


Document Name	Lone Working Policy			
Document Number				
Issue Date	Revision	Review Date	Policy Owner	Signature
01/01/2026	01	01/01/2029	Emily Boyd on behalf of Silvergrove Home Care	

### 1. Purpose

To set out how Silvergrove Home Care will identify, assess and control risks associated with lone working, and to define the arrangements for communication, support and escalation so that lone workers can carry out their duties safely.

### 2. Scope

This policy applies to all Silvergrove Home Care employees and contracted staff who work alone, without close or direct supervision, including (but not limited to):

- Home support workers providing care in clients/service users' homes.
- Nursing, therapy or other clinical staff delivering community-based care.
- Supervisors/coordinators travelling between locations or conducting home visits/assessments.
- Staff working alone in offices, clinics or other premises, including opening/closing routines.
- Staff working remotely (e.g., from home) where lone working risks may be present.
- On-call and out-of-hours duties.

### 3. Definitions

**Lone working:** Any work activity carried out by a person who is working by themselves without close or direct supervision, where assistance is not readily available if something goes wrong.

**Lone worker:** An employee or contracted staff member who performs lone working activities under this policy.

**Dynamic risk assessment:** A continuous assessment of risk carried out by the lone worker before and during a task/visit, taking account of changing circumstances and enabling the worker to stop, withdraw or seek support when required.

**High-risk visit:** A visit or task where the risk assessment indicates an increased level of risk (e.g., history of aggression, unsafe environment, complex manual handling, remote location, night work) and where additional controls are required.

**Check-in/check-out:** A planned communication process used to confirm a lone worker's status and location at agreed times during a shift and/or during individual visits.

**Escalation:** The steps taken when a lone worker cannot be contacted or when a safety concern is identified, including supervisor intervention and contacting emergency services where necessary.

#### 4. Policy Statement

Silvergrove Home Care is committed to protecting the safety, health and welfare of staff who work alone. Lone working is not inherently unsafe, but it can increase risk because help may not be immediately available. The organisation will implement a safe system of work based on risk assessment, suitable planning, effective communication arrangements, and appropriate training and support.

No lone worker is expected to place themselves at unnecessary risk. Where a situation is assessed as unsafe, staff are authorised to stop the task, leave the environment, and escalate the concern in accordance with this policy.

#### 5. Roles and Responsibilities

Responsibilities under this policy are as follows:

##### 5.1 All lone workers

- Follow this policy, associated procedures and any client/service user care plans and risk controls.
- Complete check-in/check-out requirements and respond promptly to supervisor contact attempts.
- Carry a charged mobile phone (and any lone worker device provided) and ensure it is operational before starting work.
- Maintain awareness of personal safety, use dynamic risk assessment, and withdraw from unsafe situations.
- Report hazards, incidents, near misses, aggressive behaviour, and changes in risk promptly.
- Do not undertake tasks for which you are not trained/competent, or which require more than one person, unless appropriate controls (e.g., two-person support) are in place.
- Protect confidentiality and personal data when communicating about visits and incidents.

##### 5.2 Supervisors / Coordinators

- Ensure that lone working risks are considered before allocating work and that appropriate controls are documented and communicated.

- Maintain up-to-date staff contact details, rota information and escalation arrangements (including out-of-hours).
- Operate and monitor the check-in/check-out system, and take action where contact is missed or where concerns are raised.
- Ensure new or changed risks are reflected in care plans/risk assessments and communicated to staff before visits.
- Ensure incidents are reported, investigated (as appropriate), and that learning is shared and control measures are updated.

### **5.3 Health & Safety / Quality / Clinical Governance (where appointed)**

- Provide guidance, templates and training supports for lone working risk management.
- Support incident investigation, trend analysis and development of corrective/preventative actions.
- Monitor compliance through audit and review and provide reports to senior management.

### **5.4 Senior Management**

- Ensure resources are available to implement lone working controls (e.g., staffing, communication systems, training).
- Promote a culture where staff can raise concerns and stop work when unsafe.
- Review performance, approve improvements and ensure this policy is reviewed at least every two years.

## **6. Risk Assessment and Planning**

Lone working must be planned and risk assessed. Risk assessment will consider the person, the task, the environment and the systems in place to obtain assistance.

### **6.1 Pre-assessment and information gathering**

Before lone work is assigned (and when circumstances change), Silvergrove Home Care will consider information including:

- Details of the task/visit (care activities, clinical tasks, expected duration, equipment required).
- Client/service user and household factors (e.g., known behaviours of concern, cognitive impairment, substance misuse, pets).
- Environmental factors (e.g., access/egress, lighting, trip hazards, hoarding, smoking, infection risks).
- Location and travel considerations (e.g., remote areas, parking, poor phone coverage, severe weather).
- Worker factors (e.g., experience, training, health considerations, language/communication needs).
- History of incidents or near misses linked to the client/location/task.

## 6.2 Control measures

Control measures may include (as appropriate):

- Two-person working for defined tasks or high-risk visits.
- Enhanced check-in/check-out (arrival and departure confirmation) and/or welfare calls during visits.
- Scheduling adjustments (daylight visits, shorter visits, avoiding known high-risk times).
- Provision of equipment and training (e.g., moving and handling aids, personal alarms).
- Requesting environmental changes where feasible (e.g., clear access routes, safe parking arrangements, management of pets).
- Clear boundaries and expectations with clients/service users and households, including a zero-tolerance approach to abuse.
- Escalation and emergency response arrangements, including out-of-hours support.

## 6.3 Dynamic risk assessment

Lone workers must complete a dynamic risk assessment before entering a location and throughout the visit/task. If the environment is unsafe (e.g., signs of violence, intoxication, uncontrolled pets, unsafe access, presence of unknown individuals), the worker must not enter or must leave, move to a place of safety and contact a supervisor/on-call manager for guidance.

## 6.4 Review

Lone working risk assessments and controls will be reviewed at least annually and sooner if there is a significant change (e.g., change in client condition, new environmental hazards, incident/near miss, change in task or staffing).

## 7. Lone Working Arrangements

### 7.1 Communication requirements

As a minimum, lone workers must:

- Have access to a charged mobile phone with sufficient credit/coverage for the shift.
- Keep emergency numbers readily available (999/112 and organisational escalation contacts).
- Ensure the organisation has up-to-date contact details and, where used, that the lone working system/app is active.

Where mobile coverage is unreliable, alternative arrangements must be agreed in advance (e.g., landline check-ins, scheduled call-backs, buddy contact).

### 7.2 Check-in / check-out and welfare monitoring

Silvergrove Home Care will operate a check-in/check-out process appropriate to the level of risk. The required level will be communicated via the rota/care plan.

Typical arrangements include:

- Start-of-shift check-in with the supervisor/coordinator (or nominated out-of-hours contact).
- End-of-shift check-out to confirm work is complete and the worker is safe.
- Enhanced check-ins for higher-risk visits, which may include arrival and departure confirmation and/or welfare calls during the visit.

### **7.3 Missed contact / unable to reach a lone worker**

If a lone worker misses a required check-in/check-out or cannot be contacted, Silvergrove Home Care will follow the escalation process in Appendix B. Escalation will be proportionate to the risk and may include contacting emergency services where there is concern for immediate safety.

### **7.4 Travel and driving safety**

- Plan routes in advance and allow adequate travel time between visits.
- Park in well-lit areas where possible and keep keys accessible when approaching/leaving premises.
- Keep personal belongings out of sight and lock the vehicle when unattended.
- Do not use a mobile phone while driving (hands-free only where legal and safe).
- If you feel unsafe in an area or when parking, leave and contact your supervisor to agree an alternative plan.

### **7.5 Working in clients/service users' homes**

- Before entry, assess for immediate hazards (e.g., signs of conflict, intoxication, uncontrolled pets, unsafe access).
- Maintain awareness of exits and keep a clear route to leave if required.
- Do not enter if you are uncomfortable or if unexpected individuals are present and you cannot confirm safety.
- Follow moving and handling plans and do not attempt unsafe manual handling or transfers alone.
- Maintain professional boundaries and do not share personal contact details or personal social media information.
- If abuse, threats or harassment occur, withdraw and report immediately. A zero-tolerance approach applies.

### **7.6 Night work and reduced supervision**

Where lone working takes place at night or during periods of reduced supervision, additional controls must be considered (e.g., enhanced check-ins, buddy arrangements, two-person visits, rescheduling to daylight where feasible).

### **7.7 Remote working (working from home)**

- Agree work schedules, availability and check-in arrangements with your manager.
- Maintain a safe workstation and take regular breaks.
- Protect personal data and use only approved systems for accessing/storing information.

- Report any safety concerns (e.g., threats, harassment, domestic violence risk) that may affect your ability to work safely.

## **8. Personal Safety and Managing Challenging Situations**

### **8.1 Preventing and managing violence/aggression**

Silvergrove Home Care recognises that staff may encounter challenging behaviour. The following principles apply:

- Use good communication and de-escalation techniques; remain calm and respectful.
- Maintain personal space and position yourself so that you can leave easily.
- Do not attempt to physically intervene unless it is necessary to prevent immediate harm and you are trained to do so.
- If you feel threatened, end the visit/task, leave to a safe place and contact your supervisor/on-call manager.
- Where there is immediate danger, call 999/112 and follow emergency services advice.

### **8.2 Safeguarding and welfare concerns**

Lone workers must follow Silvergrove Home Care safeguarding procedures. Where safeguarding concerns arise, staff must report them without delay in line with the Safeguarding Policy.

## **9. Emergency Response**

In an emergency, the priority is personal safety. Lone workers should:

- Remove themselves (and others where safe to do so) from immediate danger.
- Call emergency services (999/112) where required.
- Contact the supervisor/on-call manager as soon as practicable.
- Provide clear information: your name, location, nature of emergency, and any immediate risks.

If a lone worker becomes injured or unwell during a visit, they should seek assistance and medical care as required and ensure the incident is reported to Silvergrove Home Care.

## **10. Reporting and Support**

All incidents, near misses, hazards, and episodes of challenging behaviour encountered during lone working must be reported as soon as possible in accordance with the Incident and Near Miss Reporting Policy.

Silvergrove Home Care will support staff following incidents, which may include debriefing, review of risk controls, occupational health supports and, where necessary, referral to additional supports.

## **11. Training and Competence**

Silvergrove Home Care will ensure staff receive training and refresher training, as appropriate, including:

- Lone working procedures and use of check-in/check-out arrangements.
- Risk assessment and dynamic risk assessment.
- Personal safety, conflict resolution and de-escalation.
- Moving and handling (including use of relevant equipment).
- Safeguarding, infection prevention and control, and incident reporting.
- Data protection and confidentiality in community-based work.

## 12. Audit and Review

Compliance with this policy will be monitored through incident trend review, supervision and periodic audit of lone working arrangements. This policy will be reviewed at least every two years or sooner where required due to changes in service delivery, legislation, contractual requirements or following a significant incident.

## Related Documents

- Health and Safety Statement
- Risk Assessment and Risk Management Policy
- Incident and Near Miss Reporting Policy
- Safeguarding Policy
- Manual Handling and Use of Hoists Policy/Procedure
- Infection Prevention and Control Procedures
- Data Protection and Confidentiality Policy
- Dignity at Work (Respect and Anti-Bullying) Policy

## 13. References

This policy should be read in conjunction with applicable legislation and guidance, including (where relevant):

- Safety, Health and Welfare at Work Act 2005 (as amended).
- Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended).
- Health and Safety Authority (HSA) guidance on workplace violence, aggression and lone working.
- EU General Data Protection Regulation (GDPR) and Irish data protection legislation.
- Any contractual requirements and local operational arrangements agreed with commissioning bodies (e.g., the HSE) where applicable.

## Appendix A: Lone Working Risk Assessment and Visit Plan (Template)

This template may be used to document lone working risks and controls for a client/location or activity. Use initials or an agreed identifier to minimise the sharing of personal data.

<b>Client/service user identifier (initials or agreed ID)</b>	
<b>Location / address (as required)</b>	
<b>Lone worker role / team</b>	
<b>Planned activities/tasks</b>	
<b>Known risks (e.g., manual handling, pets, aggression history, smoking, poor access)</b>	
<b>Environmental/access considerations (lighting, steps, parking, phone coverage)</b>	
<b>Controls in place (equipment, visit timing, PPE)</b>	
<b>Check-in/check-out requirements (standard/enhanced and details)</b>	
<b>Escalation contacts (supervisor/on-call) and numbers</b>	
<b>Additional controls required / actions</b>	
<b>Completed by (name/role) and date</b>	



<b>Review date</b>	

## Appendix B: Lone Working Escalation Process (Missed Contact)

This escalation process applies when a required check-in/check-out is missed or when a lone worker cannot be contacted. Actions should be proportionate to the assessed risk and may be accelerated where there is immediate concern.

Stage	Indicative timeframe	Action
1	Within 5 minutes of missed contact	Attempt to contact the worker by phone/text and via any lone worker system/app. Check rota, visit details and last known location.
2	Within 10-15 minutes	If no response, contact an alternative number (if available) and notify the supervisor/on-call manager. Consider contacting the next scheduled client/location to confirm whether the worker attended or left.
3	Within 30 minutes (or sooner if high-risk)	If still no contact, implement additional checks (e.g., contact colleagues in the area, review tracking information where used). Decide whether a welfare visit is required.
4	As soon as practicable if concern for safety	Arrange a welfare check through an appropriate person (e.g., manager, colleague) where safe to do so, considering the location and risks.
5	Immediately if there is credible concern of harm or an emergency	Contact emergency services (999/112) and provide available information: name, role, phone number, last known location and circumstances. Continue attempts to contact the worker.

Following any escalation event, an incident report must be completed and a review undertaken to identify learning and any improvements required to lone working controls.