



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Workforce Support Policy

Protection of Lone Workers

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Revision date	10th May 2020	Responsibility for review and audit	Each Quality, Safety & Risk Manager

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1.0 POLICY STATEMENT

- 1.1 Operational and HQ Staff have, on occasion, reason to work On their own. With the advent of initiatives such as Rapid Response Vehicles, and first or co-responder schemes there is likely to be an increase in the number of staff required to work alone (Lone Workers).
- 1.2 Lone Workers should have formal guidelines which ensure that Their working environment is as safe as possible.
- 1.3 The National Ambulance Service (NAS) considers the health, Safety and welfare of its staff to be of paramount importance.

2.0 PURPOSE (PRINCIPLES)

- 2.1 Ensure that the risk of working alone is assessed in a systematic and ongoing manner, and that safe systems and methods of work are put in place to eliminate risks to staff working alone or to reduce those risks to the lowest practicable level
- 2.2 Increase staff awareness of safety issues relating to lone Working
- 2.3 Written guidelines and advice on Lone Working are essential To assist staff to carry out their roles safely and competently.
- 2.4 All staff has a responsibility to ensure the health and safety Of themselves and of others who may be affected by their actions or inaction.
- 2.5 Secondment to posts involving Lone Working will be Processed through formal recruitment and selection procedures and these procedures will be assessed for suitability.
- 2.6 Risk Assessment will form the fundamental method of Ensuring staff safety.
- 2.7 Lone Workers may decline to attend a situation or location if it Is reasonably felt too dangerous to do so. Full reasons detailing the decision not to attend must be recorded and reported to the Control Centre as soon as possible.
- 2.8 To ensure suitable methods of communication are available And systems of monitoring.
- 2.9 Encourage full reporting and recording of all incidents/near Misses relating to lone working
- 2.10 Ensure that the NAS seeks to take action against those people Who harass, abuse or assault our staff
- 2.11 Ensure that the NAS complies with relevant health and safety Legislation

3.0 SCOPE

3.1 This Policy applies to all Managers, Supervisor and Staff in the NAS

4.0 LEGISLATION/OTHER RELATED POLICIES

- A. Safety, Health and Welfare at Work Act, 2005
- B. National Ambulance Service Parent Safety Statement

5.0 GLOSSARY OF TERMS AND DEFINITIONS

5.1 *'Lone* working is not unique to any particular group of staff, Working environment or time of day. The NAS defines a lone worker as:

Any situation or location in which both operational or nonoperational staff works without a colleague nearby; or when someone is working out of sight or earshot of another colleague whilst engaged on NAS business'

5.2 In addition to this there are some heightened risks associated With Lone Working these include:

- 5.2.1 Violence & Personal Safety - the nature of some work that staff carries out may increase the risk of physical and verbal abuse.
- 5.2.2 Moving and Handling - attempting moving and handling tasks when alone may result in injury
- 5.2.3 Fire - isolated workers may have difficulty evacuating Buildings when the alarms are activated
- 5.2.4 Undertaking work in isolated areas
- 5.2.5 Undertaking work within potentially known high-risk areas, *Including any flagged address's as detailed on the Ambulance Control C.A.D. system*
- 5.2.6 Visiting patients in their own home
- 5.2.7 Coming into contact with people with known risk factors such as, violence and/or aggression, *alcohol & mental health issues*
- 5.2.8 Carrying medication, equipment or valuables
- 5.2.9 Travelling, when solo, between one location and another

6.0 ROLES AND RESPONSIBILITIES

6.1 Responsibility of the National Ambulance Service

6.1.1 Operations Resource Managers supported by Quality, Safety And Risk Managers have responsibility to delegate individual risk assessments and policy review and will, in consultation with Health and Safety Representatives assess risks to lone workers. This Policy is to be considered an integral part of the NAS Health and Safety policies and procedures.

6.1.2 The NAS will maintain lists of categories of calls and tasks Appropriate and not appropriate for Lone Workers. All information relevant to the Health and Safety of Lone Working staff will be made available to them when appropriate.

6.2 Responsibility of Staff

6.2.1 Lone Workers, as with staff generally, carry personal Responsibility for ensuring that they do their work to the best of their abilities without casual mistakes or deliberate abuse. They are required to be able to act properly when working alone or under pressure.

6.2.2 Undertake individual risk assessments on activation, on route And/or arrival at scene. ("Dynamic" Risk Assessment)

6.2.3 Dynamic risk assessments will be carried out / updated as Information is received from Ambulance Control. Updated information will be passed onto the staff as soon as Ambulance Control receives it.

6.2.4 Standards of conduct laid down by the NAS and the Pre Hospital Emergency Care Council (PHECC) must be adhered to. Staffs are expected to keep themselves up to date with best practice and to maintain service quality.

6.2.5 Personal Protective Equipment and clothing that meets Recognised safety specifications and identifies staff, is provided and should be worn whenever necessary.

6.2.6 Staff must attend any training sessions relating to the role of Lone Worker/Responder where required.

6.2.7 Staff will be encouraged to report any and all occasions where Physical violence or verbal abuse has been aimed at them. This policy should allow as much flexibility as possible and all staff will be encouraged to identify improvements as and when they can.

7.0 GUIDELINE

7.1 RISK

7.1.1 Risk Assessment is about recognising and predicting the Potential for a situation to occur. Risk Management is about taking reasonable steps to avoid risk and to reduce the likelihood of risk occurring.

Risk Assessment: The NAS needs to balance the likelihood of risk occurring against resources put into preventing or controlling it. There may also be both clinical risk to patients and organisational risks involved in not attending an incident due to perceived dangers for staff.

Risk can be broadly categorised into three groups - Environment risks, Clinical risks and People risks.

Environmental risks include the safety of equipment used, vehicle roadworthiness, materials (drugs and needles), clinical waste, light level, weather conditions, heat, noise, and chemicals, biological, ergonomic and so on.

Clinical risks include: Potential deterioration in a patient's condition.

People risks include: Risks inherent in the work and working practices of the National Ambulance Service - e.g. Working hours, lifting techniques, poor driving posture, fatigue, lack of attention causing accidents and mistakes. Risks arising from some impairment to a person's functioning - e.g. people in pain or under stress, people under the influence of drink or drugs, psychiatric patients, or emotionally distressed people - all can react badly to the stress they are under and can pose a threat to NAS staff who are trying to deal with them.

Risks from events that might happen - e.g. Vehicular collisions, Assaults and violence directed to staff and vehicles, sudden Staff illness.

Dynamic Risk Assessment: Members of staff will undertake individual dynamic risk assessments on activation, *on route* and/or arrival at scene.

The nature of the work precludes the possibility of a “cover-all scenarios” risk assessment. Managers and all staff will be expected to conduct “Dynamic Risk Assessments” and act Accordingly. This is an assessment of the presenting risk / situation at a particular moment in time.

This allows staff to assess risks on specific occasions, with due regard to the over-arching risk assessment, and to training given in assessing risks.

In all cases staff will be supported in making a dynamic risk assessment regarding emergency activations. Deployment decisions must take into account the presenting situation.

When lone workers are assigned to incidents and request assistance they will be supported immediately.

Risks are likely to be greater in certain circumstances as identified below, therefore Ambulance Control must carry out a ‘Dynamic Risk Assessment’ before considering the activation of a Lone Worker to:

- Patients with mental health issues
- Individuals under the influence of alcohol or drugs
- Patients who are known to have a history of violence
- Individuals who are clearly angry and/or reluctant to receive treatment either on location or at hospital
- Patients with certain medical conditions such as, diabetes or epilepsy
- A patient who has experienced a longer than normal response time
- Poor signal reception areas, particularly in rural areas, crowds at nightclubs or pubs or other locations with concealed spaces or restricted access
- Forced entry to premises in order to gain access to patient
- Public Houses - (local knowledge and information from the incident being critical)
- Incidents under pre-alert conditions (unknown Criteria)
When further information is not clarified before arrival
- Activation to an area where the Lone Worker has no local knowledge

Risk management: Staff is encouraged to forward initiatives to reduce the risks inherent in the Lone Worker role.

Existing systems to inform staff of incidents, regular equipment checks and servicing, known locations / violent patients and any other information thought to be significant to the health and safety of NAS staff will be utilised.

Specifically, Lone Workers will not be expected to attend to any of the following alone unless other NAS or other agency (Guardia, Psychiatric Nurse, etc.) are requested to attend:

- Assaults
- Domestic Violence
- Any incident that Control suspects is violence related
- Drink or Drug related calls
- Psychiatric Calls
- Abusive callers
- Addresses known to be related to potentially violent patients
- Any other incident that Control staff has reason to believe is dangerous or inappropriate

- 7.1.2 Ambulance Control will have information on known patients and locations where violence or difficulties have been experienced previously. This information should be shared with the Lone Worker on dispatch to a call for such a patient or location.
- 7.1.3 Lone Workers will be furnished with any available relevant Information on any call they are responding to.
- 7.1.4 Mobile telephones will be part of the Lone Workers essential Equipment.
- 7.1.5 As part of the roll out of Digital Radio, all staff will be issued a personal hand portable device. This hand held device will be enabled a man down facility for Use in an emergency situation
- 7.1.6 All vehicles used to respond to emergency incidents will be equipped with Automatic Vehicle Location (AVL) to provide Ambulance Control with the ability to monitor Lone Worker location and provide directions to any assisting resources
- 7.1.7 In the case of emergency ambulance tasks, callers will not know that the first responding vehicle may be a Lone Worker. Single Responders should be aware of this and be prepared to reassure and inform patients and relatives of the subsequent attendance of a fully crewed ambulance.

7.1.8 If it is identified that only the patient is present at the scene of an emergency call on which a Single Responder/Lone Worker is to be dispatched, the Lone Worker responding should be informed of this situation and given the opportunity to stand off until there is someone identifiable to accompany them.

7.1.9 Staff should consider the following:

- Ensure they fully understand the situation - types of hazard present or possible
- In a vigilant culture - everyone is at less risk
- Avoid feelings of invincibility
- There is nearly always something that can be done to defuse a difficult situation
- Identify benefits of action against inaction
- Assess risks involved in proposed course of action
- Generate alternative options
- Their own fitness for duty - tired, stressed,
- Confident judgement?
- Their own body language and attitude on arrival

7.2 COMMUNICATIONS

7.2.1 All Lone Workers will be provided with adequate and appropriate methods of communicating with Ambulance Control including an emergency radio contact facility, where deemed necessary.

7.2.2 Full and regular contact MUST be maintained between any Lone Worker and Ambulance Control.

7.2.3 A contingency plan should be put in place in case the Lone Worker fails to make an expected contact or Ambulance Control staff is worried about them for any reason.

7.3 TRAINING

7.3.1 The NAS may identify specific training that Lone Workers will require to equip them for the role undertaken.

7.3.2 As a matter of principle no member of NAS staff is expected to operate equipment they are not trained in.

7.3.3 Staff will not be expected to temporarily undertake the Lone Workers role without having the training identified as being necessary. No emergency vehicles will be driven *under blue lights* without a period of vehicle familiarisation being undertaken.

7.4 INFORMATION

7.4.1 Information flow between staff and Ambulance Control should Be *detailed* & effective to ensure:

- A full information flow about the *whole incident* & patients, alerting staff to patients/relatives known for violent tendencies towards others, *abuse & harassment*. This is intended to enable staff to make a more accurate assessment of potential aggression, violence, abuse & harassment.
- A full and prompt information flow to patients in order to prevent feelings of frustration/aggression arising in patients/relatives, which could lead to violence, abuse & harassment.

7.5 SPECIFIC CONSIDERATIONS FOR LONE WORKERS

7.5.1 Rapid Response Vehicles rely on maximum resource Availability. This may necessitate long periods of time in vehicles and being mobile away from base. The Lone Worker should ensure he/she is well rested and fit for the role. Any and all opportunities to alight from the vehicle and stretch limbs and muscles should be taken.

7.5.2 RRVs will not be expected to sit at roadsides or junctions for Anything other than short periods.

7.5.3 Alternative locations to Ambulance Stations may be identified By the NAS but must have facilities for comfort breaks and refreshments and be safe and warm. The Lone Worker must be assured that Ambulance Control knows exactly where they are at all times.

7.5.4 Visits to any NAS sites should include contact with the person In charge at that site, if available. Equally, visits to non-NAS sites should include consideration of any local risk assessments / fire exits. Etc.

7.5.5 Individual Identification cards must be obtained and carried at All times by these Lone Workers.

7.5.6 Consideration must be given to Lone Workers working outside Their normal geographical area in relation to standby points and the proximity of Ambulance Stations.

7.5.7 Lone workers / First Responders responding to any incident Where there is a potential or perceived risk of violence/aggression will, in line with Ambulance Control guidance (i.e. AMPDS), identify with Ambulance Control a safe point (RVP) to “Stand Off” until back up arrives/confirmation of scene safety is identified. The time of arrival at the “Stand off Point” (RVP) will be logged as the “On Scene” time.

7.5.8 ALL calls for Rapid Response Vehicles will require the Completion of a Patient Care Report. It is only possible to audit one Patient Care Report for each emergency call so if the RRV is first on scene the form should originate from them
- Otherwise a form originating from a crew must also record actions and observations undertaken by the RRV person attending.

8.0 IMPLEMENTATION PLAN

8.1 This Policy will be circulated electronically to all Managers, Supervisors and Staff

8.2 This Policy will be available electronically in each location for Ease of retrieval and reference

8.3 Each Operational Support and Resilience Manager will ensure That the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

9.1 This policy will be reviewed on an ongoing basis or when Necessary following changes in standards, legislation or governance arrangements

9.2 Revisions, amendments or alterations to the policy can only Be implemented following consideration and approval by the Director, National Ambulance Service following consultation with key stakeholders.

9.3 The application of this policy may be subject to audit to Establish compliance and any procedural deficits

9.4 Adequate and appropriate methods of Communication with Ambulance Control, or for urgent assistance, will be identified, implemented, and regularly reviewed

9.5 This policy must be adhered to at all times to ensure Maximum safety for NAS employees.

9.6 Quality, Risk and Safety Managers and Health and Safety Governance Groups will monitor compliance with this Policy through regular reviews of equipment maintenance and Incident/Near Miss reports.

10.0 REFERENCES

None Applicable

11.0 APPENDICES

Appendix I - Policy Acknowledgement Form

Appendix II - Emergency Contingency Plan

Appendix III - Risk Assessment - Lone Workers

EMERGENCY CONTINGENCY PLAN

If contact between the Lone Worker and Ambulance Control has failed then, Ambulance Control should arrange for the following to occur:

Contact made with original caller

Check AVL system and note location of resource so as to direct assisting resources

Supporting Ambulance despatched if not already en-route, ETA for this ambulance noted

Control Manager to be informed

Operations Resource Manager contacted and asked to respond

Guardia to be contacted and asked to respond

Incident Logged in Incident Notes



Risk Assessment Form

*** One Risk only per form**

Service: National Ambulance Service
NAS Area: Insert Area
Station/HQ: Where Relevant
Date of Assessment: 8th June 2011
Source of Risk: Staff Welfare
Unique ID No: ISD-NAS 027

Primary Risk Category: Human Resources
Secondary Risk Category: Employee Safety Health and Welfare
Tertiary Risk Category: Safe System of Work
Name Risk Owner: (BLOCKS) Immediate Line Manager
Signature of Risk Owner:

RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Lone workers may be dispatched to scenes which may result in a Lone Worker being assaulted whilst providing treatment	Injury	<ul style="list-style-type: none"> Lone Worker Policy in place, outlining only specific calls to which a lone worker will be dispatched Ambulance Control will not dispatch Lone Workers to specific calls that increase risk of assault as specified in the Lone Workers policy Automatic Vehicle Location system 	<ul style="list-style-type: none"> Handheld Radio as part of Digital Radio roll out 	Control and Performance Manager Quality, Safety and Risk Manager	8 th June 2012

RISK ANALYSIS

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
2	Major	8	1	Major	4	



Risk Assessment Form

*** One Risk only per form**

Service: National Ambulance Service
NAS Area: Insert Area
Station/HQ: Where Relevant
Date of Assessment: 8th June 2011
Source of Risk: Staff Welfare
Unique ID No: ISD-NAS 028

Primary Risk Category: Human Resources
Secondary Risk Category: Employee Safety Health and Welfare
Tertiary Risk Category: Safe System of Work
Name Risk Owner: (BLOCKS) Immediate Line Manager
Signature of Risk Owner:

RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Lone Worker may be assaulted whilst providing care	Injury	<ul style="list-style-type: none"> • Training provided in Non Violent Crisis Intervention • Lone Workers can seek "Emergency Assistance" via Vehicle Radios • Lone Workers will report incident/near misses • Mobile phone will be provided for backup communications • Incidents of violence or abuse will be reported in line with current policies and reviewed by Health and Safety Governance Groups 	<ul style="list-style-type: none"> • Handheld Radio as part of Digital Radio roll out • Review training on a tri annual basis 	Control and Performance Manager Quality, Safety and Risk Manager Head of Education and Competency Assurance	8 th June 2012 8 th June 2014

RISK ANALYSIS

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
2	Major	8	1	Major	4	



Risk Assessment Form

*** One Risk only per form**

Service: National Ambulance Service
NAS Area: Insert Area
Station/HQ: Where Relevant
Date of Assessment: 8th June 2011
Source of Risk: Staff Welfare
Unique ID No: ISD-NAS 029

Primary Risk Category: Human Resources
Secondary Risk Category: Employee Safety Health and Welfare
Tertiary Risk Category: Safe System of Work
Name Risk Owner: (BLOCKS) Immediate Line Manager
Signature of Risk Owner:

RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Lone Workers may receive accidental injury during the course of their duties	Injury	<ul style="list-style-type: none"> • Lone Workers to wear personal protective equipment in line with current policy • Moving and Handling Training provided to all staff in line with current policies • Daily Vehicle Inspection to be carried out in line with current Procedures • Incident to be reported in line with current policies and reviewed by Health and Safety Governance Groups 		Quality, Safety and Risk Manager	8 th June 2012

RISK ANALYSIS

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
2	Major	8	1	Major	4	



Risk Assessment Form

*** One Risk only per form**

Service: National Ambulance Service
NAS Area: Insert Area
Station/HQ: Where Relevant
Date of Assessment: 8th June 2011
Source of Risk: Staff Welfare
Unique ID No: ISD-NAS 030

Primary Risk Category: Human Resources
Secondary Risk Category: Employee Safety Health and Welfare
Tertiary Risk Category: Safe System of Work
Name Risk Owner: (BLOCKS) Immediate Line Manager
Signature of Risk Owner:

RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Lone Worker may become incapacitated during the course of their duty	Injury	<ul style="list-style-type: none"> Lone Worker to ensure that the relevant Ambulance Control Staff are aware of location at all times If contact has failed, Ambulance Control should immediately initiate the 'Emergency Contingency' Plan as detailed in current Policy Automatic Vehicle Location system 	<ul style="list-style-type: none"> Handheld Radio as part of Digital Radio roll out 	Control and Performance Manager Quality, Safety and Risk Manager	8 th June 2012

RISK ANALYSIS

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
2	Major	8	1	Major	4	