could you please have a look for me?'

RED FOLDER IS THE KEY WORD THAT INDICATES THE STAFF IS IN DANGER!!!!!

Reception staff ask: Are you in trouble. Do you need any help from us?

Staff: Yes

Reception staff: Are you in immediate danger? Should I call the police?

Now there are 2 options for answers…..

Option 1:

Staff: Yes

Reception: Call 999 and inform police of the address and who is in danger. Inform staff member's manager and CEO ASAP.

Option 2:

Staff: No

Reception: Do you want me to call back in 2 minutes and say that there is a problem in the hospital or at your home and request you to come back ASAP?

Staff: Yes please. Thank you very much for this.

Staff now informs the patient…..that there may be a problem at the hospital and that they may need to return back to the Hospital.

2 minutes later – reception call back again and ask staff to come back.

After the visit:

- Once visit is completed and staff member returns to HXH/ their home, they call reception and update.
- If staff member does not return in the allocated time. Reception raise the alarm by informing the staff member's line manager **and** Rasheed **and** Chris Hinton

Training and documentation:

1. An individual RA be completed for each address.
2. Reception staff will be trained with drills by DCS
3. Reception team lead will make sure new reception staff are trained (can liaise with RM as needed)
4. Reception team lead will ensure that reception staff remain up to date and able to respond. (can liaise with RM as needed.)

Subject of Risk Assessment	Lone Worker
Date of Risk Assessment	11/7/16
Assessor	Rasheed Meeran
Review due	11/7/17

Description of the task, equipment, project or location that Risk Assessment refers to:
There is a period of time every day when the hospital staff are working alone. Examples scenarios are 1. There are 3 evenings per week when a receptionist is totally alone in the reception/admin area when all other admin staff have left 2. Physiotherapists treating patients on their own in gym or in the pool 3. Kitchen staff working on their own 4. Activities staff working on their own in living room 5. Care takers on call This risk assessment details the control measures that are put in place to reduce any risks to them.

Who may be Harmed?	Staff Other patients In patients visitors

The Risks identified are as follows

Hazard	Effect /Severity 1-Negligible 2-Slight 3-Moderate 4-High 5-Very High	Likelihood /Probability 1- Not likely 2-Possible 3- Quite Possible 4-Likely 5-Highly Likely	Risk Rating	Control Measures (list those already in place and identify measures required to reduce risk to the lowest level practicable)
Aggressive visitor	3	4		Reception: Call O/P physio or nurse in charge. Press panic button under desk if deemed necessary. All other departments: Seek assistance through emergency call bell
Assistance required	3	5		Call O/P physio or nurse in charge Seek assistance through emergency call bell
Staff taken ill	3	4		Call O/P physio or nurse in charge. Call in another member of the reception team. Seek assistance through emergency call bell

Action Plan

What needs to be done?	Person responsible	Date completed

Estimating the Risk Score

When estimating the risk score you need to consider and identify what would be the likelihood of the staff being subject to the stressor and the hazard and then give this a score using the Likelihood table below. You would also have to identify the severity score using the consequence table below.

Likelihood

Given the (in)adequacy of the control measures for each risk, decide how likely the risk is to happen according to the following guide.

Score	Descriptor	Description
1	Rare	Extremely unlikely to happen/recur – may occur only in exceptional circumstances – has never happened before and don't think it will happen (again)
2	Unlikely	Unlikely to occur/reoccur but possible. Rarely occurred before, less than once per year. Could happen at some time
3	Possible	May occur/reoccur. But not definitely. Happened before but only occasionally - once or twice a year
4	Likely	Will probably occur/reoccur. Has happened before but not regularly – several times a month. Will occur at some time.
5	Very Likely	Continuous exposure to risk. Has happened before regularly and frequently – is expected to happen in most circumstances. Occurs on a daily basis

Severity/Consequence

Domains	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

Risk Score is determined by Severity x Likelihood

Once you have identified a score for likelihood and severity/consequence you would then multiply both scores to identify the level of risk. For instance, if the likelihood was identified as 3 (possible) and severity/consequence was identified as 3 (moderate) then the risk score would be 3 x 3 = 9. Using the table below you would identify that a score of 9 would be low.

Likelihood	Severity/Consequence				
	1 insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 – Almost certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 – Possible	3	6	9	12	15
2 – Unlikely	2	4	6	8	10
1 - Rare	1	2	3	4	5

RISK SCORE	CONTROLS	ACTION PLAN
1 to 9	GREEN (Low risk)	Acceptable risk
10 to 34	YELLOW (Medium risk)	Risk reduction required within 6 – 12 months
35 to 69	AMBER (Medium to High risk)	Risk reduction required within 3 to 4 months
70 to 100	RED (High risk)	Risk reduction required immediately

HIGH = RISK REDUCTION REQUIRED IMMEDIATELY work activity must be reviewed immediately by Department / Ward Management. Risk Lead member for area must be notified. Consult Head of Patient Safety or Health and Safety Manager for advice. Further action required to reduce risk to LOW or MEDIUM

MEDIUM-HIGH = Immediate further action required to reduce risk to LOW or MEDIUM. Consult risk management for advice on required standards.   Temporary control measures (e.g. PPE, signage, toolbox talks, etc) may be applicable whilst long-term control measures are implemented. Elimination or Substitution should be priority. (Guidance time-frame: actions should be complete within 3-4 months)

MEDIUM = action required to reduce risk to LOW. Temporary control measures (e.g. PPE, signage, toolbox talks, etc) may be applicable whilst longer-term measures are implemented to reduce risk. (Guidance time-frame: actions should be complete within 6-12 months)

LOW = risk reduced to an acceptable level, no further action required (except continual improvement / best practice actions).

Other Considerations:

1. High Risk Factors

Have you considered the High Risk factors below?	Yes	No
History of Violence?		
History of Aggression?		
Drug or Alcohol Abuse?		
Current Mental State?		
Known Prejudices?		
If yes to any of the above, please provide details of actions:		

2. Contributory Factors

Have you considered the contributing factors below?	Yes	No
Difficulty Interacting (personal crisis, trauma, perceived injustices etc.)?		
Problems with Previous Appointments?		
Home Environment (physical / relationships)?		
Geographical Area / Neighbourhood?		
Timing of Visits?		
Please provide any additional details of actions below?		