



HSE Policy and Guidance on Lone Working 2022


Is this document a:

Policy

Procedure

Protocol

Guideline

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3	November 2022	2.0 Risk Assessment Process – Section expanded	NHSF
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3	November 2022	6.0 Information, Instruction and Training – Section expanded and included link to HSELand	NHSF
3	November 2022	8.0 Roles and Responsibilities – Aligned to the Corporate Safety Statement	NHSF
3	November 2022	<p>The Following appendices were re-designed and expanded to include additional examples:</p> <ul style="list-style-type: none"> • Appendix IA - Potential hazards and risks to consider for lone working staff, working away from their fixed base, carrying out home visits or who travel in the course of their work • Appendix IIA - Potential hazards and risks to consider for lone working staff within premises / in remote parts of premises / working out of hours • Appendix IIIA- Possible hazards and risks to consider for lone working staff working remotely • Appendix VA-Personal safety measures for lone workers who work away from their fixed base/carry out home visits • Appendix VIA - Personal safety measures for lone workers working within premises / in remote parts of premises / working out of hours • Appendix VIIA - Personal safety measures for lone workers who travel in the course of their Work 	NHSF
3	November 2022	Appendix VIIIA - Sample lone worker escalation process	NHSF
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TABLE OF CONTENTS

Part A

1.0	Introduction	5
2.0	Risk Assessment Process	6
3.0	Monitoring and Periodic Review	10
4.0	Communication and Notification of Risk	10
5.0	Guidance on Risk Reduction Measures	10
6.0	Information, Instruction and Training	15
7.0	Incident Management	16
8.0	Roles and Responsibilities	16

Appendices to Part A

Appendix IA	Potential hazards and risks to consider for lone working staff, working away from their fixed base, carrying out home visits or who travel in the course of their work	19
Appendix IIA	Potential hazards and risks to consider for lone working staff within premises/in remote parts of premises/working out of hours	21
Appendix IIIA	Possible hazards and risks to consider for lone working staff working remotely	22
Appendix IVA	Dynamic Risk Assessment	23
Appendix VA	Personal safety measures for lone workers who work away from their fixed base/carry out home visits	24
Appendix VIA	Personal safety measures for lone workers working within premises/in remote parts of the premises/working out of hours	25
Appendix VIIA	Personal safety measures for lone workers who travel in the course of their work	26
Appendix VIIIA	Sample lone worker escalation process	27

Part B

1.0	Initiation	28
1.1	Purpose	28
1.2	Policy Statement	28
1.3	Scope	29
1.4	Objectives	29
1.5	Outcomes	29
1.6	Policy Development Group	29
1.7	Approval Governance Group	29
1.8	Supporting Evidence	29
2.0	Development of Policy	30
2.1	Literature Review Questions	30
2.2	Literature Search Strategy	31
2.3	Method of appraising the evidence	32
2.4	Recommendations	32
2.5	Resources necessary to implement the PPPG recommendations	32
3.0	Governance and Approval	32
4.0	Communication and Dissemination	33
5.0	Implementation	33
6.0	Monitoring, Audit and Evaluation	33
7.0	Revision/Update	33
8.0	References	33

9.0	Appendices to Part B	34	
	Appendix IB	Signature Sheet	35
	Appendix IIB	Membership of the Policy Development Group	36
	Appendix IIIB	Membership of the Approval Governance Group	37
	Appendix IVB	Glossary of Terms/Definitions/Abbreviations	38
	Appendix VB	Implementation Plan	42
	Appendix VIB	Audit checklist for the implementation of the HSE Policy and Guidance on Lone Working 2022	43

PART A

1.0 Introduction

- 1.1** The HSE recognises that due to the nature of work within the HSE and the facilities from which care is provided, some staff are required to work by themselves without close or direct supervision in a diverse range of environments. In this regard, it is the policy of the HSE to ensure the safety of lone workers by minimising the related risk and putting in place appropriate measures to improve their safety.
- 1.2** *'Lone working can be defined as any situation, or location, in which someone works without close or direct supervision; without a colleague nearby, or is out of sight or earshot of another colleague' (NHS, 2018)*

The following table provides examples of situations where staff may work alone:

Situations	Disciplines
Lone working staff within premises e.g. treatment room, cubicle, meeting room, reception area, laboratory, office in remote parts of premises, working out of hours	<ul style="list-style-type: none"> • Nursing staff • Medical staff • Porters • Security • Catering staff • Reception and administration staff • Facilities and maintenance staff • Domestic Staff • Health and Social Care Professionals (HSCPs) • IT staff • Phlebotomists • Transport staff • Other HSE/contractor/agency staff
Lone working staff working away from their fixed base or who travel in the course of their work e.g. group education, domiciliary visits	<ul style="list-style-type: none"> • Community nursing • Community Health and Social Care Professionals HSCPs • Administration staff/management • Health promotion staff • Home Support Workers • Patient and client care staff • Ambulance personnel • Staff travelling alone for business purposes in cars/vehicles/public transport/on foot

Table 1- Examples of situations where staff may work alone (Non-Exhaustive)

- 1.3** Employees who work alone face the same hazards in their daily work as other employees, however, for lone workers the risk of harm is often greater if there is no-one there to help if something goes wrong or if the person suffers a sudden illness. A lone worker needs to be more aware and alert to recognise and avoid harm and know how to get help quickly.
- 1.4** Some of the risks which lone workers may face include:
 - Threats, aggression and violence
 - Inadequate hygiene and welfare facilities

- Effects of social isolation
- Sudden illness/emergencies
- Lack of immediate support and assistance
- Risks related to driving such as vehicle breakdown
- Fire

2.0 Risk Assessment Process

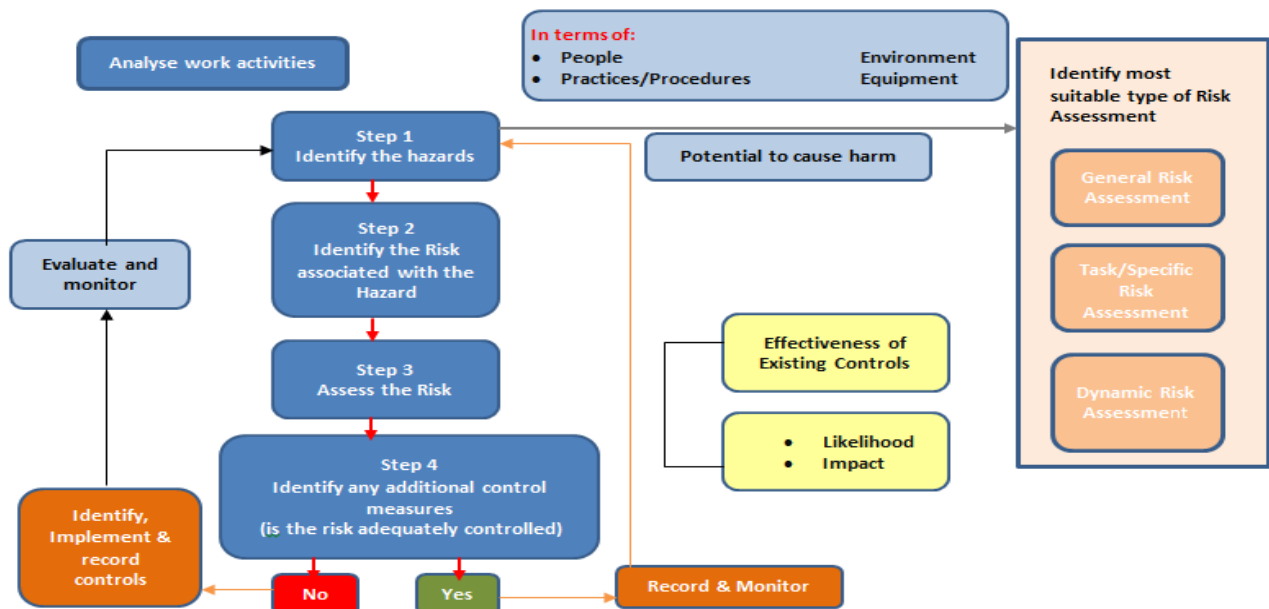
2.1 In line with legislative requirements and safety management practice, it is the responsibility of managers to identify hazards at the place of work and to assess the risks presented by those hazards.

The protection of lone workers starts with a [documented risk assessment](#) which will identify who will be affected and how, whether the work can be done safely by an unaccompanied employee and the actions required to eliminate or reduce the risk of lone working in so far as is reasonably practicable. The hierarchy of controls¹ should be followed, with lone working being eliminated, where practical.

The lone working risk assessment can be used to cover a whole service or for an individual member of staff.

The risk assessment process is summarised in figure 1 below.

Figure 1 - Risk Assessment Process



¹ The hierarchy of control is a step-by-step approach to eliminating or reducing risks and it ranks risk controls from the highest level of protection and reliability through to the lowest and least reliable protection

2.1.1 Analyse the work activities

To undertake a risk assessment, it is important to understand what in the workplace could cause/potentially could cause harm to lone workers which includes the work activities, work environment and use of work equipment /substances.

Table 2 below outlines a number of risk factors associated with lone working which should be considered as part of the risk assessment process.

Work Location	<ul style="list-style-type: none"> • Does the workplace present a risk to the lone worker? • Is the work carried out in a rural or isolated area? • Is the lone worker going into someone else's home or premises? • Is the work carried out in a treatment room / cubicle / reception area which is out of sight or earshot of a colleague?
Work Activity	<ul style="list-style-type: none"> • Can one person do the job safely? • Is there a potential risk of aggression violence? • Is there a history of previous incidents/near misses?
Work Equipment	<ul style="list-style-type: none"> • Can the equipment/substance involved in the work activity be safely handled and operated by one person? • Does the lone worker have access to adequate and reliable means of communication/a way to call for help?
Lone Worker (specific risk factors)	<ul style="list-style-type: none"> • Has the person received appropriate training based on a training needs assessment (TNA)? • Are young workers, pregnant employees or persons with disabilities particularly at risk if they work alone? • Is the person medically fit to work alone? • Is the lone worker aware of any potential cultural factors? • Is there an enhanced potential for discrimination for staff who are lone working and represent one or more of the diversity grounds²? (For further information please refer to the DEI webpage and DEI hub on HSE Land: DEI Webpage: Diversity Equality and Inclusion - HSE.ie HSE Land: HSE Land The Irish Health Service's portal for online learning)

Table 2 – Risk factors associated with lone working (non-exhaustive)

² Diversity Grounds outlined in the Employment Equality Acts 1998-2015; (age, civil status, disability, ethnicity and race, family status, gender, membership of the traveller community religion, and sexual orientation).

2.1.2 Risk Assessment Steps

Risk Assessment Steps	
Step 1: Identify the hazards	Appendix IA and Appendix IIA provide examples of potential hazards and risks associated with lone working. For further information refer to the below: <ul style="list-style-type: none"> • Appendix IA
Step 2: Identify the risks associated with the hazard	<ul style="list-style-type: none"> • Appendix IIA <p>Potential hazards and risks to consider for lone working staff working away from their fixed base carrying out home visits or who travel in the course of their work.</p> <p>Potential hazards and risks to consider for lone working staff within premises/in remote parts of premises/working out of hours.</p>
Step 3: Assess the risk	<p>The next step is to:</p> <p>(1) Identify and document the existing control measures and</p> <p>(2) Assess and rate the risk associated with the hazard taking into account any existing control measures</p> <p>The likelihood and impact will depend on the control measures already in place, how effective they are, the experience, knowledge and skill of the employee(s) undertaking the task, the system of work and the available resources</p> <p>Other contributory factors that should be considered include:</p> <ul style="list-style-type: none"> • information from the review of incidents that have occurred • audits and inspections that have been undertaken <p>Based on consideration of the above factors, a numerical scoring should be applied</p> <p>The HSE has adopted a standardised approach to the assignment of likelihood and impact scores and the rating of risk i.e. the HSE Risk Assessment Tool.</p>
Step 4: Identify any additional control measures	Section 5.0 Guidance on Risk Reduction Measures provides evidence based guidance on control measures to assist in minimising the risks associated with lone working activities.

For further guidance on how to complete a lone working risk assessment, refer to [GD:004 Guideline Document Completion of Occupational Safety and Health Risk Assessments](#)

Dynamic Risk Assessment

Employees have a responsibility under health and safety legislation to take reasonable care of themselves and to cooperate with their employer. It is recognised that situations can change rapidly and the associated risks can also change. In these situations employees have to make operational decisions based on risks which cannot necessarily be foreseen e.g. a person under the influence of drink or drugs, a hostile dog, escorting a patient alone, during a one to one consultation, therapeutic observation (specialing) of a patient. This process is referred to as a dynamic risk assessment.

Dynamic risk assessments (undocumented) are not a substitute for a documented risk assessment. However, it is acknowledged that it is not always possible to identify all hazards where the working environment and or interaction with the service user or others is outside the employer's control. Any concerns must be reported to the line manager at the earliest opportunity and the lone working risk assessment reviewed and updated as appropriate.

For further guidance on dynamic risk assessment refer to appendix IVA

3.0 Monitoring and Periodic Review

Once control measures have been introduced, they must be evaluated on a regular basis to assess their effectiveness and ensure they are achieving the desired result. This should be proactive to include audits/workplace inspections, analysing local performance indicators, and reactive following an incident.

In line with legislation risk assessments must be reviewed where:

- (a) There has been significant change in the matters to which they relate
- (b) There is another reason to believe they are no longer valid

Examples include: when new procedures, new equipment, technology or personnel are introduced.

It is best practice and HSE policy, to review risk assessments at least annually.

4.0 Communication and Notification of Risk

Where additional resources are required for the control of a hazard and such resources are not immediately available, the risks associated with the hazard should be incorporated onto the relevant risk register and prioritised for action or notified to the next level. In the interim the risk will continue to be managed and monitored so far as is reasonably practicable at local level and the relevant manager informed of any changing circumstances³.

5.0 Guidance on Risk Reduction Measures

To support managers in carrying out their risk assessments in consultation with their staff the following provides evidence based guidance on minimising the risk associated with lone working activities.

5.1 Information Sharing

- 5.1.1** In order to carry out their job safely and efficiently it is important that all lone workers have access to information from available sources to ensure they are not put at risk. Good quality information in relation to contacts and locations can prove very helpful.
- 5.1.2** Each department/service head should ensure that there is an appropriate flow of information to and from other departments/outside teams, and that appropriate record sharing protocols, in accordance with HSE policies and procedures, are followed.
- 5.1.3** Where there has been a near miss or an incident involving an employee, it is essential that the information is shared with the team, other agencies and colleagues who may be visiting the individual concerned or going into an otherwise risky environment.

5.2 Service User Referrals

- 5.2.1** HSE contact with service users initially commences with a referral. It is important therefore to ensure that there is full information sharing in respect of any history or concern in relation to service users/family members to the service to which the referral is being made.

³ HSE, (2017), Integrated Risk Management Policy (Part 3, Managing and Monitoring Risk Registers) – Guidance for Managers 2017

- 5.2.2** All referrals, or requests for a visit, should be made through an authorised source where possible. This may not always be possible given the ethos and practice of self-referral. The practice and ethos of self-referral highlights the need to do all that is reasonably practical to ensure a safe system of work is in place. It is the responsibility of line management and each individual lone worker to obtain as much information as possible prior to consultation.
- 5.2.3** Line managers and lone workers should ensure whenever possible that all service users, relatives and carers are aware that the preferred channels of communication are through an authorised source. This should be communicated in detail to lone workers prior to commencing lone working activities where possible.
- 5.2.4** Lone workers should never provide their personal telephone or pager numbers to service users, relatives or carers.
- 5.2.5** Where self-referral is made from a client that is not known to the service a risk assessment must be carried out and where possible the lone worker should be accompanied by a colleague.
- 5.2.6** Where there are known risks associated with a particular location or service user, the risk assessment should identify whether a home visit is appropriate or if an alternative location is warranted.

5.3 Central point of contact (control point)

- 5.3.1** A central point of contact should be established for the employee to leave details of their lone working activities. This will assist in the implementation of appropriate action being put in place should a lone worker be in difficulty. In the likelihood of changing circumstances, the lone worker should be able to advise the control point of any deviation from their planned itinerary.
- 5.3.2** In light of the above it is necessary for each manager to establish an appropriate agreed point of contact to manage lone working.
- 5.3.3** The following arrangements used individually or collectively may prove effective. Selection should be guided by risk assessment and consultation e.g.
 - Office base - manned at all times when employees are lone working
 - An answer phone that is monitored at agreed intervals
 - Nominated person with a mobile phone
 - On call nominated manager system
- 5.3.4** The central point of contact should also hold details of all the lone workers to ensure that in the unlikely event of a lone worker failing to return to/contact the control point at the agreed intervals, or if there is sufficient concern for the safety of a lone worker an escalation procedure must be put in place.

For each lone worker the details should include:-

- Name
- Address, home telephone number and emergency contact
- Mobile phone number and/or pager number
- Work start time
- Itinerary visits
- Name, address/eircode and telephone number of each service user
- The order of visits
- Expected time of visit or call-in
- Car registration make and model

- 5.3.5** If base/control point becomes sufficiently concerned for the safety of the lone worker an escalation procedure⁴ must be put in place.

The escalation could be to:-

- Line Manager
- Head of Department
- Nominated buddy
- The Gardaí

5.4 Visits away from base

- 5.4.1** In order to reduce the risk to the lone worker all visits should be scheduled where possible.

- 5.4.2** No matter what the reason planned visits are missed/changed, the control point should be informed.

5.5 Fixed Workplaces

- 5.5.1** Workplaces and their surrounds should be designed to reduce the risk of injury.

- 5.5.2** The Risk Assessment should take environmental design into consideration and include:

- Controlled access and egress
- Access to parking
- Location and layout of consultation/interview rooms
 - Centrally located with viewing panels
 - No additional equipment/furniture that could be used as missiles or weapons
 - Chairs and tables should be strategically placed to allow the employee the easiest access to exit route should this be necessary
- Communication devices (use of panic alarms, CCTV, etc)
- Lighting and temperature control
- Easy access to exit as appropriate

5.6 Use of technology

- 5.6.1** The introduction of technology (lone worker devices) should not be viewed as a solution in itself; however if used correctly in conjunction with robust procedures it can enhance the protection of lone workers. Such equipment must be used in accordance with the guidance provided.

- 5.6.2** The requirement for lone worker devices should be identified through the risk assessment process and discussed as part of a multidisciplinary approach to determine the most effective system.

- 5.6.3** There must be a clear and robust response protocol in place in the event of a lone worker device being activated, which is tested periodically.

- 5.6.4** Lone working systems and devices must only be used for their intended purpose with managers and employees accepting responsibility by adhering to the safety measures put in place by the HSE to protect them.

- 5.6.5** Lone worker devices must be properly maintained, and form part of a routine preventative maintenance schedule (to include Portable Appliance Testing

⁴ Refer to Appendix VIII A For sample Lone Worker escalation process

(P.A.T. testing) where appropriate) and checked daily/at change of shift to ensure they are working effectively.

- 5.6.6** Where lone working devices are introduced, employees must receive appropriate information, training and instruction on their use.

5.7 Transport

5.7.1 Lone working and taxis

The HSE does not advocate the use of taxis or private hire vehicles for use by lone workers. Where there is an operational requirement for such transport to be used, lone workers must only use reputable licensed companies and they should book in advance. Private hire cabs should not be used, other than licensed or registered hackney carriages.

5.7.2 Driving

- 5.7.2.1** In line with HSE policy, a driving for work risk assessment must be carried out by the line manager for all employees who are driving.
- 5.7.2.2** Lone workers should ensure the vehicle has adequate fuel for the journey and ensure their vehicle is kept in good condition, maintained and unlikely to break down.
- 5.7.2.3** Lone workers should plan sufficient time for the journey to avoid taking unnecessary risks.
- 5.7.2.4** Bags, valuables or anything which personally identifies the lone worker, their address or family details should not be visible in the vehicle.
- 5.7.2.5** Lone workers should always hold vehicle keys in their hand when leaving premises to aid quick entry into the vehicle.
- 5.7.2.6** Once inside, it is recommended that all doors should be locked, especially when travelling slowly or stopped at traffic lights.
- 5.7.2.7** Ensure when attending a home visit, cars are parked in a manner which allows them to be driven away immediately, without turning or reversing.
- 5.7.2.8** Park where possible in well-lit areas and try to avoid parking in driveways.
- 5.7.2.9** When driving alone, after dark, do not stop to offer assistance to anyone who may appear to be in distress. Stop in a safe place and contact the emergency services. If followed or in doubt, drive to the nearest Garda Station or well lit, populated building such as a petrol station to request assistance.
- 5.7.2.10** Lone worker should in preparation for a possible breakdown bring emergency breakdown kit i.e. torch, high vis jacket, road side warning triangle, emergency sign for back window, spare wheel and equipment needed to change a tyre and in date first aid kit. Ensure mobile phone is fully charged especially if going on long journeys (Refer to Appendix VIIA).
- 5.7.2.11** In case of breakdown, lone workers should contact their manager, colleague or 'buddy' immediately. If using a mobile phone and the signal is poor, or there is no signal at all, they should put their hazard lights on. If they need to leave the vehicle to raise assistance, the

vehicle should be locked and they should remain visible to passing traffic.

5.7.3 Lone working and travelling by foot

- 5.7.3.1** Where staff need to take part of their journey by foot they should always endeavour to use well-lit paths and pavements.
- 5.7.3.2** They should avoid unoccupied/unpopulated areas and should ensure that their colleagues are aware of the route being taken prior to the journey.
- 5.7.3.3** Staff members need to be aware of the areas that they are working in and plan their journey accordingly.
- 5.7.3.4** Uniforms should be covered up and equipment and other items should be kept to a minimum.
- 5.7.3.5** In the event of a situation where a staff member has concern for their safety they should head for the nearest public area (shop, petrol station, Garda Station etc.).
- 5.7.3.6** If possible look out for street CCTV cameras and try and remain in view of these.

5.7.4 Lone working and public transport

Where it is necessary to utilise public transport, staff members should prepare for their journey by ensuring they know the routes and times of buses/trains etc. They should stick to using larger stations and bus stops in busy areas if possible.

5.8 Emergency Procedures

- 5.8.1** The risk assessment should identify foreseeable events e.g. sudden onset of illness. Emergency procedures should be established and lone workers trained in them.

5.9 Supervision

- 5.9.1** Although lone workers cannot be subject to constant supervision, it is still the duty of the line manager in so far as is reasonably practicable to ensure their safety and health at work. Supervision can help to ensure that employees understand the risks associated with their work and provide guidance in times of uncertainty.
- 5.9.2** The risk assessment should identify the level of supervision required and the means to providing it. The risk assessment should also set out the procedures under which the lone worker reports to base. Supervision can be carried out when checking the progress of the work, it may take the form of periodic site visits combined with discussions in which health and safety issues are raised.
- 5.9.3** Regular contact between line manager and the lone worker is required and forms a key part in ensuring the safety of the lone worker.

5.10 Remote Working

- 5.10.1 Where staff are remote working maintain good communication systems and engage regularly to minimise feelings of isolation. Consider regular one-to-one meetings between remote workers, and the line managers; regular meetings between remote workers and co-workers.
- 5.10.2 Attendance in the work place as per HSE Policy.
- 5.10.3 Ensure access to information, such as policy documents, internal contact details and essential files, in line with GDPR.
- 5.10.4 Ensure access to relevant Information Technology (IT) helplines for support in dealing with software/technology issues.
- 5.10.5 Use of varied methods of communication eg. virtual meeting platforms, telephone, email etc.
- 5.10.6 Set boundaries between working and non-working hours.
- 5.10.7 Encourage remote workers to discuss any wellbeing issues.

6.0 Information, Instruction and Training

The [Safety, Health and Welfare at Work Act 2005](#) (Section 9 and Section 10), requires employers to ensure that employees receive appropriate training, information, instruction and supervision relevant to the risks associated with their tasks which include lone working activities.

Managers must ensure they complete a training needs assessment (TNA) which is informed by the risk assessment. The risk assessment will assist the manager in the identification of any training that is appropriate to their employee and the service.

Training is particularly important where there is limited supervision to control, guide and help situations of uncertainty. Training may be critical to avoid panic reactions in unusual situations.

Training for lone workers may include the following; personal safety techniques, management of work related aggression and violence training and education, first aid procedures, emergency procedures, training in the use of any lone worker protection technology and any other training requirements identified in the risk assessment. While training is recognised as an important preventative control measure, it must be supported by appropriate supervision, a robust risk assessment process, effective communication and consultation with employees, documented safe systems of work, on-going review and learning from incidents, and sharing of information between services and employees. These are all equally important measures that must be considered with regard to managing the safety, health and welfare of employees who work alone.

For more information on health and safety training programmes please refer to the NHSF website.

<https://healthservice.hse.ie/staff/training-development/health-and-safety/>

Also refer to the below link to specific training programmes:

- Managing Health & Safety in Healthcare
- Occupational Safety and Health (OSH) Risk Assessment Webinar

[HSeLanD | The Irish Health Service's portal for online learning](#)

7.0 Incident Management

All incidents, must be reported, and managed in accordance with the [HSE Incident Management Framework](#). Reporting of incidents should be done using the appropriate National Incident Report Form (NIRF).

In the event of an incident, the line manager should:

- Carry out a timely assessment of the situation to establish the safety, health and welfare of employees and service user(s) as situationally appropriate
- Provide appropriate support to those involved

As part of the post incident review the line manager should:

- Review the incident with employee(s) involved
- Review the effectiveness of the risk assessment and control measures
- Contact relevant clinicians or others where appropriate
- Advise on follow up support as appropriate

8.0 Roles and Responsibilities

8.1 Chief Executive Officer (CEO)

The CEO has overarching responsibility to ensure, so far as is reasonably practicable the safety, health and welfare at work of all employees and others affected by HSE activities by:

- 8.1.1** Ensuring the development of and compliance with this policy.
- 8.1.2** Delegating operational responsibility for the day-to-day discharge of statutory duties under the [Safety, Health and Welfare at Work Act, 2005](#) to the Executive Management Team, Senior Management Team, Extended Senior Management Team, Senior Managers, Local Senior Managers and Line Managers for all matters within their control.

8.2 Senior Managers e.g. Hospital Group Chief Executive Officers, Chief Officers Community Health Organisations, Chief Ambulance Officers, Assistant National Directors Corporate Services

- 8.2.1** Ensure there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation and audit of this Policy throughout their respective areas of responsibility.
- 8.2.2** Ensure necessary resources are allocated and are available for the implementation of this Policy.
- 8.2.3** Integrate performance indicators in relation to implementation of this Policy.

8.3 Local Senior Managers e.g. Hospital GM, Heads of Service, Directors of Nursing, Directors of Midwifery

- 8.3.1** Ensure that all employees are aware of and implement this Policy.
- 8.3.2** Ensure that the hazards and risks to employees associated with lone working are identified and assessed, and appropriate measures are put in place to eliminate, control or minimise the risk.
- 8.3.3** Ensure that risk assessments are undertaken in a written format and form part of the site/service safety statement.

- 8.3.4** Ensure there is a process in place for the line manager to communicate and notify risks that cannot be managed locally onto the appropriate service risk register while managing the risk as far as is reasonably practicable.
- 8.3.5** Ensure that employees are provided with appropriate information, instruction and training to support implementation of this Policy.
- 8.3.6** Identify the resources required to implement this Policy.
- 8.3.7** Ensure that incidents involving lone workers are reported and managed in accordance with [HSE Incident Management Framework](#).
- 8.3.8** Monitor and review the effectiveness of preventative procedures and measures.
- 8.3.9** Audit the implementation of this Policy.
- 8.3.10** Provide assurances through respective governance structures that the Policy is being effectively implemented, monitored and audited.

8.4 Line Managers

General responsibilities of line managers are documented in the local Site/Service Safety Statement and hence are not reproduced here (refer to said document for further information). However, the integral role of the line manager in assessing and reducing risks associated with lone working in day-to-day procedures and processes is emphasised here:

- 8.4.1** Ensure that adequate and appropriate arrangements are in place to implement, disseminate and communicate this Policy.
- 8.4.2** Ensure risk assessments (to include the identification of lone workers) for their area of responsibility are completed and reviewed in consultation with employees and appropriate measures to eliminate, minimise or control the risk implemented.
- 8.4.3** Ensure that where risks cannot be managed locally, they are notified and communicated onto the appropriate risk register and prioritised for action while managing the risk as far as is reasonably practicable.
- 8.4.4** Conduct regular reviews of arrangements to ensure that all measures are effective and continue to meet the requirements of the lone worker.
- 8.4.5** Ensure a clear and robust response protocol is in place in the event of activation of a lone worker device / incident and ensure this response protocol is tested periodically to confirm it is working effectively.
- 8.4.6** Establish clear procedures to set limits as to what can and cannot be done whilst working alone and where appropriate, when to stop and seek advice.
- 8.4.7** Ensure that lone workers receive information, instruction, training and supervision relevant to their role.
- 8.4.8** Ensure that lone workers read and sign that they have read and understand the Policy.
- 8.4.9** Take cognisance of other related policies as appropriate.
- 8.4.10** Hold on file personal details for lone worker to include: Name, address, mobile number, car registration, make and model and next of kin details.
- 8.4.11** Refer employees to the Occupational Health Department (OHD) if health concerns are identified via the [management referral](#) process.
- 8.4.12** To be aware of the range of employee support services available and advise employees of the services/supports available to them.
- 8.4.13** Ensure that all incidents are reported and managed in accordance with the [HSE Incident Management Framework](#).
- 8.4.14** Audit implementation of this Policy.

8.5 Employees

- 8.5.1 Take reasonable care to protect their own safety, health and welfare and that of others.
- 8.5.2 Adhere to and apply this Policy and any other relevant HSE policies/circulars, local procedures and safe systems of work and any associated risk assessments and controls.
- 8.5.3 Work in a safe and responsible manner and co-operate with their employer.
- 8.5.4 Co-operate in the regular review of risk assessments and control measures.
- 8.5.5 Attend relevant training as appropriate.
- 8.5.6 Report any matters of concern in relation to lone working defects in equipment at the place of work and any unsafe systems of work to the line manager.
- 8.5.7 Report incident(s) in line with [HSE Incident Management Framework](#).
- 8.5.8 Provide the line manager with personal details to include: Home address, mobile number, car registration, make and model and next of kin details and advise of any changes to these details.
- 8.5.9 Comply with any safety measures (e.g. lone worker systems/devices, buddy system etc), that have been introduced to protect the personal safety of lone workers.
- 8.5.10 Report any new health concerns that may adversely affect their ability to work alone.

8.6 Consideration on referral to and or advice from Occupational Health

- 8.6.1 Prospective employees should be identified as lone workers in the Pre-Placement Health Assessment.
- 8.6.2 As part of risk assessment, employees and prospective employees may be referred to OHD for assessment and advice when health concerns are identified which may place them at greater risk while lone working.
- 8.6.3 As part of incident management, employees may be referred to OHD for assessment and advice using the [management referral](#) process.

For additional guidance on personal safety measures for lone workers refer to:

Appendix VA – Personal safety measures for lone workers who work away from their fixed base /carry out home visits

Appendix VIA – Personal safety measures for lone workers working within premises / in remote parts of premises / working out of hours

Appendix VIIA - Personal safety measures for lone workers who travel in the course of their work

Appendix IA Potential hazards and risks to consider for lone working staff, working away from their fixed base, carrying out home visits or who travel in the course of their work

Hazards	Risks
<p>Transport</p> <ul style="list-style-type: none"> • Driving • Public Transport • Walking • Escorting Clients 	<ul style="list-style-type: none"> • Vehicle breakdown • Vehicular collision • Intruder (theft, assault) • Fatigue (travel time) • Adverse weather conditions • Theft • Aggression and violence • Vehicle breakdown • Vehicular collision • Adverse weather conditions • Theft • Aggression and violence • Aggression and violence • Aggressive animals • Slip, trip, fall • Adverse weather conditions • Aggression and violence • Misuse of equipment and aids • Musculoskeletal injury
<p>Carrying out home visits</p>	<ul style="list-style-type: none"> • Aggression and violence • Exposure to chemical agent (cleaning agents) • Exposure to infectious disease/Occupational Blood Exposure (OBE) • Passive smoking • Physical environment (poor home condition, difficult access, fire hazards) • Aggressive animal • Geographical area (high crime rates etc.) • Hostile environment and interactions with unpredictable clients and family members (also handling of valuables, medication etc.) • Accusations against employees • Inappropriate behaviour • Discrimination • Lack of communication

	<ul style="list-style-type: none"> • Lack of immediate support and assistance • Musculoskeletal injury • Slip, trip, fall • Inadequate infection control • Availability and condition of equipment and aids • Inadequate provision of hygiene and welfare facilities • Sudden onset of illness/injury
Working in isolation	<ul style="list-style-type: none"> • Lack of communication • Lack of immediate support and assistance • Physical environment (poor conditions, fire hazards) • Musculoskeletal injury • Inadequate provision of hygiene and welfare facilities • Sudden onset of illness/injury • Aggression and violence • Vulnerable persons (young, inexperienced, pregnant, existing medical condition)

Non Exhaustive List

Appendix IIA Potential hazards and risks to consider for lone working staff within premises/in remote parts of premises/working out of hours

Hazards	Risks
General working (physical) environment	<ul style="list-style-type: none"> • Access and egress • Slip, trip, fall • Fire • Electricity • Confined spaces • Work at height • Equipment/machinery • Security arrangements • Appropriate lighting • Use of objects as missiles • Inappropriate room layout • Exposure to chemical substance • Musculoskeletal injury
Interaction with clients	<ul style="list-style-type: none"> • Aggression and violence • Exposure to infectious disease/Occupational Blood Exposure (OBE) • Miscommunication, limited communication abilities, work related stress • Hostile environment, stalking/intimidation • Discrimination • Lack of an effective response protocol • Entrapment, compromised means of escape • Musculoskeletal injury • Vulnerable persons (young, inexperienced, pregnant)
Working in isolation	<ul style="list-style-type: none"> • Workload, burnout and work related stress • Lack of communication • Lack of immediate support and assistance • Lack of access to medical attention • Sudden onset of illness/injury • Inadequate provision of hygiene and welfare facilities • Vulnerable persons (young, inexperienced, pregnant, existing medical condition)

Non Exhaustive List

Appendix IIIA Possible hazards and risks to consider for lone working staff working remotely

Hazards	Risks
Remote Working	<ul style="list-style-type: none"><li data-bbox="788 259 1332 327">• Workload, burnout and work related stress<li data-bbox="788 331 1332 365">• Lack of communication, social isolation

Appendix IVA Dynamic Risk Assessment

A dynamic risk assessment is an on the spot assessment which can be defined as **“an undocumented continuous process of identifying hazards and the associated risk and taking steps to eliminate or reduce them in rapidly changing circumstances” (Ref NHS (2009) “Not Alone” – A guide for better protection of lone workers in the NHS).**

Any concerns must be reported to the Line Manager at the earliest opportunity and the lone working risk assessment reviewed and updated as appropriate.

The dynamic risk assessment involves employees:

- Being alert to warning signs
- Carrying out a “10-second risk assessment” before commencement; if employees feel there is a risk of harm to themselves, they should leave immediately
- Placing themselves in a position to make a good escape, i.e. where possible, being the closest to an exit
- Being aware of all entrances and exits
- Being aware of the positioning of items, including those belonging to the lone worker (scissors, scalpels, etc) that could be used as a weapon
- Making a judgement as to the best possible course of action - for example, whether to continue working or withdraw
- Utilising appropriate physical security measures (e.g. triggering panic buttons to call assistance from employees nearby/security/the Gardaí or using lone worker device to raise an alarm)
- Ensuring that when they enter a confined area or room, they can operate the door lock in case they need to make an emergency exit
- Avoiding walking in front of a patient/service user, and not positioning themselves in a corner or in a situation where it may be difficult to escape
- Remaining calm and focused during an incident in order to make rational judgements
- Being aware of their body language (as well as that of the patient/service user), as there is a risk of exacerbating the situation

Ref: adapted from the NHS (2009) “Not Alone” – A guide for better protection of lone workers in the NHS.

Appendix VA Personal safety measures for lone workers who work away from their fixed base/carry out home visits

PLAN

Plan for your personal safety. Simply considering the significant risks and ways to reduce them can make a difference. Think in advance about the 'what ifs' ("What if I was approached by an angry person? What would I do?"). Look at the people involved, the environment in which you are working and the tasks you are required to do. Keep assessing the situation and the moment you identify risk, act.

BEFORE

- Are you familiar with the relevant policies and procedures relating to lone working?
- Have you checked if there is any specific information that you need to know before your planned visit?
- Does anybody know where you are going and how long you will be?
- Are arrangements in place for someone to initiate action if you do not return or report back when expected?
- If your itinerary changes have you informed the person who would initiate such action?
- Have you made sure that you can be contacted? Is your mobile phone charged?
- Is your clothing suitable for the work and work environment – e.g. does not restrict movement and does not present a risk of entanglement?
- Park your car facing your exit to allow for a smooth exit if required. Reverse park where possible
- Have you got your phone and keys on your person (and not in a bag), so you can retrieve them quickly if necessary?
- Ensure you have a means of communicating with others including a means of raising an alarm in case a problem arises – be aware that mobile phones may not work in some areas
- Have you received training in identifying, preventing, managing and de-escalating potentially violent and/or aggressive situations
- Are you prepared to seek advice, get support or terminate the visit as appropriate if there is any aspect of the visit that makes you uneasy e.g. if you suspect the person is under the influence of drugs/alcohol

DURING

- Be mindful of the fact that you are entering someone else's territory. Your presence there may be unwanted and/or pose a threat
- Be prepared to show HSE ID, explain your reason for visiting and wait to be invited in before you enter
- Conduct your own 'Dynamic Risk Assessment' on the door-step before you enter. If you feel at all uncomfortable, make an excuse and withdraw from the situation. Inform your manager.
- Trust your instincts, is anything a cause for alarm?
- Do not enter the premises unless the person you expect to meet is there. If they are not, say you will return later or re-arrange the appointment for another day
- Give the person you are visiting some indication of how much of their time you expect to take and try to stick to it. As you enter, make a note of how the door opens and closes so that you can leave quickly, if necessary
- Take note of your inside surroundings and possible exits
- Take in only what you need and avoid spreading your belongings out
- If you are uncomfortable about any animals in the room with you, ask to have them removed

AFTER

- Report any concerns to your manager
- Even if a client has limited or no capacity and you believe there was no intent in an assault, it should still be reported so risks for anyone else working with the client can be reduced
- Is there a procedure in place for you to pass on to colleagues or other agencies at the first opportunity any aspects of the visit that need to be shared?

Give some thought to what exit strategies you could use if you felt uncomfortable or threatened. For example, you could say 'I'm sorry I've left some paperwork I need in the car'. This could allow you to phone from the safety of your car, saying you have been called back to the office and will re-arrange the appointment.

Appendix VIA Personal safety measures for Lone Workers working within premises/in remote parts of the premises/working out of hours

Be Prepared

- Are you familiar with the relevant policies and procedures relating to lone working?
- Have you received training in identifying, preventing, managing and de-escalating potentially violent and/or aggressive situations?
- Has a detailed lone working risk assessment been carried out?
- Have you checked that any lone working safety device provided is in full working order and on your person
- Are you prepared to seek advice, get support or terminate the appointment as appropriate if there is any aspect that makes you uneasy e.g. if you suspect the person is under the influence of drugs/alcohol or acting aggressively?

Access/Egress

- Is there appropriate access control to ensure that unauthorised persons cannot enter without your permission/knowledge?
- In an emergency, can the process be safely stopped and evacuated if necessary?
- Can you safely get to your work area and return to your car if for example you are working late?
- When entering or exiting the building, remain alert and aware of your surroundings to avoid being followed in or out
- Agree on a protocol for visitors to the building; it may be decided not to allow any visitors into the building when only one person is there.

Follow Up

- Is there a procedure in place for you to pass on to colleagues or other agencies at the first opportunity any aspects of the appointment that need to be shared?
- Report any concerns to your manager
- Even if a client has limited or no capacity and you believe there was no intent in an assault, it should still be reported so risks for anyone else working with the client can be reduced.

Client Appointments

- Are all visits pre planned and made by appointment only?
- Have you checked if there is any specific information that you need to know before your appointment?
- Do colleagues/managers have access to your diary and know who, where, when you are meeting?
- Is there a sign out book/diary in the department – have you completed it?
- Are arrangements in place for someone to initiate action if you do not report back when expected?
- If your itinerary changes have you informed the person who would initiate such action?
- Ensure that there is a way of raising the alarm and that colleagues know what to do
- Test the system to ensure that your plans work
- Have you made sure that you can be contacted? Is your mobile phone charged?
- Is your clothing suitable for the work and work environment – e.g. does not restrict movement and does not present a risk of entanglement?
- Consider a 'safe haven' (a room that locks) where you could retreat to if necessary – ensure this contains a phone.
- When working after dark, consider drawing the blinds (if you have them) so that people outside cannot see in. Keep doors and windows locked if possible
- If you plan to work outside normal hours check that it is supported by risk assessments and policies.
- Try to give the impression that other people are in the building: leave a radio on in another room or call through to the 'other person' to say how long you expect to be
- Has a detailed risk assessment been carried out before a decision is taken to escort patients/clients to other areas?

Public Transport

- Plan your journey, know the route, your stop, timetable and fare
- Check the departure times of last buses/trains
- Keep your ticket in your hand so your purse or wallet is out of sight
- Never disclose details of your onward journey
- When waiting after dark, wait in well-lit areas and near emergency alarms and CCTV cameras
- If travelling in an unfamiliar area/night, have you arranged for someone to meet you at the bus stop or train station? Otherwise try to walk near other people with whom you feel safe, and walk purposefully to your destination
- Have you considered carrying extra money in case you get stranded and need to take another bus, train or taxi?
- If something or someone makes you feel uncomfortable, act upon your instinct.

Taxis

- Only use reputable and licensed taxi firms.
- Book outbound and return journeys, before you leave.
- Keep the details of several taxi firms with you in case your original booking does not arrive
- Check the taxi is licensed and registered
- Check that the taxi driver has their identity plate displayed
- If you are concerned for your safety, instruct the driver to stop or drive to a busy area if possible.
- In any conversation with the driver, do not give personal information.

Walking /Out and About

- Plan your route and know how long it will take you
- Remain alert and aware of your surroundings at all times. Don't switch off to the world by wearing earphones
- Only carry what you need while working. Conceal medications/equipment
- Avoid taking short cuts. Keep to well-lit or busy streets
- Consider carrying a personal safety alarm and know how to use it
- If you think you are being followed, cross the road and keep walking towards a well lit up / busy area and seek help
- Keep mobile phone and keys separate and not in your handbag
- Your safety is more important than possessions; give them up if threatened

Driving

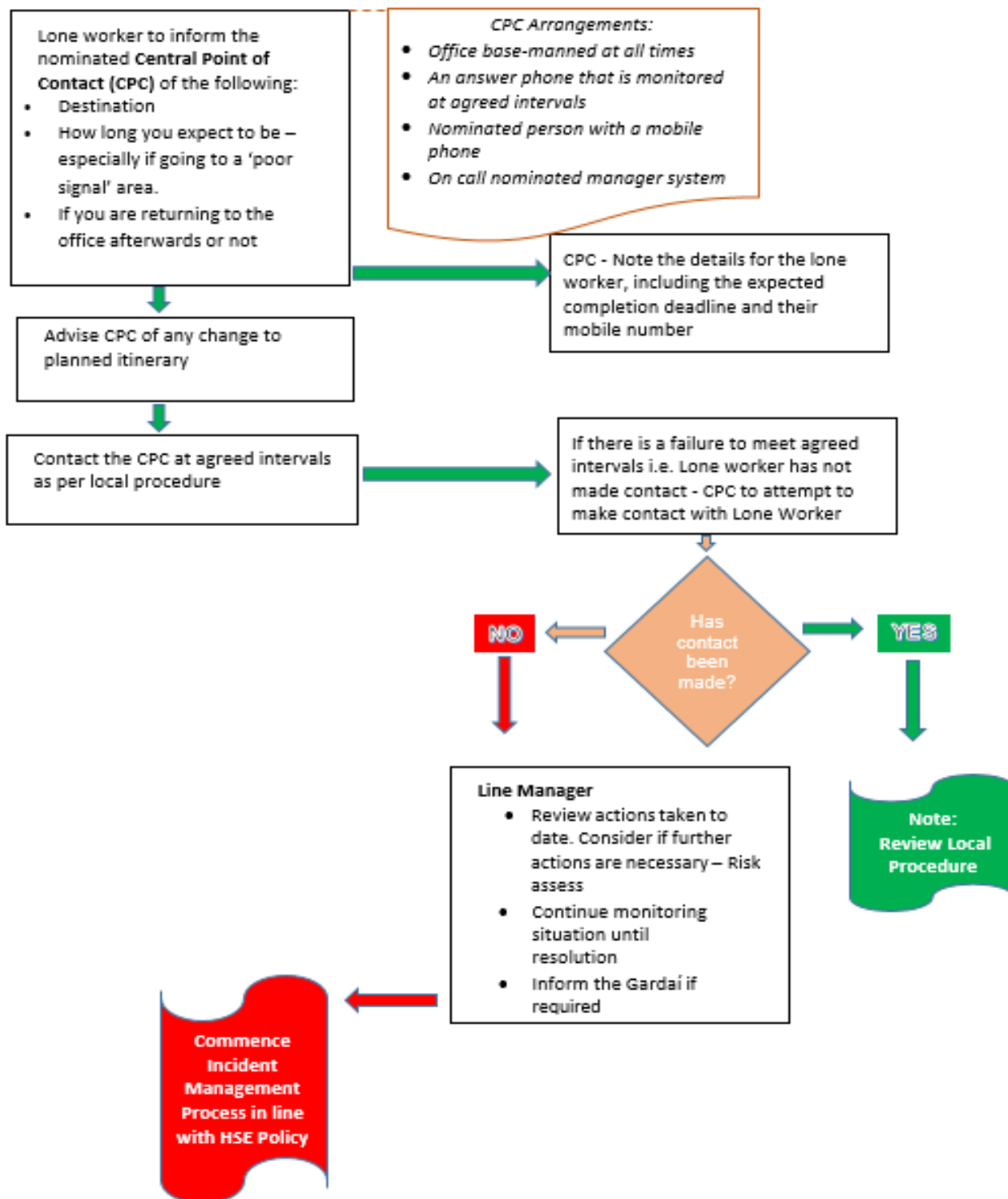
- Plan your route , know the time it takes to get there
- Keep your car in good working order and have it serviced regularly in accordance with the manufacturer's guidance
- Ensure that you have enough fuel for your journey
- Plan where you will park before you go. If you will be returning after dark, consider what the area will be like then and try to park near street lights.
- In a car park consider where the entrances and exits are. Park away from pillars/barriers
- If you can, reverse into parking spaces so you can get away easily
- When approaching your car, be aware of your surroundings, have your keys ready and before entering, quickly check that no one is inside
- Do not leave valuables and items which might attract attention such as medicines on display
- Keep your doors locked in built-up areas or in stop-start traffic
- If you break down, be aware of your surroundings and only get out of your car when and if you feel it is safe to do so. Use your mobile phone and call your breakdown service
- Put together an emergency kit for your car. This might include an extra coat, a torch, bottled water, spare change of clothes
- If the driver of another car forces you to stop and then gets out of his/her car, stay in your car, keep the engine running and if you need to, reverse to get away
- If you see an incident or accident, or somebody tries to flag you down, ask yourself is it safe to stop? It might be safer and more useful if you went for help or called the Gardaí.

Hotels

- Does the hotel have a secure car park?
- Do the rooms have phones, spy-holes or chains on the door?
- Will the hotel hold your room if you are late arriving?
- Is there somewhere you can eat in the hotel?
- At reception, try to avoid other people overhearing your name and room number
- Try to avoid rooms that are accessible from the outside, such as ground floor rooms
- If you feel unsafe in the room you have been given, do not be embarrassed to ask for another room
- If you hear a disturbance, stay in your room and telephone for help.
- If you would rather not be seen dining alone, order a meal in your room
- Park in a well-lit area where you and your vehicle can be seen
- When approaching your car, be aware of your surroundings and have your keys ready. Before entering, quickly check that no one is inside

Appendix VIII A Sample Lone Worker Escalation Process⁵

- Lone Working Staff should ensure work calendars are up to date daily with details of their whereabouts to include absences (annual leave, TOIL, training etc).
- Lone Working Staff are responsible for ensuring that their personal information is up to date and supplied to their line manager



⁵ Based on the controls identified through the risk assessment process a local escalation procedure should be developed specific to the service. The above is provided as an example only.

PART B

1.0 Initiation

1.1 Purpose

- 1.1.1 To raise awareness of the risks presented by lone working⁶ to managers and employees
- 1.1.2 To provide a framework to support managers in managing lone working activities in consultation with their employees
- 1.1.3 To provide evidence based guidance on minimising the risk associated with lone working activities
- 1.1.4 To outline the responsibilities each employee has in relation to their role as a lone worker

Note: This Policy supercedes the HSE Policy on Lone Working 2017. Individual services may develop local Guidelines and/or Standard Operation Procedures to support implementation and on-going monitoring of this Policy.

1.2 Policy Statement

- 1.2.1 It is the policy of the Health Service Executive (HSE) to ensure so far as reasonably practicable the safety, health and welfare of its employees and others who may be affected by its work activities
- 1.2.2 The HSE acknowledges that some employees are required to work alone in a diverse range of environments, and in this regard, it is the policy of the HSE to ensure the safety of lone workers by minimising the related risk and putting in place appropriate measures to improve their safety
- 1.2.3 In all circumstances when employees work alone, all known hazards associated with lone working must be identified, the risks assessed, control measures implemented to ensure the safety and health of employees and those affected by our activities
- 1.2.4 Employees have a responsibility for their own personal safety by joint involvement in the identification, assessment and control of identified hazards and risks and in adhering to the safety measures put in place by the HSE to protect them

Note: An Equality Impact Assessment (EQIA) has been undertaken with the HSE Diversity, Equality and Inclusion Team and EQIA Expert Panel. The assessment found that the implementation of and compliance with this Policy is unlikely to have a negative impact on any HSE employee on the nine grounds of discrimination.

⁶ 'Lone working can be defined as any situation, or location, in which someone works without close or direct supervision; without a colleague nearby, or is out of sight or earshot of another colleague' (NHS, 2018)

1.3 Scope

1.3.1 This Policy applies to all HSE employees, fixed term employees and temporary employees whose work is intended to be carried out:

- Unaccompanied
or
- Without immediate access to another person for assistance

In line with the [HSE Code of Governance \(2021\)](#) Section 38 and Section 39 organisations are to adopt this policy or develop a policy of their own which is consistent with this policy and provide an assurance to the HSE regarding same.

1.3.2 Out of Scope

This Policy does not apply to employees who do not work alone.

1.4 Objectives

1.4.1 To provide a safer working environment in so far as is reasonably practicable for employees and others who fall under the scope of this Policy by providing a framework for managing the risks associated with lone working activities

1.4.2 To outline clear roles and responsibilities of responsible persons

1.4.3 To provide evidence based guidance on risk reduction measures in order to minimise the risk associated with lone working activities

1.4.4 To provide guidance for lone workers on personal safety measures

1.5 Outcomes

1.5.1 A safer working environment for employees and others who fall under the scope of this Policy by providing a framework for managing the risks associated with lone working activities

1.5.2 Clear roles and responsibilities of responsible persons are clearly outlined as part of this Policy

1.5.3 There is clear guidance on risk reduction measures which will minimise the risk associated with lone working activities

1.5.4 Lone workers are provided with practical guidance on personal safety measures

1.6 Policy Development Group

Members of the Policy Development Group can be found in Appendix IIB of this Policy. Conflict of Interest Declaration Forms were signed by members of the Policy Development Group and are retained on file by the National Health and Safety Function (NHSF), Policy Team.

1.7 Approval Governance Group

Members of the Approval Governance Group can be found in Appendix IIIB of this Policy.

1.8 Supporting Evidence

1.8.1 The following legislation is pertinent and was referred to during the development of this Policy:

- [Safety, Health and Welfare at Work Act, 2005](#)
- [The Safety Health and Welfare at Work \(General Application\) Regulations, 2007](#)
- [Employment Equality Acts 1998 to 2015](#)

1.8.2 Related PPPGs

- [HSE Corporate Safety Statement](#)
- [HSE Guideline Document completion of Occupational Safety and Health Risk Assessments](#)

2.0 Development of Policy

2.1 Literature Review Questions

The objective of the literature review was to determine the legal requirements, establish current evidence and best practice in relation to Lone Working. The following questions were considered:

- (a) Establish the legal framework in the context of occupational safety and health legislation

Employers have a duty of care to their employees and while there are no specific regulations governing lone workers section 19 of the [Safety, Health and Welfare at Work Act 2005](#), requires the employer to undertake a risk assessment to determine whether or not an employee may work alone. In addition to section 19 of the Act, Section 2 (3) of the General Application Regulations 2007 an employer must identify the hazards and assess the risks affecting employees working alone at the place of work or working in isolation at remote locations.

- (b) To define the terms 'Lone working' and 'Lone Worker'

The National Health Service (NHS, 2018) describe lone working as 'any situation, or location, in which someone works without close or direct supervision; without a colleague nearby, or is out of sight or earshot of another colleague'

The Health and Safety Authority (HSA, 2022) defines a lone worker as 'those who work by themselves without close or direct supervision.'

[Lone Workers - Health and Safety Authority \(hsa.ie\)](#)

- (c) Identify lone working activities relevant to Health and Social Care settings

From the research undertaken as described in section 2.2 and 2.3 key lone working activities related to health and social care settings have been outlined in Appendix IIA, IVA and VA.

- (d) Identify the trends and patterns of incidents relating to lone working activities for employees working in Health and Social Care settings

Data on the trends and patterns of incidents in an Irish healthcare context was not available. From the published research accessed the following limited data was identified.

According to the British Safety Council (2018), lone workers across all sectors are not necessarily exposed to a higher risk of accidents but working alone increases their susceptibility which is

influenced by the nature and location of the work. Both the British Safety Council and WorkSafe Victoria identify that the main categories of risk across sectors relate to poor access to emergency assistance, sudden onset of illness, aggressive behaviour, verbal abuse and physical violence (Work Safe, 2011).

A survey of Royal College of Nursing (RCN) members based in the community found 47.5% were subjected to physical and verbal abuse in the previous two years (Primary healthcare.com, 2016). The latest NHS Staff Survey for England shows that 14.5% of staff working as community practitioners had experienced at least one incident of physical violence in the past twelve months (Community Practitioner, 2021).

- (e) Establish current evidence and best practice in relation to minimising the risks associated with lone working

From a review of the available literature it was established that cultural awareness is of fundamental importance for those working with diverse groups and communities. Cultural awareness is the ability to recognise that there are individual differences between people of other backgrounds, races, religions, gender, age or nationalities. By being culturally aware we can acknowledge other's values, customs, beliefs and be informed about what is considered inappropriate or offensive to others (Comcare, 2013).

With approximately 160 different nationalities now living in Ireland, cultural diversity and its implications play a key part in the day to day life of health and social care professionals (World of Irish Nursing, 2003). Cultural considerations should inform the risk assessment process.

The [HSE's Strategy for Managing Work-related Aggression and Violence within the Irish Health Service 2008](#), identifies the need for risk assessments and control measures to manage the risks facing lone workers. The strategy identifies two key components which are the provision of education and guidance to all lone workers and evaluation of the need for safety devices such as alarm technologies.

Evidence based research has been incorporated into the provided guidance on minimising the risk associated with lone working activities, which can be found in Part A Section 2.0.

- (f) What disciplines of staff within Health and Social Care settings are most at risk from lone working activities

From a review of the research available, it was noted that the literature predominantly focused on community based health and social care services. Data analysed by NHS Protect in 2015 found that the risk of violence is greater for lone working healthcare staff, with the proportion of lone workers who sustain an injury from a physical assault about 9% higher than among other healthcare staff (Nursingstandard.com, 2021).

According to IOSH (2019) the injury incident rate of physical violence towards staff is statistically significantly higher in public service industries such as public administration and defence, education, and human health and social work activities.

- (g) What percentage of Health and Social Care staff are categorised as lone workers

Data on the percentage of health and social care staff who are classified as lone workers in Ireland was not available. From the published research accessed the following limited data was identified.

In the United Kingdom the number of lone workers across all sectors is estimated to be between six and eight million out of a total workforce of around 31 million, this equates to approximately 20% of the workforce. In healthcare, the NHS estimates that 9% of its healthcare professionals are lone workers (British Safety Council, 2018).

2.2 Literature Search Strategy

A literature review was undertaken by the Policy Development Group. The search terms used included 'lone working', 'lone workers', 'lone working hazards', 'lone working risks', 'healthcare and lone working', 'lone working occupations', 'management of lone working', 'lone working activities in healthcare', 'remote working risks', and 'types of incidents related to lone working'. Search dates were confined from 2008 to 2021.

Websites accessed included the following: Health and Safety Authority (HSA), Health and Safety Executive (HSE UK) and European Agency for Health and Safety at Work (eu-osh.a.ie).

The literature accessed was predominately legislation, articles, commentaries and health organisation policies and guidance.

2.3 Method of appraising evidence

The process outlined in this document is based on a review of the relevant legislation, relevant publications and articles as outlined in section 1.8

2.4 Recommendations

The Policy Development Group reviewed the results from the literature search. The evidence supported the objectives as outlined in Section 1.4.

The key recommendations include:

1. A risk management strategy is adopted as the most effective approach in minimising the risks associated with lone working activities in the health and social care setting
2. Information, instruction and training is provided to enable staff to undertake dynamic risk assessments
3. Systems are in place for the management of incidents to enable corrective actions to be implemented

These recommendations have informed the revision of this Policy as set out in Part A of this document.

2.5 Resources necessary to implement the PPPG Recommendations

This Policy revision requires local senior managers and line managers to review existing practices and procedures to ensure they are aligned with the requirements as set out in this Policy.

3.0 Governance and Approval

Formal governance for this Policy is provided by the National Director of Human Resources (refer to Appendix IIIB). The PPPG Checklist for developing Non-Clinical PPPGs was signed prior to approval and is retained on file by the NHSF, Policy Team.

4.0 Communication and Dissemination

The Policy will be disseminated by the National HR Directorate for immediate implementation by relevant services, in line with the agreed HSE protocol and is available on:

<https://healthservice.hse.ie/staff/benefits-services/health-and-safety/lone-working.html>.

5.0 Implementation

5.1 Managers (Responsible Persons)

Managers are responsible for the implementation of this Policy to include the identification of responsible person(s), specifying the necessary actions and timeframes for implementation within their areas of responsibility (Please refer to Part A Section 8.0 for detailed roles and responsibilities and Appendix VB Implementation Plan).

5.2 Education and Training

Please refer to Part A section 6.0.

6.0 Monitoring, Audit and Evaluation

6.1 Managers are required to monitor and audit the implementation of this Policy within their area of responsibility using the audit checklist in Appendix VIB and maintain evidence of same.

6.2 Implementation of this Policy shall be audited periodically at national level and by the National Health and Safety Function.

7.0 Revision/Update

7.1 This Policy shall be reviewed at national level every three years or earlier if circumstances require it.

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9.0 Appendices

Appendix IB	Signature Sheet
Appendix IIB	Membership of the Policy Development Group
Appendix IIIB	Membership of the Approval Governance Group
Appendix IVB	Glossary of Terms/Definitions/Abbreviations
Appendix VB	Implementation Plan
Appendix VIB	Audit Checklist for the implementation of the HSE Policy and Guidance on Lone Working 2022

Appendix IB Signature Sheet

I have read, understand and agree to adhere to this Policy and Guidance:

Print Name	Signature	Area of Work	Date

Appendix IIB Membership of the Policy Development Group

Brid Cooney, National Health and Safety Advisor
Laura Regan, National Health and Safety Advisor
Aoife Rice/Gwen Ryan, Acute Hospital Division
Andrew Fitzpatrick/Ciaran McCullagh, National Ambulance Service
Geraldine Kelly, Central Remedial Clinic, Voluntary Healthcare Agencies Risk Management Forum (VHARMF)
Yvonne Moore, Community Operations
Maurice Mulcahy, Environmental Health, Shared Services Division (replaced Noel Donnelly, December 2021)
Katrina Dempsey, National Health and Safety Training Team Lead
Deirdre Groarke, National Estates
Elaine Sheridan, Health and Safety Administrative Support
Chairperson: Ms. Margo Leddy, National Health and Safety Manager

Appendix IIIB Membership of the Approval Governance Group

Anne Marie Hoey, National Director HR	Signature:  Date: 11/11/2022
Katrina Dempsey, Interim Head of the National Health and Safety Function	Signature:  Date: 26/10/2022

Appendix IVB Glossary of Terms/Definitions/Abbreviations

Dynamic risk assessment	<p>An undocumented continuous process of identifying hazards and the associated risk and taking steps to eliminate or reduce them in the rapidly changing circumstances.</p> <p>(adapted from NHS (2009) Not Alone – A guide for the better protection of lone workers in the NHS)</p>
Clientele	<p>any person that a member of staff interacts with in the delivery of their role, including service users, family members of service users, business owners or members of the public</p>
Hazard	<p>A source of potential harm</p> <p>In the context of this policy examples includes: clientele, transport, needle stick injury, moving and handling, aggressive animal, physical environment, (non exhaustive list)</p>
Lone Worker	<p>Those who work by themselves without close or direct supervision (HSA, 2011)</p> <p>In the context of this policy, lone working refers to situations where employees in the course of their duties work alone:</p> <ul style="list-style-type: none"> • In fixed workplaces e.g. Health centres, employees working out of hours in laboratory, x-ray department, reception areas, community group homes, maintenance departments etc. • Workers working away from their base e.g. community based employees, ambulance personnel, employees working / attending meetings in a non HSE facility etc.
Employee	<p>All personnel employed by the HSE i.e. any person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes fixed-term employee and a temporary employee and references, in relation to an employer, to an employee shall be construed as references to an employee employed by that employer</p> <p><i>(Safety, Health & Welfare at Work Act, 2005)</i></p>
Employer	<p>In relation to an employee:</p> <ol style="list-style-type: none"> a) the person or persons with whom the employee has entered into or for whom the employee works under (or, where the employment has ceased, entered into or worked under) a contract of employment b) Includes a person (other than an employee of that person) under whose control and direction an employee works, and c) Includes where appropriate the successor of the employer or an

Fixed-Term Employee	<p>An employee whose employment is governed by a contract of employment for a fixed-term or for a specified purpose, being a purpose of a kind that the duration of the contract was limited but was, at the time of its making, incapable of precise ascertainment.</p> <p>Whilst these employees are commonly known as “Temporary”, care should be taken not to confuse this term with “Temporary Employee” (Para. 4.12 refers) as given in the Act 2005 and used throughout this policy document. (HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others)</p>
Line Manager	<p>In relation to an employee: The person who directs the work of an employee</p>
Lone worker device	<p>A lone worker safety device can be described as a tool, application (software) or service which allows for communication with employers, monitoring of the lone worker and an alert system in serious or emergency situations to ensure lone worker safety.</p>
Near Miss	<p>An incident which could have resulted in harm, but did not either by chance or timely intervention</p>
Portable Appliance Testing (P.A.T)	<p>Portable appliance testing (P.A.T) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.</p> <p>The regulations on Portable Appliance Testing can be found in the Safety, Health and Welfare at Work (General Application) Regulations, SI 299, 2007. The regulation directs employers to ensure that portable equipment used in their place of work which is exposed to conditions causing deterioration liable to result in a risk to safety or health is periodically inspected and tested by a competent person</p>
Reasonably Practicable	<p>In relation to the duties of an employer, means that an employer has exercised all due care by putting in place the necessary protective and preventive measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned and where the putting in place of any further measures is grossly disproportionate having regard to the unusual, unforeseeable and exceptional nature of any circumstance or occurrence that may result in an accident at work or injury to health at that place of work.</p> <p>(Safety Health and Welfare at Work Act 2005, SI 10 of 2005)</p>

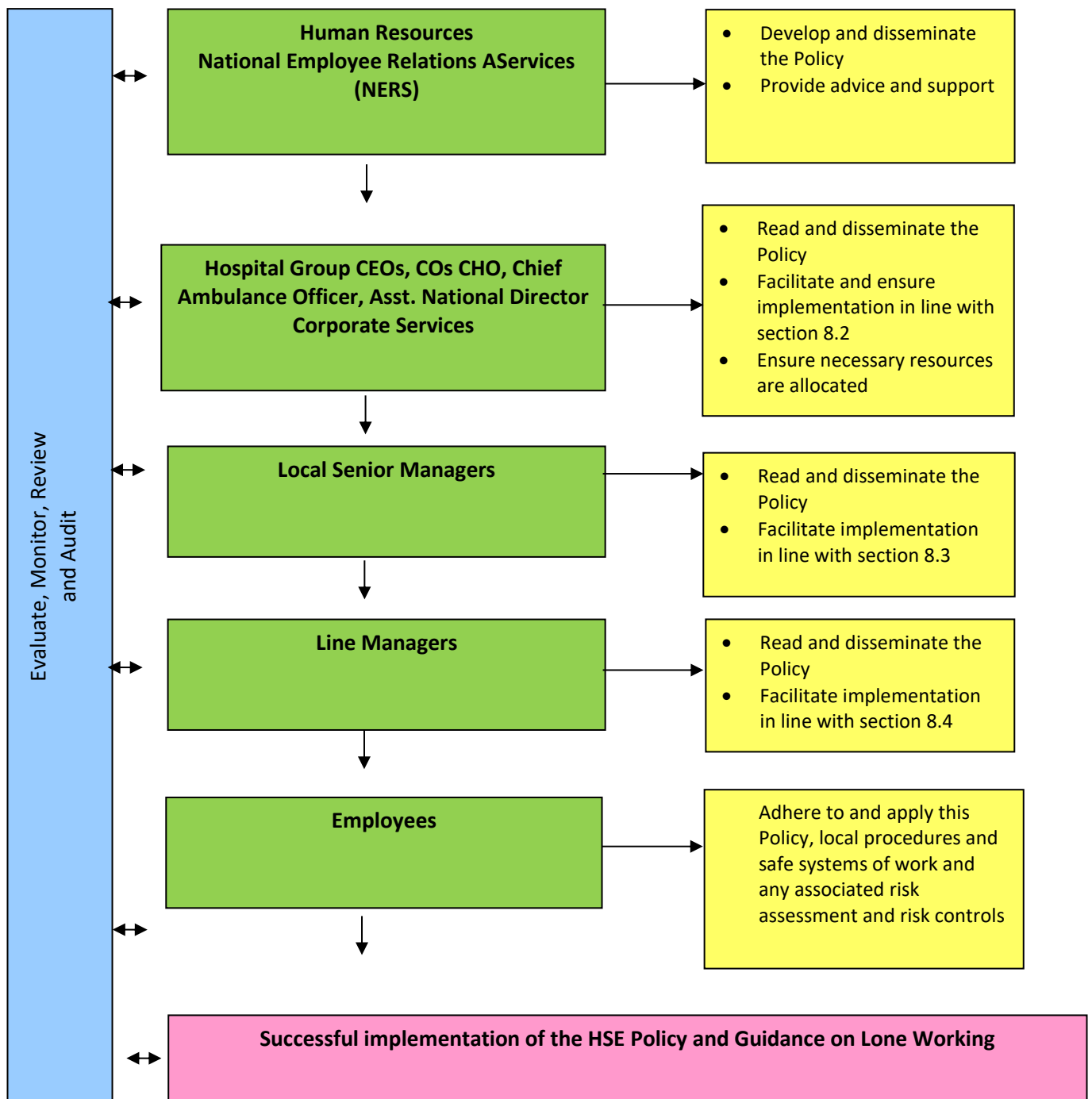
Remote Working	The <u>practice</u> of an <u>employee working at their home</u> , or in some other <u>place</u> that is not an organisation's <u>usual place of business</u>
Responsible Person	In the context of section 8.0 refers to those who have responsibility for the management of resources and the management and supervision of employees. For example, Line Managers, Ward, Department and Service Managers, Senior Clinicians and Clinical Directors are considered to be “Responsible Persons”.
Temporary Employee	<p>An employee who is assigned by a Temporary Employment Business to work for and under the control of another undertaking availing of the employee’s services (SHWW Act 2005). These employees are generally known as Agency Staff.</p> <p>(HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others)</p>

Abbreviations

CEO	Chief Executive Officer
CPC	Central Point of Contact
HSA	Health and Safety Authority
HSE	Health Service Executive
NHS	National Health Service
BSC	British Safety Council
NHSF	National Health and Safety Function
OHD	Occupational Health Department
OSH	Occupational Safety and Health
OBE	Occupational Blood Exposure
TNA	Training Needs Assessment
PAT	Portable Appliance Testing

Appendix VB Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps:



Appendix VIB - Audit Checklist for the implementation of the HSE Policy and Guidance on Lone Working 2022

No.	Audit Checklist for the implementation of the HSE Policy and Guidance on Lone Working 2022	Policy Clause(s)	Yes	No	NA	Action Required	Action Owner	Timeframe
1	Is there a system in place for the appropriate circulation/communication of this Policy to all employees?	8.2.1						
2	Does each relevant department / unit have access to this Policy?	8.3.1						
3	Have lone working risk assessments been carried out in consultation with employees in line with the risk assessment process outlined in Figure 1	2.0 8.3.2 8.4.2						
4	Have identified control measures been implemented?	5.0 8.4.2						
5	Have control measures been evaluated to determine their effectiveness?	2.0 8.4.4						
6	Prior to undertaking a lone working activity, do employees carry out a dynamic risk assessment?	2.0 8.4.2						
7	Have clear procedures been set and communicated to employees setting out what can and cannot be done whilst working alone?	8.4.6						
8	Do employees comply with safety measures (e.g. lone worker systems/devices, buddy system etc.) that have been introduced to protect their personal safety?	8.5.9						
9	Is there a clear and robust response protocol in place in the event of activation of lone worker device / incident?	8.4.5						
10	Is the response protocol tested periodically to ensure it is working effectively?	8.4.5						
11	Have employees received the relevant information, instruction and training as identified through the training needs assessment?	6.0 8.3.5 8.4.7						
12	Is there a system in place to hold personal details in line with requirements for lone working employees in the event of incident?	8.4.10						
13	Is there a system in place to ensure incidents are managed and reported in line with the HSE Incident Management Framework?	7.0 8.4.13						
14	Is there a system in place to monitor compliance with this Policy?	8.3.9 8.4.14						