

# DOMICILIARY EYE CARE

## LONE WORKING GUIDANCE

Lone working is a risk that applies to professionals and other staff working alone in care or patients' own homes or working alone in fixed premises.

Lone working, therefore, is a workplace risk for which both employers and staff share responsibility.

In many ways keeping safe when working alone is very similar to remaining safe in any other area of society or social interaction.

Common sense should always apply.

Employers, practitioners and staff should always err on the side of caution.

### Staying Safe

Wear appropriate clothes for professional visits including shoes and clothes that do not hinder movement or ability to run in an emergency.

Wear bright visible clothes to be seen on roads and in dark areas, particularly in the dark.

Dress down if appropriate, e.g. in high crime risk areas.

Keep your keys and a small amount of money separate from your work bag.

Always carry and show your identity badge as appropriate.

Consider wearing suitable neck attire – trailing necklaces or ties can spread infection and can also be easily grabbed.

Assess the situation on approach and abandon or postpone a visit if there is anything at all you are uncomfortable with.

When in a private house or care home always be aware of the **exit routes** and keep them easily accessible in case of emergency.

Ensure heavy equipment cases have handles and wheels (or use a trolley).

Never lift or move a patient unless trained to do so (always seek guidance and assistance where necessary).

Where possible have a second person present, e.g. your assistant or a carer, when testing patients with severe mental illness, dementia or any other acquired cognitive impairment.

Ensure your mobile phone has speed dial set for an emergency. Keep it switched on and near to hand, i.e. do not leave in the car, on tables or in your bag.

Never be complacent or let your guard down with the patient, carer or relatives.

Ask in advance for pet dogs (or other animals) to be restrained if necessary.

If in any doubt at any point, leave at once (“I just need to pop back to base and fetch a [XXX]”).

Never be concerned about causing offence – your safety should always be your first concern.

## **Travel**

Always check fuel before starting journey.

Do not leave valuables on display.

Ensure satellite navigation systems, mobile phones and other high value equipment are carried as discreetly as possible.

Plan your route, know where you are going and note places of safety, e.g. garages, shops, pubs, en route.

Consider using GPS systems.

Always carry an emergency / first aid kit and reflective triangle in case of breakdown.

Use common sense and park in safe and brightly lit areas, as near to the patient’s home as possible.

When parking in daylight, visualise what the area will be like when you leave in the dark.

Be particularly vigilant when getting equipment into and out of the vehicle.

## **Guidelines for Employers**

Under Health and Safety regulations, you are legally obliged to identify and evaluate workplace risks and put reasonable measures in place to minimise them. These should be written down as part of a formal risk assessment in cases of five or more employees.

You should set limits on what duties practitioners and staff may undertake whilst working alone (including specifying when staff should not work alone without seeking further advice and back-up).

Ensure that emergency procedures are in place and that staff are properly trained in them.

Ensure that lone workers always have a means of contacting their base.

Ensure there are time points for regular contact by mobile phone, e.g. morning, lunchtime and on completion of work.

Always have a system in place to check that lone practitioners have returned to base or home on completion of work and agreed escalation policies to ensure the lone worker is safe if they do not report in.

Provide training for lone practitioners in your lone practitioner working arrangements – particularly limits you have set for lone working, emergency and communication arrangements.

Emergency and communications systems should be reviewed regularly – at least once a year.

Consider accompanying new lone practitioners until they are confident to work alone.

Consider using local NHS or local authority (e.g. some sports centres) training courses in conflict avoidance, minimisation and basic self-defence to build confidence – contact your PCT/LHB for further information.

### **Lone Workers' Responsibilities**

Be aware of your local PCT's lone working policy.

Always follow your employer's lone working guidance.

Ensure you are fully familiar and up-to-date with your employers' lone working policies, communications, end of work and emergency arrangements. Training should be provided.

If not notified, ask your employer at least once a year whether their lone workers policies have changed and whether update training is required.

Ensure your employer is aware of any serious medical condition you may have, e.g. diabetes.

Ensure that your mobile phone is always charged and switched on.

Programme emergency numbers in to speed dial.

Always put your own safety before all other considerations.

### **Reporting Incidents**

Any failure in any of these systems, or any event of concern (however trivial and especially if you have felt threatened) should be reported immediately, or on return to base (if appropriate) and recorded in writing. This should include all incidents of verbal abuse.

Depending on the degree of concern and whether the problem has been rectified, employers and staff should formally review all such incidents regularly and ensure that policies, lone working protocols and training are revised accordingly.

### **Further Information**

Further information and advice can be found at [www.hse.gov.uk](http://www.hse.gov.uk)

Please do not hesitate to contact the UK Domiciliary Eyecare Committee ([optics@fodo.com](mailto:optics@fodo.com)) or your national representative or professional body for further advice.

**Produced by the UK Domiciliary Eye Care Committee – working together for patient and practitioner safety**

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