

“ we care
because
you care ”

**domiciliary care
lone worker safety guide**

developed for employers by employers

This guide has been endorsed by the following organisations



This guide has been developed by UKHCA on behalf of the Care Providers Alliance and Skills for Care

Domiciliary care lone worker safety guide

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contents

Acknowledgements	4
Summary	4
Introduction	5
Definitions	6
Legislation	7
Health and Safety at Work Act 1974	7
Management of Health and Safety at Work Regulations 1999	7
Health and Safety (First Aid) Regulations 1981	7
Provision and Use of Work Equipment Regulations 1998	7
Lifting Operations and Lifting Equipment Regulations 1998	7
Control of Substances Hazardous to Health Regulations 1999 (COSHH)	7
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)	8
Corporate Manslaughter and Homicide Act 2007	8
Employer responsibilities	9
Employee responsibilities	9
Risk assessment	10
Hazards	11
Potential safety measures	12
Assessment	12
Supervision	12
On-call systems	12
Emergency alert systems	12
Bank staff	13
Scheduling	13
Tracking and tracing systems	13
Travelling on public transport	13
Driving safety measures	14
Parking safety measures	14
Accident and breakdown procedures	14
Visits to unknown people and locations	15
Theft	15
First aid and first aid kits	16
Personal protective equipment (PPE)	16
Using chemicals safely	16
Manual handling	16
Training	16
Policies and procedures	17
Traceability	18
Calling for help in an emergency	18
Accident, incident and near miss reporting and recording	19
Caring for lone workers after incidents and accidents	20
Lone worker training	21
Conclusion	22
Further information	23
Appendix 1 – Hazard checklist	24
Appendix 2 - Lone Worker Risk Assessment Template	27
Appendix 3 - Lone Worker Accident, Incident or Near Miss Reporting Template	28



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summary

A lone worker can be defined as someone who works by themselves without direct supervision. Domiciliary care is an area of work where a large proportion of staff work alone.

To prevent serious incidents occurring, domiciliary care organisations are required by law to ensure the safety of all staff who work alone. This is done by carrying out an assessment of the risks to staff, which may include poor weather conditions, risks of violence to staff and car accidents or breakdowns. Organisations should then put measures in place to reduce the likelihood of these incidents occurring, such as contingency planning, assessment of possible violence, staff keeping in regular contact with head office and staff training.

Staff must also play their part in maintaining their own personal safety by adhering to the safety measures put in place by the organisation to protect them, for example, phoning in on time, using equipment correctly, reporting areas of concern to their safety and attending staff training.

Organisations that provide comprehensive policies, procedures and training to ensure the safety of their lone workers and staff who follow the procedures correctly are less likely to be the victim of a serious incident. Skills for Care has produced a guide for employers to assist in combating violence against adult social care staff and volunteers, to help organisations to assess and reduce risks and respond positively to any incidents of violence. A guide for individual workers is also available and both can be found on the Skills for Care website at:

www.skillsforcare.org.uk/developing_skills/violence_against_social_care_staff



introduction

Domiciliary care is an area of work where a large proportion of staff work alone. Whilst the majority of these workers will carry out their care-working role without incident, for some staff there may be times when they have to deal with situations that may cause them distress, fear, injury, pain and very rarely, death.

Serious incidents can lead to poor staff morale, high levels of absenteeism and retention problems which can cost the organisation large sums of money in staff replacement costs, higher insurance premiums, compensation payments and poor company image. Employers already have a legal duty to maintain the health, safety and welfare of their staff. So to prevent distressing situations from occurring, organisations will need to take additional precautions, over and above their normal health and safety assessments, to ensure that lone workers are at no greater risk than any of their other employees.

Many measures can be taken to ensure the safety of lone workers. This guide will focus on assessing the risk to staff and putting in place a range of measures to reduce the likelihood of incidents occurring, including making sure that employees also take responsibility for their own personal safety.

The guide links to NVQ Unit HSC223 'Contribute to moving and handling individuals' and HSC360 'Move and position individuals'. However, from 2010 the NVQ units in Health and Social Care (HSC) will be replaced by Qualifications and Credit Framework (QCF) units in HSC. Those units will be the basis of QCF awards, certificates and diplomas for social care. The QCF units and qualifications are being developed at the same time as the present guide is being published.



definitions

The Health and Safety Executive (HSE) defines lone workers as “those who work by themselves without close or direct supervision”. This means that care workers who work unaccompanied for large periods of time are classed as lone workers. In the domiciliary care field, this can include staff who work by themselves in the following situations:

- work outside normal working hours. e.g. working with people who use services in the evening, at night, during weekends and bank holidays
- visiting people in their own homes
- handling cash
- collecting and delivering prescriptions
- travelling to quiet rural areas, or high risk urban areas
- using their car as a mini office/base.

Care workers can encounter a number of problems associated with these situations, for example:

- being accosted by people on the street in quiet areas, during darkness or on public transport
- having to park in unlit, isolated areas
- accidents from using equipment belonging to or used with people who use the service
- theft
- manual handling problems.

A risk assessment is an important step to identifying all the risks associated with lone working.



legislation

There are no legal duties on employers specifically in relation to lone working and no legal bar to people working alone. However, there is legislation to ensure a safe working environment. The following are relevant.

Health and Safety at Work Act 1974

All employers have a duty to maintain a safe working environment 'so far as reasonably practicable' for their employees under the Health and Safety at Work Act 1974. This means that employers are expected to protect their workers against risks to their health and safety. The Act also expects that the working environment is safe and that training to ensure the health and safety of workers is carried out. These requirements are not only for office-based staff but lone workers and the environments they encounter too.

Management of Health and Safety at Work Regulations 1999

The regulations make it clear what employers must do under the Health and Safety at Work Act 1974, the main requirement of which is to assess all the risks to the health and safety of their employees and, if the organisation has more than five employees, to record the outcomes of the assessment.

The risk assessment should identify the risks associated with lone working, outline any safety measure that can help to reduce the risk and ensure that the safety measures are put into practice and reviewed regularly to make sure they are still valid. If the risk assessment shows that the risk is too hazardous for one lone worker to manage alone, other arrangements will need to be introduced.

The regulations also expect employees to take reasonable care for their own personal safety.

There are several other pieces of legislation which might need to be considered for lone workers in the domiciliary care field.

Health and Safety (First Aid) Regulations 1981

The regulations require employers to provide first aid equipment so that emergency first aid can be received by employees if needed. This could include the provision of first aid equipment in the car for lone workers travelling alone in case they are involved in accidents and incidents.

Provision and Use of Work Equipment Regulations 1998

If care workers use equipment in the course of their working day, e.g. hoists, the regulations require the risks to the health and safety of employees to be assessed. This is to ensure that the equipment is safe, suitable, regularly maintained and is used only by those who have been specifically trained in its use.

Lifting Operations and Lifting Equipment Regulations 1998

The regulations require any lifting equipment, e.g. hoists, to be used safely and by people who are competent to use them.

Control of Substances Hazardous to Health Regulations 1999 (COSHH)

These regulations require that any substances that are hazardous, including hazardous waste and cleaning materials used in infected areas, are identified and assessed for their risk to the health of care workers and that there are safety measures put in place to control these risks.



Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

These regulations place a legal duty on employers to report deaths, major injuries (or injuries that require more than three days off work) and dangerous occurrences at work. This would include accidents and incidents that happen as a result of lone working.

Corporate Manslaughter and Homicide Act 2007

This legislation allows an organisation to be convicted when the death of someone has occurred to whom it owes a duty of care, e.g. a staff member or a person using the service, due to the negligence of the organisation. This can include a failure to put into place adequate risk management systems.



employer responsibilities

A number of health and safety legislation requirements on employers have particular relevance to lone working. The aim is to ensure that the lone worker is not at any more risk than other employees who work together. Employers must:

- Carry out a risk assessment – this responsibility cannot be transferred to the lone worker
- Put systems in place to ensure staff who work alone are safe
- Record all assessment and safety measures identified to alleviate risk
- Regularly evaluate the systems to ensure they are still valid
- Ensure that if a risk cannot be made safe, two workers carry out the task
- Ensure staff training takes place
- Know where lone workers are during the day
- Ensure lone workers are supervised regularly, even if this is carried out differently from workers who work together
- Ensure that the company is insured to cover lone working.

employee responsibilities

Employees also have a responsibility under health and safety legislation to:

- Take reasonable care of their own and other people's safety
- Have an awareness of their surroundings and the possible threats to their personal safety when working alone
- Be involved in assessing risk and identifying safety measures
- Leave the working environment if there is an imminent danger to their safety
- Undertake and follow training provided to ensure their safety
- Ensure they take regular breaks to avoid working excessively long hours
- Follow the organisation's policies and procedures set up to protect their safety
- Use equipment in accordance with the training given and not misuse it
- Tell the employer when safety measures are not adequate
- Tell the employer when they have encountered a 'near miss' or have identified additional risks to their safety that were previously unidentified
- Report to the employer any actual accidents or incidents that occur, using proper organisational procedure.



risk assessment

The crucial element in ensuring the safety of lone workers is the risk assessment. The main aims of the risk assessment are to find out whether the work can be done safely by a lone worker, to ensure the lone worker is not put at any greater risk than those who would do the job together and to identify any jobs that are too difficult or dangerous for a lone worker to carry out.

This is crucial. The South West London Primary and St. George's Mental Health NHS Trust was prosecuted following the death of a lone worker for failing to carry out risk assessments and provide safety measures to reduce the risk.

The risk assessment should be carried out by someone who is experienced in assessing risk and has an understanding of what the job entails. It should also be carried out in conjunction with all lone workers with reference to other materials such as accident and incident books and RIDDOR reports.

The assessor should evaluate the risk on a cost versus benefit basis. It should be 'reasonably practicable' for the organisation to reduce the risk.

The steps that should be taken when carrying out a risk assessment are:

- Identify the possible risks to the safety of care workers working alone – this can entail using real life incidents or near misses from previously recorded information and from care worker experiences or by looking at possible worst case scenarios for each aspect of work
 - Identify safety measures to prevent incidents from occurring or to protect care workers who are working alone
 - Record this information in an accessible place (this is a requirement if the organisation has more than five employees)
 - Provide information and training to staff about the possible risks and measures to prevent incidents occurring
 - Managers and supervisors should monitor and review the risk assessment regularly to ensure it is still valid.
- Some of the questions that will need to be asked are:
- Is there a risk of violence?
 - Do you have certain groups of workers who may be more at risk, e.g. young workers, disabled workers, pregnant women, junior members of staff?
 - Is the lone worker medically and physically fit to work alone?
 - If the care worker's first language is not English, will they be able to understand the risks and safety measures?
 - Who will supervise the lone worker and how will this be done?
 - How is communication for every eventuality managed within the organisation?
 - Are there systems in place if the lone worker becomes ill or has an accident?
 - Can equipment and/or technology be used to reduce the risk to lone workers?
 - Does the care worker come into contact with any chemicals?
 - Does the person using the service, or others in the household, have an infection that could be spread?



- Has the lone worker been trained in how to deal with accidents and incidents whilst working alone?
- Can the risk be sufficiently managed by the lone worker?

The following table identifies some of the hazards that domiciliary care workers might encounter when working alone. This is not meant to be a complete list but will assist organisations to identify hazards specific to the organisation.

Legislation requires the organisation to assess the risks only for hazards that are ‘reasonably foreseeable’.

Hazards
Office staff not available to answer queries out of hours
Sudden illness of the care worker
Inadequate rest periods
Being accosted by people on the street in quiet areas, during darkness or on public transport
Travelling on public transport
Having to park in unlit, isolated areas
Violence from people on the street, other drivers, from people using the service or their friends/relatives or from aggressive pets
Accidents from chemicals used for cleaning
Accidents from equipment belonging to or used with the person using the service
Car accidents
Car breakdowns
Hazardous driving conditions
Theft
Car break-ins
Handling other people’s cash, e.g. for their shopping
Collecting medicines (including controlled drugs) from pharmacists
Risk of catching infectious diseases
Lifting and handling problems

Appendix 1 provides a checklist for the hazards identified and the questions that might be asked to determine whether you have measures in place to ensure the safety of lone workers.

Appendix 2 provides a basic Risk Assessment Template for you to use when identifying risks.

If it is not possible to reduce the risk enough so a lone worker can work safely, then the work should be carried out by two staff.



potential safety measures

There are a number of safety systems the organisation could adopt to help reduce the risk of harm to the lone worker. These include the following.

Assessment

Assessments of people's needs should include whether they or any of their friends or family is likely to become aggressive whilst the care worker is carrying out their care and treatment. The assessor can then determine the type of training that the care worker might require or whether the care worker should go into the home alone.

The presence of animals in the house and whether these would be likely to become aggressive is also an important part of the assessment. Assessors can then discuss with the person, the most appropriate course of action to protect the care worker from injury.

The assessment will also be the ideal opportunity to review the location to be visited, whether this is in a isolated rural area or a high risk urban area. This will provide an opportunity to assess what the additional risks to the care workers might be and plan for these accordingly. Parking facilities should also be part of the location assessment, including whether the care worker would be expected to park in an area adjacent to the home or whether they would need to park a distance away, which may cause additional control measures to be added.

Information that might be relevant to the safety of the lone worker during their caring role, e.g. control of infection, should be identified in the care plan and a handover given to care

workers so they are aware of the situation they will be going into.

Supervision

It is important that staff who work alone are supervised on a regular basis. The significance of the risk should determine how often care workers are supervised. Part of the supervisor's role is to provide guidance on specific areas of lone working about which the care worker may be concerned.

Young or new workers may need more supervision than more experienced care workers.

Supervision can be office based, via the telephone or during a joint visit to deliver care. The supervisor will need to determine whether the risk assessment is still valid and whether the safety measures are still working.

On-call systems

Where a care worker has to carry out visits out-of-hours, either in the evenings, at night or during the weekend or bank holiday, an on-call system may be required for a care worker to be able to alert someone at work to an emergency situation.

Also, if a care worker suddenly becomes ill, the person on-call would be required to organise emergency treatment for the care worker and for someone to cover the remaining care visits.

Emergency alert systems

The organisation should have in place an emergency alert system to deal with emergencies as they arise. This is not only an on-call system for out of hours working, but a



system that operates at all times in case of an emergency.

This might be a 'buddy system' whereby two lone workers meet up together at certain times throughout the day. It may be a system whereby care workers ring into the office at set periods throughout the day. It may be a system where a care worker can ring into the office and give a code word if they are in a difficult situation so that someone can summon help quickly or it might just be having a person at the end of the phone for the lone care worker to contact during any emergency.

An emergency action plan should be agreed in the event a care worker fails to call in on time or is not following the schedule and cannot be traced.

Part of each care worker's personnel records should include up-to-date contact details of the next of kin or person to contact in an emergency.

Bank staff

A bank staff system may help the organisation to find another care worker at short notice to continue the scheduled visits if a care worker suddenly goes missing either through an accident, illness or an incident.

Scheduling

Office staff should be aware of who each care worker is to visit during the day, the order of the visits and the amount of time they should spend on each visit, so the organisation knows where the care workers should be throughout the day. This is so that if a care worker goes missing, the office would have an idea of where they should

have been at a given time. A major problem with the investigation of the disappearance of estate agent Suzy Lamplugh was that no-one realised that she was missing until hours after the incident happened, thereby causing the crime scene to go 'cold'.

Tracking and tracing systems

A system to be able to trace the whereabouts of the care worker is appropriate, particularly when the worker is working in a high risk or quiet rural location. This might be via an electronic monitoring system, whereby care workers electronically sign in and out of each location visited at the start and finish of the visits. Alternatively, care workers could be asked to ring into the office at set times during the day and identify where they are on their schedule of work. Also, the care worker could be asked to ring in at the start and finish of their working day.

Equipment such as two-way alarms, mobile phones and/or pagers can be used to assist with tracking. The equipment should be tested on a regular basis to ensure it is still in working order. Be aware that mobile phones do not always work in some areas, so try to ensure the chosen network covers the area well.

Care workers should be asked to call in to base if they have had to change their working schedule or are delayed for any reason.

Travelling on public transport

If care workers travel on public transport in the course of work, they should be aware of their surroundings and risks to their personal safety during the journey. If they notice aggressive behaviour they should remove themselves from



the vicinity. They should be mindful of paying for bus/train/tram fares and the risk of robbery. Having the correct change ready will help.

The availability of timetables for transport departure and arrival times would be helpful for care workers.

The provision of panic alarms to enable care workers to call for help may be valuable in a difficult situation.

Driving safety measures

There are a number of hazards associated with driving and a number of measures that can be adopted to ensure safer driving conditions for care workers.

Ensure the care worker has a car that is roadworthy. Keep a record of the care worker's car including car tax due dates, current MOT certificate, service records and current insurance policies and encourage the care worker to belong to a breakdown service (or purchase group cover for all workers).

Ensure that staff don't get too low on fuel. Make sure they are aware of the local petrol stations, particularly those that the organisation may have accounts with, and the distances they might have to travel between stations.

Ensure that care workers do not encourage 'road rage' from others by responding to the aggressive behaviour of other drivers.

A GPS system may assist care workers to travel safely and directly to unknown areas.

Care workers should not have any valuables on show in the car. These should be kept in the boot, or in a place where they cannot be seen.

Before leaving from any visit, care workers should have their car keys to hand so that they can get into the car quickly. Also they should lock their doors while driving between visits. These suggestions are especially important when travelling at night or in quiet rural areas or high risk urban areas.

If driving in hazardous weather conditions, care workers should not put their own safety at risk. When driving through a storm or torrential rain, it may be safer for the care worker to stop and let the worst of the storm pass by. This may prevent an accident occurring. It may not be safe for care workers to drive through thick snow and alternative methods of transport or personnel based closer to the addresses to be visited may be a safer option.

Parking safety measures

Assessment will highlight any parking problems, but care workers should be mindful of alternative places to park, especially if the visit is taking place in dark, unlit areas. Also, the care worker should be aware of car park entrances and exits, payment machines and their own personal safety when parking. Any incidents or suggestions for a safer method of parking should be communicated to the manager and other staff visiting the same address.

Accident and breakdown procedures

If the care worker is involved in a car accident or breakdown (and if they are able),



it is important to summon help as soon as possible from the appropriate emergency or breakdown services. They should also let their own organisation know that they are unable to continue their visits.

When waiting for services (unless attending an injured person), the care worker should stay in the car with the doors locked. (Except if on the hard shoulder of a motorway or similar road, as per Highway Code guidance.) If anyone stops to help, care workers should be aware of their motives for doing so, and let them know, without fully opening the door or window, that the emergency services will be arriving in two minutes. If a care worker is in any way concerned, they should also tell the person that the police will be arriving in two minutes, then summon the help of the police as soon as possible. For more detailed advice, see the Highway Code, sections 274 and 275.

Visits to unknown people and locations

The first time a care worker visits a new person or location, they will be unsure of the situation they are entering and so should remain alert for any sign of threat.

If the person to be visited is not present, the care worker should not enter the address, and should explain to the person at the door that another appointment will be made.

Care workers should pay particular attention to entrances and exits, how doors are opened and shut and whether the door would need to be unlocked in order to leave the property – in which case a care worker should say that it is company policy not to work in anywhere that they are locked in. They should always follow

someone into the building, not enter first.

Care workers should be wary of any changes in behaviour of the person being visited or others present. They should try to keep calm and distance themselves from any angry or aggressive person.

Care workers should not meet aggression with aggression. They should try to stay calm and diffuse the situation.

If the care worker feels uncomfortable in any way, they should remove themselves from the house as soon as possible, making an excuse such as having to get some paperwork or equipment from the car. They should then phone for advice or help. If they do not want to go back into the house, they should call the person visited on the phone to say they have been called back to the office urgently. Future visits would then need to be planned in pairs if deemed safe.

Theft

Care workers should be mindful of their own personal safety and not do anything that will jeopardise this. They should take into an address only that which is needed for the visit. Additional unnecessary baggage may afford an opportunistic thief the chance of stealing something more easily.

If a thief tries to steal something from the care worker, it is safer to let them have the items. Fighting back may cause injury to the care worker.

If able, the care worker should summon help during the attack or, if not, as soon as practicable afterwards.



First aid and first aid kits

Care workers who work alone would benefit from having first aid training, in case of injury to the person being visited or to assist themselves or others if there is an accident. For this reason it may be prudent to provide a simple first aid kit for care workers to keep in their car.

Personal protective equipment (PPE)

There may be times when PPE is required to reduce risk to care workers. This can be to prevent the spread of infection or to protect the care worker from chemicals used for cleaning purposes around the home.

If a care worker does have to use PPE then it is also important that they are trained in how to put it on, remove it and dispose of it safely.

Using chemicals safely

Chemicals used for cleaning purposes, such as detergents and disinfectants, should have a separate COSHH assessment carried out and care workers should receive training on how to use them safely and how to deal with spillages.

The use of PPE is appropriate when using chemicals, for the safety of the care worker.

Manual handling

To ensure the safety of care workers when moving and handling people (a very big risk to the health and safety of care workers), ensure that each person being visited has had an assessment of their moving and handling needs.

Ensure that any equipment that is required is up-to-date with its inspection, is safe to use and there is enough room for the care worker to use it.

Where there is a risk to the care worker and/or person being visited with only one person operating equipment, ensure two people carry out the lifting task.

Training

The care worker must undertake training so they know what safety measures have been adopted and how to apply these in their own situations.

N.B. There is a poster in the back of this pack that you can use to display in your staffroom or give out to staff, providing some tips on how care workers can keep themselves safe.



policies and procedures

A number of policies and procedures will assist the organisation explain to staff the measures they have taken to ensure the safety of those who work alone.

- A lone worker policy will outline how the organisation manages the safety of lone workers. This policy should explain what can and can't be done whilst working alone.
- A health and safety policy will outline how the health and safety of staff within the organisation will be managed and how often risk assessments and health and safety inspections are carried out. In particular this will include the risks associated with lone working.
- A mobile phone policy will outline how mobile phones, pagers and other communication devices are to be used by lone workers.
- A staff welfare policy will ensure that staff, including lone workers, have their welfare managed. This may include the provision of personal safety alarms or other alarm systems. This may also include setting up an alarm system, or word used to raise an alarm. It should also ensure that lone workers take adequate breaks throughout the day, particularly if they are travelling long distances between visits.
- A communication policy will explain to staff how they should communicate with the organisation in given circumstances, including when working alone. This may include checking-in at reasonable times throughout the day, checking out of each address after each visit or checking that the lone worker has reached home safely.
- A policy on handling cash and other possessions, such as medication belonging to people being visited, will assist care workers to know and understand what is expected of them and what they should and shouldn't do.
- Supervision is a requirement of the Health and Safety at Work Act 1974. A staff supervision policy will outline how staff will be supervised, which will include ensuring staff understand the risks of lone working and the safety precautions put in place to protect them. Supervision can take place either in the office, via the telephone or during accompanied visits. More supervision may be needed for lone workers than office based workers and the level of supervision required will be identified during the risk assessment.
- A staff learning and development policy will include how staff are trained to ensure their safety and welfare, and in particular the types of training that are mandatory. For example, personal safety and awareness training for those who work alone.
- A disciplinary policy is required by the organisation. It may be appropriate for the organisation to discipline care workers who fail to follow health and safety measures set up to protect them from harm.



traceability

It is important that employers know where lone workers are for their own safety. There are several systems that employers can adopt to ensure staff can be traced, but these are dependent on care workers understanding the reasons behind them and ensuring they take steps to implement them.

- Scheduling of visits to identify the order that they should be carried out, how long each of the visits should take and how long the care worker should spend travelling between visits. This assists the organisation to know where a care worker should be at a given time. Therefore if a person phones to say a care worker hasn't arrived, the organisation will know early on whether there is a possible problem with the care worker and can make a call to find out whether there are any incidents the care worker has encountered.

- Communication systems whereby the care worker phones in at the start and end of their visit and/or at the start and end of the day, so that the organisation knows that the care worker is safe.
- An automatic scheduling system whereby the care worker enters the start and finish time of their visit. This will alert the organisation when a care worker does not show up for a scheduled visit.

Care workers will need to be responsible for understanding the reasons behind these procedures and ensuring they are maintained throughout the shift.

calling for help in an emergency

Care workers should receive information and training about any system the organisation sets up to try to look after the safety of the care worker in an emergency. Care workers must be responsible for ensuring that any measures are followed in an emergency situation, as the system could ensure the care worker's safety. Care workers will need to know:

- what the system is
- the type of emergency situation in which they should be calling for help
- who to contact
- how to contact them
- whether any code words are required.



accident, incident and near miss reporting and recording

The organisation should have a system in place for care workers to report and record accidents, incidents and near misses. The organisation will have accident and incident books or files that must be completed as soon as possible after the event, as well as informing the line manager of the episode. The Health and Safety Executive sells Accident Books. For further details go to: <http://books.hse.gov.uk/hse/public/saleproducts.jsf>. However, if you do not wish to purchase a book, a basic form can be produced using the following headings:

- a report of what happened
- details of any injuries
- details of the care worker, assailant (if any), any witnesses, car registration numbers
- date, time and location of the incident
- what happened following the incident – sickness, hospitalisation, redeployment etc?

Any accidents or incidents should be examined to see whether these are covered by the risk assessment and review whether any safety measures are still valid. If the incident is new, or the safety measures are no longer valid, the risk will need to be re-evaluated and new safety measures arranged.

Near misses are useful to report too, as these are potential incidents waiting to happen. These might include accident black spots, adjacent car parking not being available or car parks being full causing care workers to park a long distance away from the address to be visited, road works causing care workers to run late (not as scheduled), or care workers phoning for help and no-one answering the phone. These should be added to the risk assessment along with any control measures that might be appropriate.

Care workers should know the types of accidents, incidents and near misses to record and who they should report them to.

See appendix 3 for an Accident, Incident or Near Miss Reporting Template.



caring for lone workers after incidents and accidents

If a care worker is involved in an incident, they must be treated sensitively to avoid any long term distress. This may involve a number of measures:

- Feedback – it may be therapeutic for the care worker to discuss the incident, what happened, what they did, how they felt the situation was handled, could they have done anything more or better. This session is not meant to be critical of the care worker.
- Time off work – the care worker may need to take time off work to recover from the situation, especially if they have been injured in some way.
- Replacing stolen goods – as a gesture of goodwill the company's insurance policy could be used to replace any personal goods stolen as a consequence of the care worker working alone on behalf of the organisation.
- Redeployment – if the incident is so severe that the care worker can no longer work alone, consideration could be given to redeploying the staff into another part of the organisation.
- Financial or legal help – it may be appropriate for the organisation to offer some financial and legal help to the care worker, particularly if they have had to take an extended period of time off work or if they need to take legal action against the perpetrator. It must be remembered that the incident happened to the care worker whilst they were working for the organisation.
- Further training – there may be a need to make other staff aware of the incident and discuss how they could tackle this in the future.



lone worker training

Lone worker awareness training is essential to ensure the safety of lone workers. Training should include the following elements:

- Who is a lone worker
- What are the possible risks to safety
- What can be done to counter these risks, e.g.
 - what policies, procedures and protocols are in place to ensure safety
 - reporting accidents, incidents and near misses
 - ensuring traceability
 - calling for help in an emergency
- Specific training on:
 - personal safety
 - dealing with threatening and aggressive behaviour
 - awareness strategies
 - what to do in specific situations
- Record keeping.

Separate training may have already taken place within the organisation that will help to deal with some of the safety measures identified. This training includes:

- dealing with chemicals
- lifting and handling
- personal protective equipment
- first aid
- infection prevention and control
- medication.

Care workers must understand and remember the systems that have been set up for their protection, so training may include some testing or role play either during the session or afterwards so that staff know and understand what to do in difficult situations. Training can also be affirmed during staff supervision sessions.

Care workers who work alone must be competent to deal with situations as they arise. They will receive supervision on a regular basis. The significance of the risk will determine how often care workers are supervised. Part of the supervisor's role is to provide guidance on specific areas of lone working about which the care worker may be concerned. It is the manager's role to ensure that any areas of concern are risk assessed and measures put in place to control these risks. If the manager cannot control the risk adequately, two members of staff may be required to carry out the task.



conclusion

Domiciliary care work is carried out by a high proportion of lone workers who are more vulnerable than those workers who carry out caring duties for people in residential or institutional environments.

This resource guide gives an indication of the types of risk that care staff working by themselves might encounter. It also looks at the measures which can be taken by organisations to raise the safety of its staff to the level of staff working jointly. Not all the measures will need to be adopted -- this will depend on the specific risks and type of work carried out by the staff.

Care workers will also need frequent supervision to ensure their safety, and the amount of supervision will depend on the assessed risks. The staff will also need to undertake regular training to enable them to put into practice the safety measures that the organisation has identified to keep them safe.

When care workers are working alone it is important that they have access to or the ability to contact someone in the organisation if they encounter an accident or incident. It is also important that the care workers, know every day, who this person will be and that the person is available.

If care workers follow the procedures they have been given by the organisation, the likelihood is that they will remain as safe as staff who work together.



further information

Business Link

www.businesslink.gov.uk/bdotg/action/layer?topicId=1074426698

Health and Safety Executive

www.hse.gov.uk/pubns/indg73.pdf and www.hse.gov.uk/pubns/indg69.pdf

London Hazards Centre

www.lhc.org.uk/members/pubs/factsht/65fact.htm

Skills for Care

www.skillsforcare.org.uk/developing_skills/violence_against_social_care_staff/a_guide_for_employers.aspx

The Suzy Lamplugh Trust

www.suzylamplugh.org

Trades Union Congress

www.tuc.org.uk/h_and_s/index.cfm?mins=337

Unison

www.unison.org.uk/acrobat/10943.pdf

appendix 1 - hazard checklist

Hazards	Questions to ask	Tick if in place
Office staff not available to answer queries out of hours	Is there a staff member available out of hours to answer queries?	
Sudden illness of the care worker	Does the care worker know who to call? Do you have anyone in the organisation that can take over the scheduled visits at short notice?	
Inadequate rest periods	Does the care worker know what rest periods they are entitled to? Does the care worker know the risk to their safety of not taking adequate rest periods?	
Being accosted by people on the street in quiet areas, during darkness or on public transport	Has the care worker had training on how to deal with this? Can the care worker summon help easily?	
Travelling on public transport	Does the care worker know the departure and arrival times for their transport? Does the care worker have the correct fare available? Has the care worker had training on how to keep him/herself safe when travelling on public transport? Can the care worker wait in well-lit areas for transport?	
Having to park in unlit, isolated areas	Has the care worker had training on how to keep him/herself safe when working at night? Does the organisation consider parking facilities at night during assessment?	
Violence from people on the street, other drivers, from people being visited or their friends/relatives or from aggressive pets	Has any aggressive behaviour from people or animals been picked up on assessment? Has the care worker been trained in dealing with violent or aggressive behaviour? Has the care worker had training on keeping themselves safe? Does the organisation know where the care worker is at set periods throughout the day? Does the care worker know who to call to summon help?	
Accidents from chemicals used for cleaning	Has the care worker had training on how to handle chemicals? Has the care worker been provided with PPE? Does the care worker know how to use and dispose of PPE correctly?	

Accidents from equipment at the address visited	<p>Has the care worker been trained in how to deal with accidents?</p> <p>Has the care worker been trained in first aid?</p> <p>Does the organisation supply lone workers with first aid kits?</p>	
Car accidents	<p>Has the care worker been trained in how to deal with accidents?</p> <p>Has the care worker been trained in first aid?</p> <p>Does the organisation supply lone workers with first aid kits?</p> <p>Does the organisation know where the care worker is at set periods throughout the day?</p>	
Breakdowns	<p>Does the organisation keep the details of care worker's car, e.g. tax, insurance, MOT, breakdown cover?</p> <p>Has the care worker had training on how to keep him/herself safe in the event of a car breakdown?</p>	
Hazardous driving conditions	<p>Has the care worker had training on how to keep him/herself safe when travelling around?</p> <p>Does the care worker know they should not put their own safety at risk?</p> <p>Does the care worker know when to take breaks or stop driving?</p>	
Theft	<p>Does the care worker know who to contact in an emergency?</p> <p>Has the care worker had training on how to keep him/herself safe?</p>	
Car break-ins	<p>Does the care worker know who to contact in an emergency?</p> <p>Has the care worker had training on how to travel around safely?</p>	
Handling cash for shopping for people using the service	<p>Has the care worker had training in how to deal with cash?</p> <p>Does the care worker know who to contact in an emergency?</p> <p>Has the care worker had training in how to keep him/herself safe?</p>	

Collecting medicines (including controlled drugs from pharmacists)	<p>Has the care worker had training in how to collect medication safely?</p> <p>Does the care worker know who to contact in an emergency?</p> <p>Has the care worker had training in how to keep him/herself safe?</p>	
Risk of catching infectious diseases	<p>Has the care worker had training in how to prevent and control the spread of infection?</p> <p>Has the care worker been provided with PPE?</p> <p>Does the care worker know how to use and dispose of PPE correctly?</p>	
Lifting and handling problems	<p>Has the care worker been trained in lifting and handling techniques?</p> <p>Has the care worker been trained in using equipment?</p> <p>Does the organisation adopt a 'buddy' system to meet up for joint visits?</p>	

appendix 2 - lone worker risk assessment template

Identified hazard	Likelihood of hazard occurring	Severity of hazard occurring	Risk level (Likelihood x severity)	Counter measures	Additional requirements

Key 1 = Low 2 = Medium 3 = High

appendix 3 - lone worker accident, incident or near miss reporting template

Date and time of accident, incident or near miss	Location of accident, incident or near miss	Outline of what happened	Additional details eg. witnesses, car reg. no. etc.	Details of any injuries suffered	Outcome of accident, incident or near miss, e.g. time off work, hospitalisation

keep yourself safe when working alone

top tips

- **Ensure you follow your organisation's lone worker policies and procedures; these have been developed to keep you safe.**
- **Keep to your schedule of work, if you are delayed for any reason let the office know.**
- **Make sure you have all the emergency phone numbers you need on 'speed dial' on your phone.**
- **Keep all valuables in your car out of sight.**
- **Do not encourage 'road rage' from other drivers.**
- **Use personal protective equipment (PPE) when this has been provided for you.**
- **If you are concerned for your safety in any situation, remove yourself from the vicinity as soon as possible.**
- **Make sure you attend any training sessions the organisation provides to keep you safe when working alone.**

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