

## **Lone working policy and procedure**

### **Practitioner instructions for carrying out home visits and working alone**

It is vital that Practitioners notify SLT prior to undertaking a home visit to provide specific details regarding names, addresses and time allocation **If this isnt part of a planned session**

If the Practitioners does not call SLT within fifteen minutes of the agreed end time they will:

- 1) Be contacted on their mobile phone number
- 2) If the Practitioner can't be reached on their mobile number a member of the SLT will phone the family being visited

If the Practitioners phones and uses the phrase "Please cancel my appointment with Mr Evans" or similar, the police will be called immediately advising them of the location.

#### **Purpose:**

To enable Inspire South West to fulfil its duty of care under current Health and Safety legislation and to ensure that practitioners are aware of the precautions to be taken when undertaking home visits to minimise risks to their health, safety and welfare.

#### **Outcome:**

That a safe system of work is adopted and that the risks from home visits are minimised.

#### **Current Legislation:**

Health and Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999

### **1. General**

- For the purpose of this procedure home visits are defined as work which involves carrying out activities with young people, families and customers in their own homes. It also includes home and employer visits to see young people, families and customers in shopping centres, community centres, cafes, sub offices and other types of remote venues. It does not include working in schools or colleges or working in other agency premises where there is health and safety co-operation and co-ordination with the other premises occupants and the work is carried out on a regular basis

- Practitioners should be aware of their health and safety responsibilities in respect of their own personal safety in all aspects of their work. Lyn Brown should check that Practitioners have no medical conditions which make them unsuitable to be carrying out outreach work
- First aid — Practitioners carrying out outreach work should have access to adequate first aid facilities. These facilities may be at the premises where they are working and, in these cases, Practitioners should familiarise themselves with how to access first aid provisions. Where no first aid provision is available on site or where a Practitioner is carrying out off site activities a first aid kit will be provided. It is recommended that practitioners who regularly undertake outreach work consider undertaking basic emergency first aid training which the organisation will provide.

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## 2. Arrangements for Outreach Work

- Local arrangements are in place in all areas for maintaining contact with Practitioners who are working in outreach environments. Practitioners are made aware of these arrangements and emergency procedures during induction
- SLT to ensure all Practitioners have read and fully understand the arrangements for outreach working and that regular monitoring of compliance with the arrangements takes place.
- All Practitioners should ensure that appropriate systems are in place to enable the procedures to operate, and they understand what to do in the event of a Practitioners failing to call in at the agreed time.

## 3. Home Visits or remote venue interventions

Before carrying out any home visits or visits to remote venues the following procedure must be followed: -

- Practitioners must check if a current risk assessment is in place. If a risk assessment is available this must be read, and any control measures understood and adhered to. If the circumstances have changed then the risk assessment must be reviewed and updated if necessary.
- Practitioners must complete a risk assessment form for the visit and carries out the relevant research, this could include phoning other agencies to ascertain safety of carrying out home visit, previous experience of customers etc. It should also include risk factors such as known animals on premises, aggressive parents, bad reception areas for mobile phones etc. It may be possible to agree that a joint visit with another agency takes place at this stage thereby eliminating any risk from lone working
- The risk assessment should be shared with SLT and uploaded onto Sharepoint

#### 4. The Visit

- The Practitioner must carry the following items when carrying out the visit: First aid kit and torch when dark
- No home or remote visits should take place where there is known to be a history of violent or aggressive behaviour either from the young person, adult or from other persons at the same location.
- The maximum time lapse between beginning a visit (entering the premises) and contacting SLT is one hour unless there is a prior agreement.
- Practitioners must be aware that a mobile phone cannot be relied on to work in all locations as there can be considerable variations in reception/non-reception within very short distances or inside/outside buildings.
- All times agreed for telephone calls to SLT must be adhered to.
- If practitioner has not telephoned by the agreed time, the designated person, phones the Practitioner's mobile after 15 minutes has elapsed. If there is no response from the mobile phone, and there is a land line available to the premises, this should be dialled and the person making the phone call should ask to speak to the Practitioners concerned. Do not just ask if they are at the premises.
- In the event of a call not being received, and the above procedure having been followed, SLT will assess the risk — including the area being visited and the service available for mobile phones — and, if appropriate, calls the emergency services (police) using the non-emergency contact number **(for Devon & Cornwall 0845 777 444)**. All efforts must be made to contact the missing Practitioner prior to contacting the emergency services. This may need to include searching for the Practitioner where the risk is felt to be low and unlikely to put other Practitioner at risk.
- If the Practitioner is in a situation where he/she/they them requires emergency assistance from the police and is able to use his/her mobile phone but would put his/herself at risk by calling 999 direct. He/she phones SLT and uses the following phrase "Please cancel my appointment with Mr Evans". Upon receiving this call, the person answering the telephone contacts the management team who makes the decision to call 999 and asks for the police, giving the details of the location of the Practitioner. The use of this emergency code must be included in induction training for all Practitioners. Understanding of this code should be periodically monitored by line managers.
- All accidents/incidents that occur whilst carrying out outreach work must be reported in writing

- If a Practitioner decides to change a pre-agreed work schedule whilst on outreach work, they must telephone a member of SLT with full details of where they are going and the estimated time of arrival.
- No additional home visits can be made during the same period of outreach work without a risk assessment having first been made. It is recommended that Practitioners carry out a risk assessment for home/outreach working as soon as it becomes apparent that this system of work is likely to be effective with the person concerned.
- Practitioners should also carry out an on the spot, unwritten risk assessment before entering into a location to carry out a visit. If there are factors present which increase the risk of the visit to an unacceptable level, then the visit should not continue. This assessment will be based on the professional judgment of the individual carrying out the visit
- It is essential, that the personal safety of our Practitioners is assured at all times and all the procedures above are adhered to.

## **Evaluation**

SLT assesses findings from any incidents/potential incidents in detail and these, together with findings from risk assessments are used to review the procedure at least annually. Any incidents/potential incidents involving lone working must be reported to the trustees.