The title ‘midwife’ is legally protected and means that only midwives, registered medical practitioners and students undergoing training to become a midwife or a medical practitioner may attend a woman in childbirth (except in a case of ‘sudden or urgent necessity’). For midwives and maternity support workers (MSWs) particularly those working in the community this requires them to be working alone and often late at night. Lone workers are defined as those working in any situation or location without a colleague nearby or out of sight or earshot of another colleague.

With the increasing emphasis on continuity of carer and community-based care as part of the maternity transformation programmes in both England and Scotland more midwives are and will be making community based and home visits. In Wales, the goal to increase intrapartum care in non-obstetric settings could also increase work in the community. As well as this guidance the RCM has produced a new lone working module on i-learn. There is a link to this at the end of the document.

Under no circumstance should you put yourself at risk when working alone; if you are in a situation that is unfamiliar or feels unsafe for you, you should withdraw to a designated place of safety (for midwives/MSWs in the community this may be your car) and seek further assistance. Where it is safe to do so use de-escalation techniques i.e. make an excuse to leave the room, get equipment etc.

Your local trust/health board will have a lone worker policy which will set out guidelines and should have been negotiated with trade unions as part of your trust/health board Staff Side. The policy should set out arrangements in place to protect you (for example safeguarding steps such as sitting near a door, not going upstairs in an unfamiliar house) and those accountable for you including roles and responsibilities. The NMC Code (2015) states that you should take account of your own personal safety as well as those that you care for. If you have any concerns you should escalate these to your manager using the relevant escalation policy; some staff working in the community may also have a specialist ‘alert’ system in place.

The NHS as an employer has a responsibility to protect its lone workers. Staff working in the community are particularly at risk of violence at work. NHS Business Services Authority data showed that in 2015/16 there were 70,555 physical assaults against NHS staff in England, the proportion of lone workers sustaining injury from a physical assault is 9% higher than non-lone workers. Similar levels of violence have been reported in the devolved countries.
Under section 7 of the Health and Safety at Work Act 1974 you have a responsibility to use all the equipment that is provided for your safety so long as you have been trained to use it. In Northern Ireland section 8 of the Health and Safety at Work (NI) Order, 1978 which states "it shall be the duty of every employee while at work to... take reasonable care for the health and safety of himself and of other persons who may be affected by his acts and omissions at work".

There are a number of steps you can take to reduce your risk:

- Ensure you are familiar with your local lone working policy
- Ensure that someone in the maternity unit knows where you are
- If you are visiting a home or family of particular concern you should be accompanied
- Attend any trust/health board training
- Carry out dynamic risk assessments - this is a process of continuous assessment of a situation to ensure any risk of violence is quickly recognised, assessed and responded to
- Make sure you have as much information as possible before doing a home visit or visiting a new location
- Ensure you are provided with the right equipment and you know how to use it
- Follow a safe system of work, ensure your mobile phone is charged and there is signal, if you have a personal safety alarm ensure it has battery life
- Driving a car for work: there should be a procedure in place for rescue/retrieval should you experience a breakdown, keep equipment e.g. laptops and medical supplies out of sight and secure in the boot of your car when not in use
- Communication and information sharing across agencies e.g. the police, GPs

As a healthcare professional, your first instinct is often to help those in need. However if you find yourself in an unclear situation you should follow official government guidance to **run, hide and tell**. Only consider providing care if it is safe to do so.

There is no expectation that you should put your own safety at risk. The NMC’s code makes it clear that nurses and midwives must take account of their own safety, the safety of others and the availability of other care options e.g. paramedics, ambulance crews. You may be able to assist but you should always follow the advice of the emergency services at the scene of an incident or emergency and find a place of safety if told to do so.

**Risk assessment**

Health workers are at an increased risk of violence wherever they work in comparison to other sectors. Your employer is required to assess risks to lone workers and implement measures to mitigate these risks. Those working in the community should have a full risk assessment carried out, this should include identifying training needs. Employers that do not carry out this duty are likely to be negligent in law.

Midwives and MSWs in the community should receive training on making dynamic risk assessment, the de-escalation and diffusion of situations and advice on personal safety whilst travelling on public transport and driving. This should be provided by the Local Security Management Specialist (LSMS).

A dynamic risk assessment enables lone workers to anticipate and recognise the early warning signs of suspected risks. It is the continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risks as they arise.

**Prevention and precaution**

Safe systems should be implemented by employers once risks are identified, including, how to raise the alarm, mobile phone usage including speed dial for emergency contacts, personal attack alarms, working in pairs, access to team diaries, appropriate equipment, buddy systems and local knowledge.

**Support following an incident**

When an incident occurs line managers should ensure the employee involved completes an incident reporting form in line with local policy including where relevant under 'The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). In Northern Ireland the RIDDOR regulations are contained within The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 which came into effect on 1 April 1998. Your employer has a duty to investigate incidents undertaken by the LSMS.

Counselling and/or legal advice must be available when necessary, and assistance in completing claims under the Criminal Injury Compensation Scheme or the NHS Injury Allowance/Scheme should also be provided. The NHS Staff Council in England has produced a range of support materials to help staff and employers understand these provisions.

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Debrief and reviewing

Employers should have systems in place to support lone workers following a near miss or incident, including:

- Line management support and debriefing
- Investigating the incident
- Reviewing risk assessments
- Putting measures in place to prevent it happening again
- Referring to occupational health
- Advice on how to access counselling support
- Liaising with the police

The role of the Workplace Representative

Local policies should be negotiated and agreed with Staff Side. Health and Safety Representatives and Stewards can work together to ensure that employers are following the agreed policies and guidance provided by the Health and Safety Executive and the Department of Health. Union Learning Representatives can help to make sure members are aware of and able to access relevant training including the RCM’s lone working module on i-learn.

Workplace Representatives could carry out a survey of members to identify risk factors and extent of violence at work. You could even do this jointly with your Midwifery Manager and analyse the results together.

Useful resources

Lone working: advice and good practice. RCM i-learn, 2018

Working with the menopause. RCM, 2016


http://www.hse.gov.uk/pubns/indg73.pdf

Managing Health at Work, Guideline 5 Protecting the health, safety and welfare of people working alone. Scottish Government, 2003
http://www.gov.scot/Publications/2003/02/16388/18309

Injury Allowance – a guide for staff. The NHS Staff Council, November 2016
http://www.nhsemployers.org/-/media/Employers/Publications/injury-allowance-staff-guide.pdf?la=en&hash=87B7BBEF1500B6FC60F0B80189B5ED374439D91

Run, Hide, Tell UK Government Guidance

The Code for Nurses and Midwives
https://www.nmc.org.uk/standards/code/