**Lone Working Policy for Optometric Practice**

**Introduction**

The purpose of a lone working policy is to reduce the risks of lone working as far as is reasonably practicable.

Such a policy provides guidance to staff and ensures there are systems in place to ensure the health, safety and welfare of lone workers. There is no general prohibition in health and safety law of working alone, but employers have a general duty of care under the Health and Safety at Work Act and must comply with the ‘Secretary of State directions’ 2003 & 2004 amended 2006. When determining a safe system of work, it is likely that there will be a need for additional controls to be put in place. These controls will be identified once a risk assessment has been undertaken.

**Definition of Lone Workers**

The Health and Safety Executive (HSE) defines lone workers as people who work by themselves, without close or direct supervision. Examples include, one person working in isolation from other workers in the same building, workers in remote locations, mobile workers, those on domiciliary visits, working alone with patients or staff working out of hours or returning to a locked and empty building

**Sample Policy**

On the following pages is a sample policy which you could use as a basis for your own policy. For illustrative purposes it covers many risks and several security options which may not apply to your practice. You will need to remove sections which do not apply but you may also need to add risks specific to your circumstances.

**Chaperone Policy**

On file.

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| Document name: Lone Worker Policy  Author: Mark Turner  Approved by: Mark Turner  Version Date: 29 January 2021  Review Date: 1st April 2021 |

**Policy for Lone Working**

Noble Eye Centre Limited is committed to providing a safe environment for staff and patients. This policy lays out the responsibilities of practice staff with regards to working alone or in an isolated area of the practice. The risk assessment is to be reviewed annually and in addition, reviewed if there is any incident or near miss involving a member of staff working alone.

**Manager’s Responsibilities**

* Identify staff who are lone workers
* Inform staff of their responsibilities under the lone working policy.
* Ensure that all new starters are made aware of protocols in relation to lone working.
* Ensure that a risk assessment has been completed and documented and is regularly reviewed.
* Put procedures, devices and/or safe systems of work into practice which are designed to eliminate or reduce the risks associated with lone working.
* Define working limits of what can and what cannot be done while working alone.
* Ensure that staff identified as being at risk are given appropriate information, instruction and training.
* Record and investigate incidents involving lone workers and make recommendations to prevent recurrence.
* Ensure that a chaperone policy is in place
* For domiciliary visits the practice manager shall also take account of the current advice for domiciliary practice when carrying out the risk assessment. This is available from the AOP and FODO websites

**Staff Responsibilities**

* It is the responsibility of all staff to take reasonable care of themselves by remaining alert and vigilant at all times.
* They should never knowingly put themselves at risk and withdraw immediately (or as soon as possible) from any situation where they feel threatened
* Ensure they read, understand and comply with the lone working policy and other related policies listed below
* Participate in the risk assessment process to reduce the risk associated with lone working
* Make full and proper use of any equipment provided, e.g. panic alarm
* Ensure that all known relevant information about patients is passed on, if there is a known risk, or history of violence or aggression, in line with Caldicott guidance.
* Report any incidents or risks identified from lone working to their manager

**Risk assessments**

The current risk assessment follows and forms part of this policy.

For reviewing the practice lone working risk assessments the following questions will be considered:

* Is it necessary for the individual to work alone?
* Does this workplace present any special risk to the lone worker?
* Is there a safe means of entry and exit to the workplace
* Will cash or valuables be handled and will there be a risk of violence?
* Is the worker vulnerable to harassment or assault?
* Do lone workers have knowledge of the hazards and risks to which they are possibly being exposed?
* Do lone workers know what to do if something goes wrong?
* Do lone workers know how to contact their manager during their working hours?
* Does someone else know the whereabouts of the lone workers and what they are doing?

For Domiciliary Visits;

* All staff should accept responsibility for keeping personal contact details up to date
* Where a member of staff does not intend to return to base at the end of the day it is their responsibility to inform their colleagues.
* Wherever practicable lone workers should be provided with, or in possession of, a mobile phone.
* They should be expected by the patient i.e. appointments have been made
* They should park in well-lit areas close to the patient’s house facing the direction in which they intend to leave, but not on the patient’s driveway
* Ensure their car is in good condition and has sufficient fuel.
* Make and registration number of car is to be held by their base
* If there is a known problem with animals at a particular address a polite request should be made to ensure they are secured or removed before the visit

**Other related policies**

Chaperone policy

Health and Safety Policy

|  |  |
| --- | --- |
| Name of Staff Member | Date and signature to confirm read and understand this policy |
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**Appendix**

**Noble Eye Centre Limited Risk Assessment for Lone Working -Practice Environment**

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| --- | --- | --- |
| **Identified Hazard** | **Required Controls** | **Are controls in place YES/NO and evidence** |
| Security of the premises and property therein | Site lockable and secure and staff member is instructed on procedures for locks and alarms.  The back door is to be kept locked but with the key in place and bolts open during opening hours to ensure fire escape route is clear  Security cameras (if used\*) are switched on | YES staff training annually  Date of last training [1/4/19] |
| Safety of member of staff if they became unwell | Staff member has reasonable health i.e. is not known to suffer from fits or similar conditions  Family or friends are aware of expected return home time after work  Manager’s contact details held by hairdressers next door in case of emergency | Yes |
| Personal safety of staff member | Security cameras \* in good working order  Emergency contact phone numbers on speed dial on staff mobile and practice phone  Staff trained in event of robbery to cooperate and hand over money and/or goods and take no personal safety risks  Exterior of premises well lit for winter months  Panic button installed in consulting room and in the workshop at the back of the practice\* | Yes  Staff training [1/4/19]  Alarm serviced annually  Date of last alarm system service [May 19] |

\*please note this is an example only and for this purpose several alternative security methods are mentioned. It is for each practice to assess risk and install only devices appropriate for their needs.