



10 November 2016

FREEDOM OF INFORMATION REQUEST

Request No: AD-IG-01(2)-2016-129
Key Word: Lone Working Policy
Subject: Lone Working Policy

Request: **Date Received:** 08/10/2016
 Date of Monitoring: 10/10/2016
 Date of Response: 10/11/2016

Thank you for your request for information received 8 October 2016 and which was dealt with under the terms of the Freedom of Information Act 2000. We would also inform you that Northern Ireland Ambulance Service (NIAS) Health and Social Care Trust has now completed its search for the information you requested and which is detailed below and attached for your attention.

Question 1

I would like to request a copy of your Lone Working or Solo Working Policy

Answer 1

Please find attached:

- Lone Workers Policy
- RRV Despatch Procedure
- RRV Lone Workers Procedure

Please further note that some of the documentation above is subject to further updating and will be published at a later date.

Question 2

I would also like to know your organisations common practice when it comes to lone workers entering tower blocks both during daylight and evening/overnight.

Answer 2

The Trust does not hold information in a manual or electronic format relating to lone workers entering tower blocks during daylight and evening/overnight.

I hope the above and attached fully assists you. If you are dissatisfied in any way with the handling of your request, you have the right to request a review. You should do this as soon as possible, or in any case within two months of the date of issue of this letter.

Please note that, under the Re-use of Public Sector Information Regulations, if you wish to publish or otherwise use this information besides for your own means, you will need to seek our permission to do so.

In the event that you require a review to be undertaken, you can do so by writing to the Finance and ICT Director, Northern Ireland Ambulance Service (NIAS) HSC Trust, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.



If following an internal review, carried out by an independent decision maker, you remain dissatisfied in any way with the handling of the request, you may make a complaint under Section 50 of the Freedom of Information Act, to the Information Commissioner's Office and ask that they investigate whether the Trust has complied with the terms of the Freedom of Information Act. w

You can write to the Information Commissioner at:

Website: ni@ico.org.uk
Post: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, CHESHIRE SK9 5AF
Telephone: 028 9027 8757 or 0303 123 1114 (Belfast based Office)

In most circumstances the Information Commissioner will not investigate a complaint unless an internal review procedure has been carried out. However the Commissioner has the option to investigate the matter at his discretion. Please be advised that NIAS replies under Freedom of Information may be released into the public domain via our website @ <http://www.niamb.co.uk>.

Personal details in respect of your request will have, where applicable, been removed to protect confidentiality.

Yours sincerely

Alison Vitty

Alison Vitty (Miss)
CORPORATE MANAGER

Att

NORTHERN IRELAND AMBULANCE SERVICE

LONE WORKERS POLICY

Title	Lone Workers Policy
Reference:	NIAS/TW/011
Ratified by:	Trust Board: March 2007
Original Author(s)	Marie Mullan
Publication Date:	Insert Date: 31 May 2007
Next Review:	Insert date: 31 May 2008

Version	Date	Notes on Revisions
1	February 2007	Draft Policy Updated

1. General Statement

The Trust recognises that there may be an increased risk to the health and safety of its employees whilst working alone. For this reason, the Northern Ireland Ambulance Service (NIAS) has devised a policy which ensures that the Trust has:

- Complied with appropriate legislation;
- Provided safe working practices for staff.

2. Definition

For the purposes of this policy, a lone worker is an individual who spends some or all of their working hours working alone. This may occur (1) during normal working hours at an isolated location within the normal workplace, (2) at an employee's home, (3) when working outside normal business hours, (these are deemed to be 9.00am and 5.00pm), and, (4) when travelling alone between NIAS sites.

3. Legal Position

The duty to both assess and control any risks from lone working is governed by the Health & Safety at Work Act 1974 (HSWA). Section 2 requires NIAS to ensure, so far as is reasonably practicable, the health, safety and welfare of our employees, permanent or temporary. Similar duties are owed to other workers, such as agency temps under Section 3 of the HSWA. This will be achieved by carrying to risk assessments in accordance with the Management of Health and Safety at Work Regulations 1999 (as amended).

4. Risk Assessment

NIAS risk assessments will cover all work currently undertaken alone (or proposed to be), where the risk may be increased by the work activity itself, or by the lack of on-hand support should something go wrong. Once all job roles involving lone working have been identified, the following factors will be considered:

- * **Risk of violence.** All jobs involving an element of lone working will be assessed for a risk of verbal threats, or violence. The priority will be those involving face-to-face dealings with members of the public and/or employees.
- * **Plant and equipment.** The plant and equipment used by lone workers will be assessed to ensure that it is suitable for use by one person.

- * **The worker.** The level of fitness required to fulfil the duties of a post where an employee works alone will also be assessed. Any concerns or increased risks will be referred to Occupational Health.
- * **Access and egress.** Some lone working may require access to locations which are difficult to access or exit. Where this is the case, an assessment will consider whether this type of task is suitable to be carried out by only one person.

5. Control Measures

In order to manage the risks identified, the following control measures should be implemented:

- * **Communication.** Checks of site-based workers will be made dependant on risk. Off-site staff will be expected to call in at the end of each day.
- * **First aid.** Those staff whose lone working activities occur off-site should be provided with a personal first aid kit. It is the responsibility of each individual to ensure that it remains adequately stocked. Replacement contents can be obtained by completing a Memo of Need.
- * **Emergency procedures.** In the event that a lone worker falls ill, or into difficulties, they are to use the mobile phone as provided.

6. Control Points

One of the most important arrangements of this Policy is the requirement from Managers to know where their staff are up until the point they go home, so that their movements could be traced if necessary.

It is equally important that this information is available for staff who are called out from home.

It is important that each Department has a Control Point. This Control Point could be any one of, or a mixture of, the following:

- * The office, manned at all times staff are working alone;
- * An answer phone checked regularly;
- * Nominated person with a mobile phone;
- * Nominated person at home.

The Control Point would be the person or persons who should know the movements of all employees when the employee has expressed concern and wish their movements to be monitored.

The Control Point would also have all the details about the employee so that appropriate steps could be taken in the unlikely event of an employee failing to return to the office or call in at the end of a visit. These details should include:

- * Name;
- * Address, home telephone number;
- * Mobile number;
- * Time started work;
- * Itinerary of visits – name, address and telephone number of those being visited;
- * Expected time of finish, or call-in;
- * Car registration, make and model.

7. Notification of Visits

Planned visits can sometimes be missed out for a variety of reasons.

Whilst, generally speaking, this does not cause a problem, on occasions when this would happen the employee must notify the Control Point of the change to the itinerary.

The Control Point facility should cater for these occasions.

It is equally important that the Trust also knows where and when an employee has finished work.

8. Training

Where necessary, training will be provided for lone workers in the safe working practices to be adopted in order to carry out their tasks safely.

9. Incident Reporting

Employees must complete a NIAS Untoward Incident Report Form for **all** incidents – actual/potential – and instances of system failure.

Managers must fully investigate all Report Forms submitted to them. Untoward Incident reports should be processed as per guidelines.

Managers should be aware that if necessary, counselling is available for staff.

10. Line Mangers

It is the responsibility of individual line managers to monitor the tasks being carried out by their staff. If the nature of the tasks change in any way, the manager must ensure that a new risk assessment is carried out. They also need to ensure that any lone worker follows good working practices and safe systems of work.

11. Lone Work Duties

All lone workers are expected to co-operate fully with any instructions given by their managers. They are also expected to follow the Trust's safe systems of work and any associated procedures. Any failure to do so will be subject to the Trust's disciplinary Procedure and may lead to disciplinary action.

12. Equality Screening

This policy has been screened in line with the Trust's statutory duties under Section 75 of the Northern Ireland Act 1998.

**HANDY HINTS FOR TRAVELLING TO OR FROM EMPLOYEES HOMES OR BETWEEN
NORTHERN IRELAND AMBULANCE SERVICE SITES**

- ✓ Keep your car maintained and topped up with fuel.
- ✓ Know where you are going as much as possible, or have a good set of maps.
- ✓ Allow plenty of time for your journey.
- ✓ Drive defensively to avoid road rage incidents.
- ✓ You may feel safer if you keep doors locked whilst in the car.
- ✓ Keep windows and sunroofs closed whilst in the car.
- ✓ Hide bags, telephones and equipment as much as possible.
- ✓ Park as near to the premises as possible.
- ✓ Park in a well lit area, preferably facing the direction you will need to leave in.
- ✓ Be aware of the nearest place of safety (e.g., Police Station, shops or petrol station).
- ✓ Glance around before unlocking and opening the car door.
- ✓ Lock the car door and make your way to the premises concerned avoiding subways, alleys and open land as far as possible.
- ✓ When leaving the premises, have your car keys ready in your hand.

Note:

Always consider your own personal safety if you come across an incident/accident.

Be wary of people trying to flag you down by pointing at your car indicating that something is wrong. If the car seems O.K. to you, acknowledge their gesture and drive immediately to the nearest populated area to check the car.

If you come across an accident, consider whether it would be better to give assistance or summon help from a position further away.

Northern Ireland Ambulance Service

RRV Despatch Procedure

October 2008

Introduction

Factors critical to the success of Rapid Response Vehicle (RRV) operations have been identified and are detailed below. They form the basis for a day-to-day operating procedure that will guide RRV and Control personnel and establishes concrete foundations for continuing developments.

The aim of the procedure is to outline the roles and responsibilities of individual RRV / Control personnel tasked with the effective deployment of the Trusts RRV resources.

Factors Critical for Success

The following is a list of factors identified during continuing RRV operations as being crucial for the success of those operations. The list should not be considered exhaustive or prescriptive – the list and this procedure as a whole will be reviewed from time to time:

Communications between RRV paramedics (Responders) and Control are VITAL and should include an open radio channel which promotes a feeling of Responder security, and effective teamwork.

Flexibility of Responders and Control Officers is essential.

Maximum resource availability is also essential.

Staff awareness of Health and Safety Issues – Risk Assessment.

Co-operation between Responders and other A. & E. Personnel.

Liaison and communication between Responders, Controllers, Control Managers and the Responders line-manager should be maintained. Feedback from front-line staff and Controllers should be encouraged

Roles and responsibilities

Controllers and Responders have shared responsibility for effective deployment of RRV resources and performance achievement. Failure of either group to communicate clearly with the other will result in poor performance and a reduction in effective patient care.

Controllers and Responders must remain flexible to the needs of the role and both groups of staff should participate in any further training and consultation forums that become available with the aim of enhancing the standard of care delivered to patients

The RRVs will operate seven days a week – Monday to Sunday - and though based at Ambulance Stations, they are expected to be dynamically deployed. Hours and areas of operation will change and will depend on staff availability and call demand. *Evening and night time RRV operations require strict compliance with this RRV Despatch Procedure and the associated RRV Lone Workers Policy and the Trusts generic Lone Worker Policy.*

RRV Controller:

Areas for RRV operations will be identified by analysis of available demand information and may change as call demand changes. RRV Controllers will be kept apprised of priority areas.

RRV Controllers must maintain effective working relationships with the Responders, with the Duty Performance Managers, with other Control Officers and with other relevant Trust managers.

RRV Controllers must inform the Duty Performance Managers / RRV line-manager of operational problems, defects, complaints, serious incidents, and other matters in regard to RRV operations.

Standard Control room documentation and reporting requirements apply to RRV-related operations and Control functions. A list of daily RRV resource availability and staffing, including available Officers, will be kept by the RRV Controller.

Effective Liaison must be maintained with other Control Desks at all times. Liaison will also be maintained with other emergency services, receiving hospitals and any BASICS resources or GPs, available to the Responders.

NIAS officers equipped with marked vehicles should be considered as potential support resources for Responder Back-Up.

To maintain and develop RRV operations, and to monitor and ensure the Health and Safety of NIAS personnel as far as reasonably and practically possible, it is important that relevant information is recorded either on the note section of specific AS1s or through communication with the RRV line-manager.

With Health and Safety issues in mind the following is a list of calls considered *inappropriate* for Responders attendance:

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

Generally: *Responders must not be tasked to known or suspected risk locations unless Police are on-scene and have confirmed that the scene is safe to approach.*

The Responders can be despatched to all categories of emergency calls.

Calls considered **particularly appropriate** would include:

Patients with severe Respiratory problems - SOB
Paediatric Calls
Apparent Anaphylaxis
Burns / Burns with breathing problems
Cardiac History, Chest Pains or Cardiac Arrest
Choking
Continuous Fitting
Unconscious Diabetic / Diabetic
Unconscious
Unconscious Overdose
Trauma Electrocutation
 Unconscious Near-Drowning / Drowning
 High Falls
 Head Injury
 Severe Bleeding
 Industrial Accidents / Amputation
 Possible Stroke
 RTA

The urgency of the back-up ambulance will depend on the nature of the incident. A Responder en-route to a *Red* call (Immediately life-threatening) requires immediate and simultaneous ambulance activation. A Responder en-route to a *Green* Category C call (neither life-threatening nor serious) may be able to assess the scene and advise REMDC on the nature of the back-up ambulance required.

The Responder must be informed of the nature and colour of the call and the status of the patient.

If a back-up ambulance has to be diverted by Control prior to arriving in support of a Responder then that Responder must be kept informed of this fact and of the new ETA for the next available ambulance.

Responders can also be despatched to assist ambulance crews requesting paramedic assistance.

Responders are not managers or clinical supervisors. However, if a Responder is in attendance at a major incident or a multiple vehicle RTC and is no longer required clinically, they may remain at scene for communications and liaison until an incident officer arrives. They will keep the RRV Controller informed of progress in case of further calls waiting.

If any Station has dropped ambulance cover then sending a replacement crew from the area in which the RRV is working should be considered – not the RRV itself.

RRV Controllers must feel free to identify problems or areas of learning to ensure that maximum performance and high quality patient care is delivered.

Responders:

They must ensure that the RRV Controller knows their location and status throughout the period of their duty. When away from the vehicle they must carry the hand-portable radio and mobile phone at all times.

Responders, like all employees, have a responsibility for their own health and safety and that of others as far as is reasonably and practically possible.

Responders have the right to refuse to enter a scene that they perceive as a threat and they may withdraw from a scene if they feel threatened. They are entitled to refuse inappropriate calls if they are concerned for their safety from the information available. This position is fully supported by the Trust. Explanatory notes should be made on specific AS1s detailing decisions and actions relating to such occurrences.

Rapid Response Vehicles will be fully stocked at all times and be in a clean and road-worthy condition. Vehicle Daily Inspections must be carried out and recorded in the vehicle log book. Any deficiencies in the equipment level should be made up from local station stores ensuring local first line and middle managers are kept informed.

Responders will ensure that their line manager is informed of vehicles mileages by accurate completion of the vehicle log. Also any vehicle defects requiring maintenance should be reported to the RRV line manager and recorded in a vehicle defect book.

Rapid Response Vehicles will be driven, at all times, in accordance with prevailing road, weather, and traffic conditions. The Responder should drive within their capability and training, and with due regard to other road users and the Road Traffic Act. Driving progressively and carefully rather than at the limits and carelessly will ensure safe arrival and maximum benefit to potential patients.

Any accidents or untoward incidents involving Trust Vehicles, equipment, or patients must be promptly reported in accordance with Trust Policies and Procedures. Serious vehicular accidents, or repeated minor accidents, may result in the Responder being returned to their own station duties while an investigation is completed.

It is important that Responders immediately advise the RRV Controller if, following deployment to an emergency call, difficulties are encountered en-route that might result in delay to arrival at scene.

Responders must update Control on the status of any call or incident they are deployed on, as soon as practically possible on arrival.

Responders must make themselves available at the earliest opportunity after dealing with an incident, or if not required upon arrival at an incident.

Every call or incident that a Responder is activated on must result in a completed Patient Report Form regardless of outcome. The Clinical Audit department can accept more than one form per incident.

Responders will maintain all required documentation and administration including drug accounting procedures, as required by Trust Policies and Procedures.

The Responders will ensure compliance with the requirements of the Data Protection Act 1984 and with best practice concerning patient confidentiality and identifiable information.

Responders should endeavour to spend as much time as possible in the area that the Controller deems to be most suitable at that time – locations considered safe and suitable to support this availability will include ambulance stations and sub-stations. Responders can explore and develop alternative locations. Such locations will be required to be safe and to provide facilities for comfort breaks and short term relaxation.

Responders may be free to undertake personal business under strict and clear conditions: It must be within the geographical area identified as requiring cover, they must remain in contact with the Control Room, and there must be no delay in call activation. Immediate activation is essential!

Responders must ensure they exit their vehicles regularly to exercise in order to reduce fatigue and back ache.

Patients can be transported in the RRVs if the clinical assessment suggests that that is an acceptable solution or conclusion to a call. The decision rests solely with the Responder on each occasion. This transport of patients should be the exception rather than the rule and will involve no input from the Control Room. Lengthy spinal board transportation must not be undertaken by Response Vehicles.

When Paramedic skills are required en-route to the treatment centre the Responder can travel with the patient if: there is no Paramedic on the transporting ambulance or if the crew requests additional support e.g. for an on-going resuscitation.

If the Responder goes to the hospital then the RRV can be driven to that hospital by a member of the ambulance crew, or left secured at the scene for collection later. Any ambulance personnel may drive the RRVs within normal driving conditions. A period of training or acclimatisation is required prior to driving the RRVs under blue light conditions.

If a patient refuses to travel, their signature or another witness's signature will be required on the PRF / Consent form – this is of the utmost importance.

Responders will follow normal NIAS guidelines for dealing with Deaths and for ceasing resuscitation. Any future protocols for refining these aspects of the service will be issued as soon as they become available.

Meal Breaks:

The timing and the location of meal breaks for Responders will be mutually agreed with the Duty Controller. If an RRV is away from its base station and the Responder has to use alternative facilities they will qualify for a subsistence allowance as per the Agenda For Change.

Flexibility concerning the location of meal breaks and operational management of this important issue will be a feature of the effectiveness of RRV operations.

RRV Emergency Call Response Protocol

Receipt of Call The RRV is expected to be mobile or situated within an area as determined by the RRV Controller. Calls will be allocated by radio, mobile telephone or MDT.

Full details of location and incident will be obtained from Control. Any relevant information e.g. type of call, colour, patient status, proximity of supporting resources and other services attending will be communicated as soon as possible.

The Lone Worker should develop a route plan to assist in getting to the incident location before getting underway – they must not try to read a map or the MDT while driving.

Actions in Control Control staff should be fully aware of the types of call considered unsuitable for RRV response as listed in this procedure and also in the Lone Worker Policy.

The onus lies with the Responder to maintain contact with Control regularly - *particularly when on scene*.

Prolonged failure of contact (30 minutes) between a Responder 'on scene' and the Controller should result in the emergency contingency plan being activated – see below.

It is of paramount importance that control staff obtain as much information as possible regarding calls to which an RRV is to be tasked.

If an RRV is attending an immediately life-threatening call (RED), simultaneous activation of an Accident and Emergency ambulance must be automatic. Regardless of the type of call contact should be made with the RRV after 20 minutes if no communication has been received from them.

Other sources of assistance can be considered e.g. Station Officer, GP, Police, Fire Service, or Coastguard.

The RRVs must not be abused – they are operational to target emergency calls and response times. The RRV Lone Worker should not be teamed up with another staff member who has no partner – instead the RRV may be utilised to cover gaps left by redeployed ambulances.

En Scene

Individual patients at the scene of an emergency call are the responsibility of the RRV Paramedic until another paramedic arrives to assist. In the event that no other paramedics arrive then the patient remains the RRVs responsibility and he / she should accompany them to hospital unless completely satisfied that their condition is stable at that time.

Emergency Contingency Plan

Heed any relevant C3 Warnings

If Contact between the Responder and Control has failed then the Controller should arrange for the following to occur:

Contact made with original caller.

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

Local Station Manager contacted and asked to respond.

Control Manager to be informed.

Divisional Manager to be informed.

Police to be contacted and asked to respond.

Incident Logged in Control incident book / log / diary.

Operations Department HQ – RRV Line Manager - to be informed.

Northern Ireland Ambulance Service

RRV Lone Workers Procedure

October 2008

1 Introduction

- 1.1 Operational and HQ Staff have, on occasion, reason to work on their own.
- 1.2 Lone workers should have formal guidelines and protocols, which ensure that their working environment is as safe as possible.
- 1.3 The Trust considers the health, safety and welfare of its staff to be of paramount importance.

2 Principles

- 2.1 All workers should be adequately and appropriately trained for the role they are undertaking.
- 2.2 Written guidelines and advice on lone working are essential to assist staff to carry out their roles safely and competently.
- 2.3 All personnel have a responsibility to ensure the health and safety of themselves and of others who may be affected by their action or inaction.
- 2.4 Secondment to posts involving lone working will be processed through formal recruitment and selection procedures.
- 2.5 Risk Assessment will form the fundamental method of ensuring staff safety.
- 2.6 **Lone workers have the right to refuse to attend a situation or location if it is reasonably felt too dangerous to do so. Reasons underpinning any decision not to attend a call should be noted on the AS1 by the relevant Control Officer e.g. 'RRV Not attending due to inappropriate nature of call'.**

2.7 Responsibility of the Trust

Senior Managers will, in consultation with Staff Side representatives and the Health and Safety Committee, assess risks to lone workers in accordance with the Management of Health and Safety at Work Regulations (1999). The Lone Workers Procedure is to be considered an integral part of the Trusts Health and Safety policies and procedures. The RRV Dispatch Procedure, which should be read in conjunction with this policy, contains guidance on the categories of call considered **appropriate** and considered **inappropriate** for lone workers. As a minimum, lone workers will be told the nature and colour of each Emergency call they are dispatched to

2.8 Responsibility of Staff

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. Standards of conduct set out by NIAS and the Health Professions Council must be adhered to. Personnel are expected to keep themselves up-to-date with best practice and to maintain service quality. Appropriate Personal Protective Equipment (PPE) and clothing that meets recognised safety specifications and identifies staff, is provided and should be worn whenever necessary. Standard incident reporting guidelines apply equally to lone working personnel e.g. UIR1 forms for incidents of violence or threatened violence

2.9 This procedure must be adhered to at all times to ensure maximum safety for employees of the Trust.

2.10 Adequate and appropriate methods of Communication with Control, or for urgent assistance, will be identified, implemented, and reviewed when necessary.

3 **Risk**

3.1 **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 Trust needs to balance the likelihood of risk occurring against resources put into preventing or controlling it. Also there is organisational risk involved in not attending an incident due to perceived dangers for staff.

Risk can be broadly categorised into two groups – *Environment* 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, chemicals carried (COSHH), biological, ergonomic and so on.

People risks include: Risks inherent in the work and working practices of NIAS – e.g. extent of working time hours (compliance to Working Time Regulations is recommended), lifting techniques, poor driving posture, fatigue, lack of attention causing accidents and mistakes.

Risks from events that might happen – e.g. vehicular accidents, assaults and violence directed to staff and vehicles, sudden staff illness.

Risks arising from some impairment to a persons 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 Trust staff who are trying to deal with them.

Risk management: Personnel are encouraged to forward initiatives to reduce the risks inherent in the lone worker role. Existing systems to inform personnel 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 NIAS staff will be utilised.

Specifically lone workers will not attend the following:

- 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 the Control Manager or Control Officer has reason to believe is dangerous or inappropriate.

- 3.2 In the event that the police are confirmed to be on scene at a call considered unsuitable / inappropriate, a lone working RRV paramedic may be **asked** to attend. Should they accept the call they must approach the location with caution and consider an on-going personal risk assessment.
- 3.3 Lone workers will be furnished with any available relevant information on any call they are responding to including the type, code colour and patient status.
- 3.4 Mobile telephones and hand-portable radio equipment are part of the lone workers essential equipment.
- 3.5 Responders should be prepared to reassure and inform patients and relatives of the subsequent attendance of a fully crewed ambulance. Control should endeavour to inform lone working paramedics what resources are backing them up, and from where.
- 3.6 Lone working personnel 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 at scene.

4 Communications:

- 4.1 All lone workers will be provided with adequate and appropriate methods of communicating with their line-manager and Control. Full and regular contact **MUST** be maintained between any lone worker and the Control room. A contingency plan (included in the RRV Despatch Procedure) should be put in place in case the lone worker fails to make an expected contact or the Control room personnel are worried about them for any reason.

5 Training:

- 5.1 As a matter of principle, NIAS personnel are not expected to operate equipment they are not trained in. No Trust emergency vehicles will be driven *under blue lights* without a period of vehicle training or familiarisation being undertaken. Lone working paramedics will be afforded opportunities to attend PHTLS, PEPP, ACLS, PALS, MIMMs, and other similar advanced pre-hospital courses, as and when they become available.

6 Specific Considerations for RRV paramedics

- 6.1 Rapid Response Vehicle operations rely on maximum resource availability. This may necessitate long periods of time in vehicles and being mobile away from base. RRV paramedics should ensure they are well rested and fit for the role. Any and all opportunities to alight from the vehicle and stretch limbs and muscles should be taken.
- 6.2 RRVs will not be expected to sit at roadsides or junctions during night time hours of operation. Alternative locations to ambulance stations may be identified by the Trust but must have facilities for comfort breaks and refreshments and be safe and warm. RRV paramedics must be assured that Control knows where they are at all times.
- 6.3 All relevant Trust reports and forms **MUST** be returned to the RRV Managers Officer, Ambulance HQ, Knockbracken Healthcare Park, Belfast BT8 8SG. Fax 028 90400842.
- 6.4 ALL emergency calls require the completion of a Patient Report Form. It is possible to audit more than one Patient Report Form for each emergency call so if the RRV is first on scene the RRV paramedic should complete a form whether or not they have the opportunity to hand it over to the back-up ambulance crew.
- 6.5 The vehicle Log books must be comprehensively completed after each journey. Staff will be expected to comply with any reporting requirements identified to be required.

7 Review of Lone workers procedure:

- 7.1 The Health and Safety Committee will ratify this Procedure. It will be reviewed as and when required but not less than every five years.

Associated essential reading: RRV Despatch Procedure
Trust Health and Safety Policy
Violence to Staff Policy
Trust Risk Assessment Procedure