

Protecting
your NHS



‘Not Alone’

***A Guide for the Better
Protection of Lone
Workers in the NHS***



Security Management Service

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Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 4555
Title	Not Alone: A Good Practice Guide for the Better Protection of Lone Workers in the NHS
Author	NHS Security Management Service
Publication Date	02 Mar 2005
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Special HA CEs, Directors of HR, GPs, Communications Leads, BMA, RCN, UNISON, RCGPs, Ambulance Service Association. [Copied to NHS Foundation Trusts for Information].
Circulation List	Local Authority CEs, Ds of Social Services, Voluntary Organisations,
Description	The document is designed to provide guidance to NHS health bodies and their staff to help them develop, communicate and implement procedures that address the needs and minimise the risks faced of the very many different groups of staff that may have to work alone in a diverse range of environments.
Cross Ref	N/A
Superseded Docs	N/A
Action Required	Dissemination of document to risk manager and staff
Timing	N/A
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For Recipient's Use	

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Not Alone

Executive Summary

1. This guidance is designed to reflect good practice which is in use throughout the NHS and other organisations to help protect staff that work alone and do not always have access to immediate support from colleagues or others, when they are faced with difficult or hostile situations. It provides guidance, primarily for Local Security Management Specialists (LSMS), risk managers, human resource departments and, importantly, for the managers of Lone Workers and Lone Workers themselves, about what should be in place to provide the best protection.
2. It is designed to be as comprehensive as possible but, inevitably, such guidance cannot cater for every situation that may or could occur within a working environment. With this in mind, it should be used as a template from which local procedures and systems to protect Lone Workers should be developed, revised or enhanced – but which, in addition, reflects the local needs of staff and environments within which they have to work.
3. More specific guidance will be developed in conjunction with key stakeholders in ambulance and mental health environments, to cater for the wider range and more diverse risks that staff working in these environments face.
4. The document is structured to reflect the business process outlined in the NHS strategy for security management *A Professional Approach to Managing Security in the NHS*. It covers action that health bodies can take in each of the seven generic areas; *pro-security culture, deterrence, prevention, detection, investigation, sanctions and redress*. Advice is given throughout the document on what this means in terms of theoretical and *practical* action to better help protect Lone Workers.
5. Technology can play a part in helping to protect Lone Workers and advice is provided in the document to help NHS health bodies choose the right system, appropriate to their needs and the needs of their staff, as well as guidance to minimise the risks that they face. However, it is also clear that technology can only be effective if it works alongside:
 - Good risk assessment processes for managers and staff;
 - Clear and robust management procedures that put in place measures to address identified and potential risks, and to deal with incidents when they occur;
 - Managers and staff accepting responsibility for, and supporting the need to operate, systems, procedures and technology

provided for their enhanced protection;

- Sharing of information from within and outside the NHS on identified and potential risks; and
 - The provision of good quality training, whether that is to help staff to prevent and manage violent situations, or to use procedures, systems or devices provided for their security and safety, to their best effect.
6. Information is provided on physical, procedural and relational measures that can be put in place to help prevent incidents from occurring.
 7. It should be emphasised that, although Lone Workers may face higher risks, it is important that these risks are not over-exaggerated, as this can have a detrimental effect, by engendering an unnecessary perception of fear amongst staff that is disproportionate to the reality. Therefore, it is important that work to minimise these risks is based on fact. The programme the NHS SMS is taking forward to help identify the true nature, scale and extent of such problems will help to provide that information, backing up data already held through local risk assessments and reported incidents.
 8. This document is a “living” document that will updated regularly:
 - To cater for new environments in which staff find themselves ;
 - As we learn more about the problems faced;
 - As the nature of the risk or threat changes;
 - As the working patterns of NHS staff change; and
 - As technology advances or changes.
 9. A short checklist, summarising the key points for managers of Lone Workers can be found at Annex D to this document.
 10. Finally, the NHS SMS would like to extend its thanks to all the stakeholders in this work who have contributed to the development of this guidance from within the NHS, representing staff and professional bodies and unions, employers, security and risk managers and trainers. The NHS SMS would like to thank those from outside the NHS, in particular, the Health and Safety Executive and the Suzy Lamplugh Trust, amongst others.

1. Introduction

- 1.1. The NHS Security Management Service (NHS SMS) has policy and operational responsibility for the management of security in the NHS. Its objective, as set out in the strategy document, ¹*A professional Approach to Managing Security in the NHS*, is to deliver an environment for those who work in or use the NHS that is properly secure, so that the highest possible standards of clinical care can be made available for patients/service users. The strategy document sets out how the NHS intends to achieve this and describes the business process that will be applied to the problems identified, so that proper solutions can be developed.
- 1.2. The NHS SMS is already implementing the aims of the strategy. ²Two national frameworks are now in place, in which consistent action to tackle violence against staff and to improve the management of security across the NHS, can now take place. A structure is being created locally, through nomination of suitable people to undergo accredited training in order to perform the role of Local Security Management Specialist (LSMS). This will allow health bodies to have access to professional skills and expertise to tackle problems identified in a holistic and consistent fashion, supported at the most senior levels within these organisations through nominated Executive Directors (Security Management Directors – SMD), who have overall responsibility for all of this work locally. Nationally, advice, support and guidance, for both LSMS and SMD, is available from the NHS SMS.
- 1.3. LSMS should take responsibility for ensuring that procedures are developed locally, in conjunction with relevant stakeholders, including staff representatives, to implement this guidance in relation to NHS staff who work alone and to allow proper consideration of physical security measures that may be appropriate (where a LSMS is not nominated, trained or accredited, responsibility for ensuring implementation must rest with the SMD). However, it is the responsibility of each manager where their staff undertake lone working to ensure that the procedures developed, or which are in place, are applied and adhered to. Where incidents occur, or weaknesses or failures are identified in those procedures, the LSMS should be notified as soon as is practicable.
- 1.4. The proper protection of people and property in the NHS is a key objective for the NHS. Those who work without the immediate support of colleagues may inevitably face higher risks, particularly from violence or theft of NHS or personal property.

¹ www.cfsms.nhs.uk

² www.cfsms.nhs.uk

- 1.5. Throughout this document the term “Lone Worker” is used to describe a wide variety of staff who work, either regularly or only occasionally, on their own, and without access to immediate support from managers or other colleagues. This could be outside of a hospital or similar environment or internally, where staff care for patients or service users on their own. Other descriptions commonly used include *community* or *outreach* workers. However, as will be made clear in this guidance, there is not one single definition that encompasses all those who may face lone working situations and, therefore, may face increased risks to their security and safety.
- 1.6. It is essential that all staff feel safe and secure, so that they can undertake and perform their duties free from fear and in the full knowledge that there are strong management procedures in place to ensure that effective action can be taken, should they find themselves in a threatening environment and need help.
- 1.7. Every employer and employee has rights and responsibilities under the Health and Safety at Work Act (HSWA) (1974) to ensure the provision of a safe working environment supported by safe systems of working. Further information and guidance on this legislation is available from the Health and Safety Executive (HSE).
- 1.8. By the very nature of their work, Lone Workers need to be provided with additional support, management and training to deal with increased risks, as well as being enabled and empowered to take a greater degree of responsibility for their own safety and security.

2. Aim

- 2.1. This guidance is designed to provide advice to NHS health bodies and their staff to help them develop, communicate and implement procedures that address the needs of, and minimise the risks faced by, the very many different groups of staff that may have to work alone within a diverse range of environments. This guidance will also help both NHS employers and staff to meet their responsibilities under H&SW Act (1974).
- 2.2. This guidance illustrates the types of lone working environments that may be encountered, describes the management arrangements that should be in place to provide better security for NHS staff and property in these situations, along with examples of physical security measures that can be implemented to help achieve improved protection. It is important to remember that management procedures and physical measures, such as the use of technology, cannot work in isolation from each other. They must be seen as integral to and co-dependent on each other. For example, it is pointless for someone visiting a patient/service user in their home to have a mobile phone if there is no one in their base office to answer the phone should they need to make an emergency call.
- 2.3. Lone Workers need to know that there is a structure in place to help them if they need assistance. Managers and colleagues need to know that lone working staff are safe and they have procedures in place so that when something untoward occurs it can quickly be detected and appropriate assistance provided.
- 2.4. Development of local procedures and the consideration of physical security measures should always be carried out in consultation with relevant stakeholders, such as managers of those staff affected, human resources representatives, risk managers and staff representatives (for example, trade unions and professional bodies). Such procedures should be agreed by SMD and should receive the support of the health body's Board. This is extremely important if solutions to the problems faced are to receive widespread support and - more importantly - are to be implemented.
- 2.5. Lone working procedures should be developed in line with the health body's valuing diversity and equal opportunities policies and, as importantly, need to take into account the diverse needs of the community that is served.
- 2.6. The guidance covers what action can be taken in each of the seven generic areas outlined in the NHS security management strategy (as discussed at paragraph 1.1) – from creating a pro-security culture through to obtaining redress, applying the business process model to this issue, demonstrating how each area links together and how they

are dependent on each other, to ensuring that comprehensive action is taken to protect Lone Workers.

2.7. There are four annexes to this guidance providing examples of good practice that are already being used, along with practical information to help health bodies select the best systems for the staff that work for them, relevant to the risks they face and the environments in which they work.

- **Annex A** - provides examples of good practice already in use by NHS health bodies.
- **Annex B** - provides information concerning Lone Worker safety devices and systems that are presently available, as well as guidance on what should be considered when looking to purchase such equipment, systems and support services (for example, monitoring services).
- **Annex C** - lists the main systems that can be used or purchased.
- **Annex D** - provides a checklist summarising the key points for managers and staff.

3. The Problem

- 3.1. In 2002/03, it was estimated that there were 116,000 incidents of violence against NHS staff, ranging from verbal abuse to serious physical assaults. Although it is not known what proportion related to attacks on Lone Workers, it is widely recognised that this group of staff may face increased risks, because they do not have the immediate support of colleagues or others, such as security staff, if an incident occurs. For example, they may not be able to easily escape from a situation, particularly if they are in someone's home; they may be working in a high crime area or an isolated rural location; or they may be working at night or away from a main building, when and where there are less people around. Additionally, they may be in possession of equipment or drugs that might be attractive to those who may want steal them and, in some cases, use violence to achieve this.
- 3.2. The dangers and problems that Lone Workers may face, have been graphically illustrated by some high profile incidents throughout the public and private sector. The best known is that of the Estate Agent, Suzy Lamplugh, who went missing following a pre-determined meeting to show a prospective client around a property. Her disappearance raised the profile of Lone Workers and the risks that they can face, as well as leading to the creation of a charity bearing her name, which has become an invaluable source of guidance, as well as advice on training to better help protect this group of staff.
- 3.3. The NHS SMS is putting in place systems that will help accurately measure the nature, scale and extent of the problem, both nationally and locally, so that further solutions can be developed and improvements in better protecting NHS staff, property and assets can be monitored and assessed over future years.
- 3.4. Although the NHS has taken improved steps to tackle the serious problem of violence - such as mandatory training to prevent and manage violence, proper definitions of assault, national reporting, increased investigation of assaults and effective legal advice - there are further measures that need to be in place for Lone Workers, particularly when it comes to deterrence, prevention and detection action.
- 3.5. Lone working may be defined as *any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague*. This could be outside of a hospital or similar environment or internally, where staff care for patients or service users on their own. Other descriptions commonly used include *community* or *outreach* workers. Lone working may be a constituent part of a person's usual job or it could occur on an infrequent basis, as and when circumstances dictate.

Lone working is not unique to any particular groups of staff, working environment or time of day.

3.6. What follows is by no means an exhaustive list, but traditional and typical examples of those who undertake lone working in the NHS include: Community Nurses and Health Visitors, Community Midwives or General Practitioners, who are required to conduct home visits. However, there are other examples of lone working which are less obvious, for example:

- Ambulance personnel, such as Paramedics, Emergency Responders or Patient Transport Services;
- A receptionist working alone in a clinic reception area;
- Community Mental Health workers, Assertive Outreach workers Community Psychiatric Nurses, Social Workers and Occupational Therapists;
- Staff who see patients/service users for individual sessions in wards or clinics;
- Carers in the community and in community homes;
- A technician working alone in a laboratory to provide an out of hours service;
- Those who provide primary care services, such as single-handed GP practices, community pharmacists and dentists or opticians. They may provide out of hours services, dispense controlled drugs or make domiciliary visits;
- NHS security staff, particularly at night;
- A pharmacy porter conveying medicines to wards and departments, utilising corridors and public walkways where they might not come into contact with any other colleagues;
- Those who travel between NHS sites and premises;
- On-call staff required to respond to clinical or non-clinical emergencies, for example clinicians or estates engineers;
- Those who open (or reopen) and close NHS buildings either early in the morning or late at night; and
- Smoke-stop coordinators or counsellors.

- 3.7. Local procedures that are developed and implemented to aid the protection of Lone Workers should not simply address just the needs of community based staff and professionals. Lone working often occurs within central health care settings, as well as remotely, and is not (or cannot always be) planned for. Procedures that are developed need to be able to react to the extraordinary, as well as to deal with the ordinary.
- 3.8. It is vitally important that Lone Worker procedures are kept under constant review to take account of changes in the external environment, introduction of new technologies and the lessons learnt from the investigation of incidents that occur, where they cannot be deterred or prevented from happening. Lone working procedures must offer a framework for the assessment of risks that NHS staff may face.
- 3.9. Through better and increased reporting by staff, more will become known about the nature, scale and extent of the problem, allowing LSMS to further improve the local procedures in place, minimise the risks that staff face and, nationally, contribute to the further development of guidance, such as this. It is important for there to be good reporting processes in place for staff to facilitate this process. Staff should be supported and encouraged to report in the reassurance that it will be investigated and that appropriate action will be taken.

4. Pro-Security Culture

- 4.1. The development of a pro-security culture is integral to all strands of security management work in the NHS. Building a pro-security culture is about taking an inclusive approach with all those involved – staff, managers, patients/service users and the public - explaining clearly why action needs to be taken, what that action is, how it will work and be implemented. It can be achieved by listening to those whom it will affect and, above all, obtaining widespread consensus and support for the overall objective or aim.
- 4.2. Although LSMS should lead on work to develop a pro-security culture, collective responsibility, partnership-working and local ownership are essential to achieving the implementation of robust lone working procedures and systems.
- 4.3. Managers have a large part to play in communicating to staff what they can expect in terms of support and what is expected from them. Therefore, it is important to ensure that all relevant stakeholders are involved in the development or review of local procedures to help better protect Lone Workers. Local procedures should address local views and needs, reflecting:
 - The views of staff and their union or professional body, safety representatives;
 - Advice from risk and human resources managers;
 - In mental health and learning disability environments, the views of service users on how they would like visits to their homes to be made;
 - Clear links to other relevant procedures, risk assessment and health body policies (for example, incident reporting); and
 - A clear outline of responsibilities and lines of accountability in respect of any action required in ensuring compliance with monitoring and review of the procedures and systems put in place.
- 4.4. Health bodies, as employers, have a duty to implement procedures and systems for their employees to ensure, as far as is practicable, that safe working conditions exist. Procedures should underline safety issues and contribute to a safer working environment for Lone Workers, addressing all identified risks and providing staff with clear lines of communication where other risks are identified. It is important for there to be clear systems in place for the dissemination and use of

these procedures, which should be subject to regular monitoring and review.

4.5. Instructions to staff should make it clear that they should not enter into lone working situations where they feel that their safety or the safety of their colleagues could be compromised. A common sense approach should be adopted and encouraged where staff have the necessary authority to carry out an assessment of the risks that they face at any given time and not be penalised for not performing their duties, if they perceive that their personal security and safety, or that of others, may be in jeopardy. However, this needs to be balanced with providing a good standard of care for patients/service users and where there are perceived or real risks identified alternative provision should be made, such as secure treatment within a Violent Patient Scheme or accompanied visits.

4.5. To ensure that lone working security and safety procedures and systems are accepted and put into use, it is necessary to communicate effectively to all relevant staff what their roles and responsibilities are in relation to this, whether they are a manager, a colleague, or a Lone Worker. It is essential that staff, at all levels, are made aware of their responsibility to be familiar and compliant with lone working procedures that are in place for their protection. This may be facilitated through using media such as:

- Job Descriptions;
- Staff Handbooks;
- Clearly written procedures;
- Induction Programmes;
- Presentations by LSMS;
- Awareness-raising sessions by risk managers;
- Training (such as when dealing with conflict resolution);
- Team Briefings; and
- The Intranet.

4.6. The above list is not an exhaustive one and LSMS and managers should consider using a combination of these options to achieve the desired outcome. In larger organisations LSMS may not physically be able to communicate directly with every Lone Worker, so should consider conveying information through managers to cascade to staff.

- 4.7. LSMS should ensure that the comprehensive and robust lone working procedures developed and implemented are reviewed at least annually, or where situations arise that necessitate an earlier review; for example, following an incident which exposes a fundamental weakness or failure with procedures.
- 4.8. It is essential that all new employees are made fully aware of local lone working procedures, as soon as possible, following their appointment. LSMS should ensure that lone working procedures are included in new employee induction programmes, which are specific to their working environment.
- 4.9. Employers should have measures in place to support any member of staff who has been subject to an abusive or violent incident, such as debriefing, counselling services, post-trauma support, peer support, access to qualified psychological support and access to their professional or trade union representative.

5. Deterrence

- 5.1. Using publicity and the media, both nationally and locally, is a highly effective method of promoting what the NHS is doing to protect those who undertake lone working, including the introduction of Lone Worker protection procedures, systems and technology.
- 5.2. Locally, LSMS should establish good relationships with their press or media officers to ensure the appropriate publicity for measures introduced by the health body to better protect Lone Workers. The media team at the NHS SMS will provide support and guidance to health bodies who wish to promote such measures with their local press and other media, to ensure a balance can be struck between achieving the required deterrent effect and the desire to ensure that staff are not put at further risk.
- 5.3. This can assist in promoting a pro-security culture amongst the general public by raising awareness of the systems in place to protect NHS workers, why they need to be there and engender public support against the small minority who present such risks to staff. It also makes clear to staff the commitment of the health body to take appropriate steps to better protect their personal security and safety, while they are in lone working situations.
- 5.4. Publicity of appropriate cases (such as a sanction pursued against an offender) that clearly demonstrate problems encountered by NHS Lone Workers and the measures the health body has put in place to protect them, will ensure that equal publicity is given to both problems identified and the solutions implemented.
- 5.5. This should include references to any form of lone working device (for example a mobile phone or similar product), which is utilised and how it has helped provide a solution to a problem, where that is appropriate. For instance, the use of a device to record a non-physical assault, such as verbal abuse, may lead to evidence being produced in a criminal prosecution where previously the absence of such evidence may have led to the case not being progressed. In this case, the problem was the lack of evidence available to prove an assault and the solution was the provision of such evidence to obtain a successful prosecution. The case can then be used to generate publicity about the solution in place so that future offenders may be deterred from assaulting staff, knowing that they are more likely to be caught and dealt with.
- 5.6. A true deterrent effect can only be achieved when:
 - There is some certainty that potential offenders will be apprehended;

- They understand that they will be punished for their actions; and
 - The sanctions that may be applied against them outweigh any perceived benefit they may derive from their actions.
- 5.7. In addition to playing a key role in helping to protect staff from physical or non-physical assaults, appropriate publicity of cases involving sanctions applied to those who have stolen or damaged equipment used in lone working situations, may also serve to deter others who may be mindful to commit such acts.
- 5.8. LSMS will play a key role in identifying appropriate matters for both local and national publicity to help create a strong deterrent effect, in respect of protecting both people and property in the NHS.

6. Prevention

6.1. Background

- 6.1.1. Prevention is essentially about using all available information to ensure that the risk of future incidents can be minimised. This includes learning from operational experience on previous incidents and adopting an inclusive approach that involves staff and stakeholders. It is, therefore, essential that staff are encouraged to report identified risks to managers, as well as incidents that have or may have occurred, so that the appropriate action can be taken.
- 6.1.2. The key to preventative action is a profound understanding of how and why incidents occur in lone working situations and to learn from that understanding. In order to achieve this, the following factors should be considered:
- Type of incident (for example, physical assault/theft of property or equipment);
 - Severity of incident;
 - Cost to health body (human and financial);
 - Individuals and staff groups involved;
 - Weaknesses or failures that have allowed these incidents to take place, for example, procedural, systems or technological;
 - Training needs analysis of staff, in relation to the prevention and management of violence, the correct use and operation of Lone Worker protection technology or other relevant training, such as first aid;
 - Review of measures in place to manage risk; and
 - Technology in place to aid the protection of Lone Workers.

6.2. Physical Measures

- 6.2.1. Robust risk assessments carried out locally, pre- or post-incident reviews and analysis of reports and operational information may highlight the need to introduce technology in order to minimise risk in lone working situations. It is essential that the LSMS – and the SMD – take responsibility for ensuring that technology is used appropriately, effectively and that it is proportionate to the problem it is intended to solve. Technology should not be seen as a solution in itself and consideration must be given to the legal and ethical

implications of its use, as well as its limitations. The successful introduction of a system relies on the health body employing a comprehensive and inclusive approach to determine the most appropriate system, involving staff, professionals and staff safety representatives. Where a proper evaluation has taken place, the following devices or pieces of technology will be of value, as a deterrent and to enable a response to an incident:

- Internal alert systems that are activated from static panic buttons in treatment rooms, with clear procedures on what should happen and by whom and when they are to be activated, for example;
- Internal alert systems that are activated from fobs and used by individual workers. Some of these systems are connected to a central control room, which is alerted to the fact that an incident is occurring and can indicate its exact location, so that an immediate response can be made;
- Fixed panic buttons that are linked to police stations (for example, in some Accident and Emergency Department settings and remote clinics, or clinics in inner city areas identified as being at high risk);
- The new Community Pharmacy Contract advocates that community pharmacists should have consulting rooms. Where these are in or are being put in place, then consideration should be given to an internal alerting or 'panic' alarm system;
- Mobile human resource safety devices and systems that are operated by use of mobile technology or handsets; some may also incorporate the use of Global Positioning Satellites (GPS); or
- Personal attack alarms that emit a high pitched noise on activation and may be battery or aerosol powered.

6.2.2. Before deciding to invest in Lone Worker protection systems or devices, there are a number of issues health bodies should consider. Guidance to support this decision-making process may be found at [Annex B](#).

6.2.3. All the above devices can send a strong deterrent message to potential offenders. They may also improve the feeling of confidence amongst NHS staff, helping to reduce the fear of crime. However, physical security in the absence of proper procedures, relational security and training to prevent and manage violence may also lead to a false sense of security. It is, therefore, important that a holistic approach to the problem is adopted.

- 6.2.4. It is essential to communicate that lone working protection devices **will not** prevent incidents from occurring. They will not make people invincible, nor should they be used in a way that could be seen to intimidate, blackmail or coerce someone. However, if utilised correctly in conjunction with robust procedures, they will enhance the protection of Lone Workers. This may be achieved either, through the deterrence in people knowing that they could be caught or, where they are not deterred, to assist in investigations, which may lead to providing evidence in taking action against offenders, such as a sanction or redress.
- 6.2.5. Lone working systems and devices must only be used for their intended purpose – to improve the safety of Lone Workers. To utilise these systems for other purposes will compromise the integrity of the system and may deter Lone Workers from using them, which could result in their security and safety being compromised. It could also result in monitoring services being withdrawn, where these are provided and, in some cases, the police may refuse to attend incidents, if there has been a history of misuse or false alarms.
- 6.2.6. Where misuse of a Lone Worker protection device occurs, on a frequent, persistent or malicious basis, the matter should be referred to the LSMS for investigation. After a full and proper investigation and in consultation with managers and the relevant HR department, appropriate action such as disciplinary should be considered. It is important that the development of a process to deal with cases - involving the malicious or illegal misuse or abuse of Lone Worker procedures, systems and technology - involve and have the support of human resources, managers and staff representatives and are approved at the highest levels.
- 6.2.7. It is essential that Lone Workers receive proper training and instruction in use of such devices and are given sufficient time to become familiar with Lone Worker procedures, systems and devices, before they are expected to use them in their day to day work. It is also important that such training is delivered in the context of the national NHS SMS strategy and the frameworks for security management and tackling violence in the NHS, along with the local procedures in place to provide them with better security and safety.
- 6.2.8. Wherever possible, and legally permissible, health bodies should share information on risk within the local health economy and with other public sector authorities, on individuals and known 'risk' addresses. This can include social care, the ambulance service and primary care. An avenue to achieve this locally, within the wider community, could be through participation in Crime and Disorder Partnerships. The NHS SMS is currently exploring the issue of sharing information and intelligence on risk, and the individuals who present that risk, more widely throughout the NHS and the public sector, along with the mechanisms and legal and ethical framework in

which it could be done. Guidance on this subject is planned for release later in 2005.

6.2.9. The following sections outline procedures and arrangements that should be in place to ensure the better security and protection of lone working staff. They are intended to assist health bodies in the development and implementation of local procedures to suit their staff's particular needs and risks.

6.2.10. *Practical suggestions on the use of a mobile phone*³

- Where provided, a mobile phone should always be kept as fully charged as is possible (or where standard non-rechargeable batteries are used, replaced on a regular basis), at all times;
- The employee should ensure they know how to use the mobile phone properly, through familiarising themselves with the instruction manual;
- A mobile phone should never be relied on as the only means of communication. Lone Workers should always check the signal strength before entering into a situation, where they are alone. If there is no signal, the Lone Worker should contact their manager or colleague ahead of a visit, stating their location and the nature of their visit, along with an estimate of the time they think they will need to spend at the visit. Once that visit is completed they should let their manager or colleague know that they are safe;
- Emergency contacts should be kept on speed dial as this will speed up the process of making a call to raise an alarm;
- The phone should never be left unattended but should be kept close at hand in case an emergency arises;
- The use of a mobile phone could potentially escalate an aggressive situation and the Lone Worker should use it in a sensitive and sensible manner
- "Code" words or phrases should be agreed and used that will help Lone Workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving the police;
- The mobile phone could also be a target for thieves, and great care should be taken to be as discreet as possible, whilst remaining aware of risks and keeping it within reach at all times;

³ The Home Office website contains useful information on the use and protection of mobile phones

- The mobile phone should never be used whilst driving. It is against the law. Employers should consider providing staff with hands-free equipment, where appropriate; and
- The Lone Worker should report any incidents where they have been threatened or assaulted.

6.2.11. *Practical suggestions on the use of a personal audible or screech alarm*

- Primarily designed for use as a distraction to allow the member of staff to escape from a violent or threatening situation. The Lone Worker/manager should ensure the alarm is in good working order and fully operational through regular checks (away from a working environment to prevent false alarms), especially before leaving for a visit or ahead of a situation where they will or might be working alone;
- They should also ensure the battery is working, or if it is aerosol-based, ensure that it is not about to run out;
- The Lone Worker should ensure that it is carried in the hand, in an easy to reach pocket or clipped onto a belt, ready for use and not concealed in a bag;
- The devices should be used pointing towards the potential assailant, away from the Lone Worker;
- The Lone Worker should also ensure that they are aware of the procedures for sounding an alarm and the expected response, if a personal attack alarm is triggered. The assumption has to be that there will be no certainty of assistance, because they sound like car alarms and everybody ignores them: audible alarms are primarily to “stun” an assailant for at least a couple of seconds, allowing the Lone Worker to make their escape;
- It is also recommended that the Lone Worker discards the personal alarm so that the assailant’s attention is diverted to silencing the alarm. Some experts are not particularly keen on advising the use of personal alarms in a workplace environment, because of the risk of escalating the situation or where there are no clear escape routes. Their view is that these alarms are more suitable for use in a “street” environment; and
- The Lone Worker should report any incidents where they have been threatened or assaulted.

6.2.12 *Practical suggestions on other forms of Lone Worker protection devices*

- The manager should ensure that Lone Workers have received appropriate training about the particular product or device they are using and satisfy themselves, as far as is possible, that the Lone Worker is confident in handling it, including familiarisation with procedures and systems in place to support its use. If in any doubt, instruction should be offered and the Lone Worker should feel comfortable in requesting such training;
- Great care should be taken to ensure that the device is in good working order and, where it is battery operated, that it is as fully charged as possible or batteries are changed on a regular basis. The Lone Worker using the device should check and test the device as described in instruction manuals, training or as suggested by their manager;
- “Code” words or phrases should be agreed and used that will help Lone Workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving the police;
- The device should be kept close at hand so that it may be activated quickly, if needed;
- The Lone Worker should be familiar with the response they can expect if an alert is raised through the device, as well as any procedures that are associated with raising an alarm and responding to it; and
- The Lone Worker should report any incidents where they have been threatened or assaulted.

6.3. *Procedural Measures*

- 6.3.1. There are a number of practical steps that can be followed, to help Lone Workers minimise the risk of incidents occurring. It is essential that where technology fails appropriate back-up procedures are in place to ensure the safety of the Lone Worker at all times. **Under no circumstances, should staff compromise their safety. If they feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately.**

6.3.2. *General considerations for assessing risk relating to lone working*

Health bodies should ensure that they have adequate arrangements in place to assess risk to their staff. The risk assessment is carried out to identify the risks to workers and any others who may be affected by their work. Proper conduct of the assessment should identify how the risks arise and how they impact on those affected. This information is needed to make decisions on how to manage those risks so that the decisions are made in an informed, rational and structured manner and that the action taken is proportionate. Arrangements also need to be put in place to monitor and review the ⁴findings.

The risk assessment should consider:

- Identification of the lone working staff groups exposed to risk;
- Assessment of working conditions - normal/abnormal, hazardous conditions, such as dangerous steps, unhygienic conditions, poor lighting, for example;
- Assessment of particular work activities, which might present a risk to Lone Workers such as; refusing an appointment, administering medication and delivering unwelcome information. Whether staff have received suitable and sufficient training to defuse potentially violent situations, should also be considered;
- Assessing the possibility of an increased risk of violence due to alcohol abuse, drug misuse, a mental or personality disorder, for example;
- Assessing the risk to the Lone Worker from wearing uniforms when visiting certain patients/service users or working in or travelling between certain environments;
- Assessment of necessary equipment and the capacity of the Lone Worker to handle the amount of equipment themselves;
- Evaluation of physical capability to carry out lone working, such as being pregnant, disabled or inexperienced, for example; and
- Estimation and assessment of “emergency” equipment that may be required, such as, for example, a torch, map of the local area, telephone numbers for emergencies, including local police and the ambulance service, a first aid kit or mobile phone chargers.

⁴ Management of Health and Safety at Work Regulations 1999

6.3.3. *Exercise positive reporting practices regarding appointments and movements*

- Lone Workers should always ensure that someone else (a manager or appropriate colleague) is aware of their movements. This includes providing them with the full address of where they will be working, the details of persons with whom they will be working or visiting, telephone numbers if known and indications of how long they expect to be at those locations (both arrival and departure times);
- Lone Workers should also leave a written visiting list containing these details with a manager and colleague(s). This information must be kept confidential and must not be left in a place where those who do not need to have this information, or members of the public, can access it. Details can be left on a whiteboard or similar medium, if that is within a secure office where neither patients/service users nor members of the public have access;
- A visit log that is left with a manager or colleague(s) should be completed and maintained by Lone Workers;
- Arrangements should be in place to ensure that if colleague(s), with whom details have been left, leave for some reason they will pass the details on to another colleague who will check that the Lone Worker arrives back at their office/base or has safely completed their duties. If details have been left on a whiteboard, they must not be cleared until it has been confirmed that the Lone Worker has arrived back safely or completed their duties for that day;
- Details of vehicles used by Lone Workers should also be left with a colleague, for example, registration number, make, model and colour;
- Procedures should also be in place to ensure that the Lone Worker is in regular contact with their manager or relevant colleague, particularly if they are delayed or have to cancel an appointment;
- Where there is genuine concern, as a result of a Lone Worker failing to attend a visit, or an arranged meeting, within an agreed time, the manager should utilise the information provided in the log to help track the Lone Worker and ascertain whether or not they turned up for previous appointments that day. Depending on the circumstances and whether contact through normal means (mobile phone, pager and so on) can or cannot be made, the manager or colleague should involve the police, if necessary. It is important that matters are dealt with quickly, after

consideration of all the available facts, where it is thought that the Lone Worker may be at risk. If police involvement is needed, they should be given full access to information held and personnel who may hold it, if that information contains data that might help trace the Lone Worker and provide a fuller assessment of any risks they may be facing; and

- It is important that contact and appointment arrangements, once in place, are adhered to. Many procedures, such as this, fail simply because staff forget to make the necessary call when they finish their shift. The result is chaos and unnecessary escalation and expense, which undermines the integrity of the process.

6.3.4. *The “Buddy System”*

6.3.5. It is essential that Lone Workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing various management procedures, such as the ‘Buddy System’.

6.3.6. To operate the ‘Buddy System’ a Lone Worker must nominate a ‘buddy’. This is a person who is their nominated contact for the period in which they will be working alone. The nominated ‘buddy’ will:

- Be fully aware of the movements of the Lone Worker;
- Have all necessary contact details for the Lone Worker, including personal contact details, such as next of kin;
- Have details of the Lone Worker’s known breaks or rest periods;
- Attempt to contact the Lone Worker, if they do not contact the ‘buddy’ as agreed; and
- Follow the agreed local escalation procedures for alerting their senior manager or the police, if the Lone Worker cannot be contacted, or if they fail to contact their ‘buddy’ within agreed and reasonable timescales.

6.3.7. Essential to the effective operation of the ‘Buddy System’ are the following factors:

- The ‘buddy’ must be made aware that they have been nominated and what the procedures and requirement for this role are;
- Contingency arrangements should be in place for someone else to take over the role of the ‘buddy’ in case the nominated person

is called away to a meeting, for example; and

- There must be procedures in place to allow someone else to take over the role of the 'buddy', if the lone working situation extends past the end of the nominated person's normal working day or shift.

6.3.8. *Risk assessment prior to a visit*

- ⁵Where it is practicable, a log of known risks should be kept - updated and reviewed regularly - in respect of the location and details of patients/service users/other people that may be visited by their staff, where a risk may be present. This log should be retained in accordance with the Data Protection Act 1998 and only strictly factual information should be recorded. This log should be available to Lone Workers to inspect ahead of any visit they make. Consideration should be given to include, as part of a Lone Worker's job description, a requirement that they should inform their manager or "buddy" if they have to make a visit to an address or person on that log;
- Such information should, where legally permissible, be communicated with other agencies who may work with the same patients/service users, as part of an overall local risk management process;
- Colleagues who have worked alone in the same location, or with the persons/patients/service users before, should be contacted to help communication about any particular risks and inform action taken to minimise them;
- If there are known risks with a particular location or patients/service users, Lone Workers and their manager should reschedule this visit to a particular time, place or location where they can be accompanied;
- The time of day and day of the week for visits should be varied (if visits are frequent) to avoid becoming a target;
- Lone Workers should remain alert to risks presented from those who are under the influence of drink, drugs, are confused, or where animals may be present. Being alert to these warning signs will allow the Lone Worker to consider all the facts at their disposal, allowing them to make a personal risk assessment and, therefore, a judgement as to their best possible course of

⁵ Where staff do not work from one office or work from a variety of locations a physical written log may be difficult to implement and maintain. Where it is in place, consideration should be given to placing such a log on the health body's intranet in a secure location that only managers and Lone Workers can access to check and update.

action, for example, to continue with their work or to withdraw. At no point should the Lone Worker place themselves, their colleagues or their patients/service users at risk or in actual danger;

- If a Lone Worker has been given personal protective equipment, such as mobile phone or similar device, they must ensure that they have it with them and that they use it before entering into a situation, where they have prior knowledge of risk or, at that point in time, consider themselves to be at risk; and
- It is essential that Lone Workers remain alert throughout the visit or the work that they undertaking and ensure that they are aware of entrances and exits, in the event of an emergency. Such techniques are taught through conflict resolution training and allow staff to consider the correct positions they should place themselves in, should they need to make good an escape. If a violent situation develops, then staff should immediately terminate the visit and leave the location.

6.3.9 *High risk visits*

- Where there is a history of violence and/or the patient/service user location is considered high risk, the Lone Worker must be accompanied by: a colleague; by a security officer; or, in some cases, by the police; and
- Where possible, the visit should take place at a neutral location or within a secure environment, for example, treatment under the⁶Violent Patient Scheme in primary care.

6.3.10. *During visits*

- Lone Workers should be prepared and fully briefed, having concluded a necessary and appropriate risk assessment with their manager ahead of their visits, where appropriate risks have been identified. They should carry an ID badge and be prepared to identify themselves;
- Lone workers should carry out a “10 second” risk assessment when they first arrive at the house and the front door is opened. If they feel there is a risk of harm to themselves, they should have an excuse ready not to enter the house and to arrange for an alternative appointment. They should also be aware of animals in the house and ask for them to be removed, prior to entry;

⁶ Further information on the Violent Patient Scheme (VPS) can be found in the guidance issued by the NHS SMS on dealing with non-physical assaults against NHS staff – available from www.cfsms.nhs.uk (under SMS –documents).

- Lone workers should ensure that, when they enter the house, they shut the front door behind them and make themselves familiar with the door lock, in case they need to make an emergency exit;
- Lone Workers should try not to walk in front of a patient/service user. They should not position themselves in a corner, or in a situation where it may be difficult to escape;
- Lone Workers should remain calm and focused at all times and keep their possessions close to them; and
- Lone Workers should be aware of their own body language (as well as the body language of the client or patient/service user), as there is the potential risk of exacerbating the situation by sending out the wrong signals, particularly where there may be cultural, gender or physical issues to consider. Body language, or other forms of non-verbal communication and mannerisms, plays an important role in how people perceive and behave towards other people. Specific training in non-physical intervention skills, customer service and de-escalation is essential and Lone Workers must be trained through the *National Syllabus for Conflict Resolution*, with additional training provided over and above this, depending on the risks they face and their own personal needs.

6.3.11. *Escorting patients/service users*

- Where there are known risks, or identified potentials risks, about a patient/service user or a location to be visited, a full assessment of those risks should be made ahead of the Lone Worker making that visit, along with taking appropriate action to minimise those risks;
- Where there are known risks, the patient or service user should be looked after by a member of staff who is not the driver, so that the patient/service user's needs can be catered for and the driver is allowed to concentrate on driving the vehicle safely. There have been reported incidents of passengers grabbing at handbrakes and steering wheels while the member of staff is driving;
- The Lone Worker should ensure that they are suitably insured for this business purpose and the health body should have procedures in place to check this, before patients/service users are transported in this manner;
- Consideration should be given to the most appropriate mode of transport, based on such risk assessments. It may not be

appropriate for the Lone Worker to drive, unless in an emergency, and alternative arrangements may need to be made;

- If escorting a patient/service user by car, Lone Workers should always seat the patient/service user behind the passenger seat and ensure that their seat belt is fastened. Lone Workers should not escort a patient/service user by car if there are any doubts about their safety in doing so, nor should they agree to transport patient/service user's animals; and
- If a conflict arises (or patient/service user becomes aggressive) while the Lone Worker is driving they should pull over into a safe place and exit the vehicle, ensuring that the keys are removed. They should follow local procedures in place, which may involve calling the police, their manager, a colleague or their 'buddy'.

6.3.12. ***Lone working and vehicles (other than escorting patient/service users)***

- Before setting out, Lone Workers should ensure that they have adequate fuel for their journey;
- They should give themselves enough time for the journey to avoid rushing or taking risks, owing to time pressure;
- Items such as bags, cases, CDs, or other equipment, should never be left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle;
- Lone Workers should always hold the vehicle keys in their hand when leaving premises, in order to avoid looking for them outside, which could compromise their personal safety;
- The inside and outside of the vehicle should be checked for possible intruders before entering;
- Once inside the vehicle all doors should be locked, especially when travelling at slow speed, when stopped at traffic lights and when travelling in inner-city areas. Some staff may understandably feel that a locked door may prevent them from escaping or receiving help in the event of an accident. However, modern vehicles and rescue techniques make this less of a factor than it may seem;
- Lone Workers should always try to park close to the location that they are visiting and should never take short cuts to save time. At night or in poor weather conditions, they should park in a well-lit area and facing the direction in which they will leave. They

should ensure that all the vehicle's windows are closed and the doors are locked;

- Lone Workers should avoid parking on the driveway of the person they are visiting. The Health and Safety Executive's safe driver training programmes advise that Lone Workers should reverse into car parking spaces so that, if attacked, the door acts as a barrier;
- Lone Workers driving alone, especially after dark, should not stop even for people who may be in distress or requiring help. The Lone Worker should stop in a safe place, as soon as it is practicable to do so, and contact the emergency services as appropriate;
- If followed, or if in doubt as to whether they are being followed, Lone Workers should drive to the nearest police station or manned and lit building, such as a petrol station, to request assistance;
- In case of vehicle breakdown, Lone Workers should contact their manager, colleague or 'buddy' immediately. If using a mobile phone and the signal is poor, or there is no signal at all, they should put their hazard lights on. If they need to leave the vehicle to use an emergency telephone, they should lock their vehicle and ensure that they are visible to passing traffic;
- They should not display signs such as "doctor on call" or "nurse on call" as this may encourage thieves to break in to the vehicle to steal drugs, for example; and
- Lone Workers should avoid having items in their vehicle that contain personal details, such as their home address.

6.3.13 *Lone working and public transport*

- Lone Workers should wait for transport at a busy stop or station that is well lit;
- Lone Workers should be in possession of a timetable for the mode of transport and route they are taking. They should leave details with their manager, colleague or 'buddy' of their intended route and mode of transport. If they have to vary their route or experience a significant delay, they should inform the aforementioned;
- They should always try to sit near the public vehicle driver, preferably in an aisle seat;

- They should also familiarise themselves with safety procedures in the event of an emergency and sit near the emergency alarm;
- They should avoid empty upper decks on buses or empty train compartments (and also avoid these situations if there is only one other passenger); and
- If threatened by other passenger(s) they should inform the driver/guard.

6.3.14. *Lone working and taxis*

- Wherever possible, a taxi should be booked in advance from a reputable company (most health bodies will have an established contract or arrangement) and the driver's name and call sign obtained;
- If a taxi has not been booked, the Lone Worker should go to a recognised taxi rank to hail a cab;
- They should never use a mini cab, unless it is licensed or registered hackney carriage;
- They should sit in the back, behind the front passenger seat;
- They should not give out personal information to the driver (either through conversation with the driver or release sensitive information while talking on a mobile phone); and
- They should be aware of child locks and central locking (although most black cabs will lock the doors while in transit) within the taxi.

6.3.15 *Lone working – travelling by foot*

- Lone Workers should walk briskly, if possible and physically able to do so, and not stop in areas that are unknown to them, for example, to look at a map or to ask for directions. They should go into a 'safe' establishment, such as a police station, petrol station or reputable shop and ask for directions or, if necessary, to call for assistance from their manager, colleague or "buddy".
- They should avoid using mobile phones overtly in any area (they should make a note of the SIM number for the phone in case of theft) and, if carrying equipment, should ensure that this is done using bags or holdalls that do not advertise what they are carrying.

- If someone attempts to steal what they are carrying, they should relinquish the property immediately without challenge. They should consider keeping their house keys and mobile phone separately from their handbag or having an old purse/wallet with petty cash and expired credit cards. It is important that any theft, or attempted theft, is reported both internally and to the police, as soon as is practicable and safe to do so. The Lone Worker should make a note of the date, time and descriptions of events and the attacker(s), as soon as they are in a position to do so and retain it safely until it is requested by the police or LSMS.
- They should stay in the centre of the footpath facing oncoming traffic;
- They should be aware of the location and remain alert to people around them; and
- They should avoid waste ground, isolated pathways and subways, particularly at night.

6.3.16. *Dealing with animals*

- If there is a known problem with animals at a particular address or location, the occupants should be contacted and requested to remove or secure the animals before arrival. Clinical procedures may provoke a reaction from an animal or pet, so it may be prudent to request that it be removed or placed in a different room for the duration of the visit;
- If a Lone Worker is confronted by an aggressive animal on a first visit to a patient/service user's address, they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with local reporting procedures; and
- If a Lone Worker feels uneasy with animals being present, they should politely request that they be removed, bearing in mind that this could provoke a negative reaction. All possible efforts should be made to ensure that the situation is managed and de-escalated, should hostility become evident. If this is not possible, then alternative arrangements should be made to carry out the visit, such as rescheduling so that the Lone Worker can be accompanied or asking a colleague - more at ease with animals - to assist them.

6.4. *Relational measures*

- 6.4.1. It is essential that staff are given the appropriate and necessary communication skills to be able to predict, prevent, manage and de-escalate potentially violent situations within a legal and ethical framework, where the rights and needs of the patient/service user are balanced against the rights and safety of Lone Workers. A therapeutic relationship between the Lone Worker and the patient or service user lies at the heart of prevention, which is the best way of managing violence. Lone Workers should be given the necessary training and awareness to enable them to carry out their duties in a positive, confident and caring manner. They should try to attend to the needs of the individual and recognise their particular sensitivities and concerns.
- 6.4.2. As a key preventative measure to tackle violence against NHS staff and to ensure that staff and professionals are given the necessary skills to be able to recognise and de-escalate potentially violent situations, a National Syllabus in conflict resolution training for the NHS has been introduced. Separate syllabi, specially adapted for mental health and learning disability settings and the Ambulance Service, are being developed and will be introduced during 2005/06.
- 6.4.3. Ensuring that NHS staff and professionals receive appropriate training in both conflict resolution and risk assessment is a key element in building a pro-security culture in the NHS. Such training can raise awareness and encourage the sharing of information in respect of identified risks that they and their colleagues may face.
- 6.4.4. All training needs identified should be addressed by the health body. This might include:
- Conflict resolution training, including problem solving, customer service and communication skills;
 - Training on health and safety encompassing employee responsibilities;
 - Cultural awareness, diversity and racial equality training;
 - Specific equipment training, including Lone Worker protection devices, and manual handling;
 - First aid training; and
 - Training in disengagement techniques.

7. Detection

- 7.1. Detection or incident reporting is an integral part of the security management business process. It allows the necessary information to be gathered to:
- Identify the problem;
 - Assess and manage the risk;
 - Develop solutions
- 7.2. It is essential that staff report incidents that have occurred or where the potential for incidents to occur is identified, following a risk assessment. This allows for incidents that have occurred in lone working situations to be investigated by professionally trained LSMS. This will ensure that any lessons learnt can be fed back into risk management processes, further preventive measures to be developed, sanctions taken (where appropriate), feeding into increased publicity to enhance the deterrent effect. This will also assist in the review of lone working procedures ensuring that they are developed and revised to minimise the risk of, and the potential for, similar incidents reoccurring. In short, this fosters a pro-security culture amongst NHS staff and professionals, raising their awareness of how and why incidents should be reported, how it facilitates the prevention process and help to ensure their further security and safety.
- 7.3. ⁷Separate explanatory notes on tackling physical assaults against NHS staff and professionals were issued to health bodies in May 2004, following Secretary of State Directions in November 2003. Explanatory Notes on effectively tackling non-physical assaults were issued in November 2004.
- 7.4. Where an incident is required to be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 requirements, the health body must ensure that this is done directly to the HSE, in addition to any reporting of physical assaults to the NHS SMS.

⁷ Documents are available from www.cfsms.nhs.uk

8. Incident Investigation

- 8.1. Following an incident that has occurred, or may have occurred, (such as a threat of violence) in a lone working situation, LSMS (or where an LSMS has not yet been appointed, the Security Management Director), must ensure that effective arrangements have been put in place to ensure that incidents, including potential risks, are reported and dealt with in accordance with the national frameworks for tackling violence and security management work. Further information will be issued shortly on liaison arrangements to be adopted for incidents that will also be investigated by the HSE.
- 8.2. If the incident involves a physical assault on an NHS staff member, then it must be reported and investigated according to the framework for tackling violence against NHS staff established in November 2003 and the guidance to underpin this, published in May 2004.
- 8.3. Where it involves a non-physical assault, such as verbal abuse, the incident must be reported, investigated and dealt with according to the national framework and the underpinning ⁸guidance issued in November 2004
- 8.4. In all incidents, irrespective of whether they or the police may be pursuing sanctions against offenders, LSMS should conduct an investigation to establish the causes of the incident and whether any further action needs to be taken in the areas of pro-security culture, deterrence, prevention or detection.

It is essential that where lessons can be learnt that they are fed into revisions of procedures and systems locally, as well as guidance nationally, to ensure that Lone Workers are provided with the best possible protection, if the risks they face are to be minimised. The structure of LSMS and SMD locally across the NHS, with central support from the NHS SMS, will ensure that there is an effective mechanism in place to facilitate this process.

- 8.5. For incidents where violence is not a factor, such as theft or criminal damage, health bodies should ensure that staff report these to the police, where appropriate, and through their local incident-reporting systems. The NHS SMS is currently looking at ways in which this information can be utilised to inform the LSMS of the appropriate action in all cases of security incidents, regardless of their nature. Reporting is important, as it will allow for proper investigation by LSMS of such incidents to establish, if possible, who the offenders are and whether there are any trends or patterns that can be identified to help reduce risks. Additionally, such information from investigations can be used to inform action that needs to be taken in the areas of pro-

⁸ Available from www.cfsms.nhs.uk

security, deterrence and prevention and allow for solutions to be developed for specific problems.

9. Sanctions

- 9.1. There are a range of sanctions which can be taken against individuals (or groups) who abuse NHS staff and professionals, or who steal or inflict damage on its property. These range from criminal prosecutions, Anti-Social Behaviour Orders (ASBO) through to civil injunctions.
- 9.2. It is essential that all incidents, which occur in lone working situations, are reported in accordance with Secretary of State Directions, NHS SMS guidance and local procedures. This will ensure that profiles are built in respect of individuals and addresses, and that firm action can be taken, where appropriate, to deal with these individuals.
- 9.3. Professional investigation of these incidents by LSMS will inevitably lead, not only to more intelligence about the problems and the solutions that can be put in place to tackle them, but also to more sanctions being taken against offenders, working closely with the police, Crown Prosecution Service and the NHS SMS Legal Protection Unit.
- 9.4. If staff who report incidents feel and see that something happens, as a result of their reports, the more confident they will feel in reporting future incidents and, as a consequence, will feel more safe and secure in their working environment.
- 9.5. More sanctions against offenders, where that it is appropriate, will help develop a strong deterrent message that the NHS will take firm action to protect its staff, particularly those who work alone to deliver vital healthcare to the most vulnerable in the community.
- 9.6. Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from the NHS SMS LPU. Details of how to contact them are available from the NHS CFSMS website www.cfsms.nhs.uk

10. Redress

- 10.1. Incidents that occur in lone working situations - whether they involve assaults on staff, theft of, or damage to NHS property - have a direct impact on both the human and financial resources allocated to the NHS needed to deliver high quality patient care.
- 10.3. Through good investigative work by the LSMS, the health body will be able to identify resources lost as a direct result of an incident, providing the necessary information and evidence to attempt to recover that loss, whether through the criminal courts, by way of compensation, or seeking redress through the civil courts.
- 10.4. Two principles lie behind effective recovery:
 - Monies lost through violent incidents against NHS staff, theft of, or damage to, NHS property can be returned to patient care; and
 - Recovery of losses delivers an important deterrent message to staff, patient/service users and the public, that crime simply does not pay, and that the NHS will always pursue redress from those who attack it and deprive it of valuable resources
- 10.5 Further guidance can be obtained from the NHS SMS Legal Protection Unit.

Annex A

Examples of NHS Lone Worker Procedures and Reference Material

NHS

1. Acute Trust -

City Hospital Sunderland NHS Trust

Lone Worker policy available on:

http://www.sunderland.nhs.uk/chs/foi/health_safety/Persons_Working_Alone.pdf

2. Ambulance Trust -

East Midlands Ambulance Trust

The East Midlands Ambulance Trust has guidance for staff to provide information on security issues when working alone.

3. Primary Care Trusts

Lone Worker policy available from:

Westminster PCT – Aaron Eagle
Head of Human Resources
Westminster PCT
15 Marylebone Road
London NW1 5JD

aaron.eagle@westminster-pct.nhs.uk

Melina Fish
Acting Risk Manager
South and East Dorset PCT
Victoria House
Princes Road
Ferndown
Dorset
BH22 9JR

Melina.fish@ferndown.nhs.uk

4. Mental Health

Leicestershire Partnership Trust

The Leicester Partnership Trust is one of the country's largest specialist mental health and learning disability Trusts, serving a population of one million. The Trust has a Lone Worker policy in place to protect staff from vulnerable incidents they may encounter while working alone. Contact the Trust for further information:

Leicestershire Partnership Trust
George Hine House
Gipsy Lane
Leicester
LE5 0TD

Telephone : 0116 225 6000

Other organisations and agencies

5. UNISON

UNISON the largest public sector union has implemented a Lone Worker policy. Copies are available at: UNISON

<http://www.unison.org.uk/acrobat/10943.pdf>

6. Royal College of Nursing (RCN)

RCN represents nurses and nursing, to promote best practice and to maintain standards in the nursing profession. To obtain a copy of the Lone Worker policy adopted by RCN, contact RCN, 20 Cavendish Square, London W1G 0RN or telephone 0207 409 3333.

7. Health and Safety Executive (HSE)

The HSE has published a range of guidance and support materials to help employers manage the risk of work-related violence to staff. This includes a set of case studies demonstrating good practice in managing the risks to Lone Workers. These are all available on the HSE website at www.hse.gov.uk/violence

8. Suzy Lamplugh Trust

The Suzy Lamplugh Trust, a registered charity, is the leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms - physical,

verbal and psychological. The Trust has implemented a Lone Worker policy, to receive a copy contact

The Suzy Lamplugh Trust,
PO Box 17818,
London
SW14 8WW

Telephone: 020 8876 0305

Email: *training@suzylamplugh.org*

Annex B

Guidance to Support the Decision Making Process on Introducing a Lone Worker Protection System or Device

Before deciding to invest in the introduction or purchase of a Lone Worker system the following points should be considered and taken into account:

1. Identifying there is a need to introduce a Lone Worker system or device:

- Conduct a risk assessment in the area you are considering introducing a system or device into.
- Ensure an inclusive approach is adopted when assessing the risk. Make sure staff, their representatives, HR, risk and health and safety managers and stakeholders are involved

1.1. The risk assessment should consider:

- The hazards, potential assailants and high risk areas;
- The staff groups concerned;
- The existing preventive measures;
- Evaluation of the remaining risks;
- Any additional preventive or control measures identified;
- Arrangements for monitoring and reviewing; and
- Measures already in place to protect of Lone Workers, and evaluate their effectiveness.

2. Identify the purpose for which the Lone Worker system or device is being purchased:

- Evaluate whether a Lone Worker system would actually be a solution to all, or part or just part of a problem. In the majority of instances systems are an important element but only part of a total solution.
- Establish what form of training staff would need to undertake to become familiar with the system and to fully understand how to

operate it effectively.

- The impact of 'poor reception' within the geographical area and limitations imposed by structures, such as being underground or working within heavily shielded rooms.
- Establish what form of training those who would manage the system internally would have to undertake to ensure correct usage of the system.
- Review local lone working procedures and identify if they need to be revised to accommodate local procedures or protocols about Lone Worker systems.

3. Determine which is the most appropriate system or device to purchase:

- Make sure that all systems being considered are demonstrated to relevant groups of staff, management and safety representatives, and if possible run a trial of the equipment before taking purchasing decisions.
- Ensure that the device may be carried and activated easily in the event of a Lone Worker being threatened or attacked.
- Decide whether the system purchased is required to summon assistance to a Lone Worker via a central monitoring service, or whether a personal attack alarm that emits a high pitch sound is sufficient.
- If a decision is made to purchase a battery operated personal attack alarms, choose a device that will alert the Lone Worker when the battery is running down.
- Gain an understanding of the limitations of systems that are demonstrated – find out what they can do and what they cannot
- Determine whether you will need a system that locates the whereabouts of Lone Workers, and how accurate the positioning of an individual is required to be, and whether the location of the employee is fully reliant on technology, or whether the Lone Worker will also be required to provide verbal indications as to their whereabouts.
- If you are going to utilise a system that relies on mobile phone technology, make sure that it may be used with the network provides the best coverage in the geographic location in which the system is to be used.

- Determine how a device has to be powered – aerosol or battery, and decide which is the best and most cost effective method for the purpose the system is intended.
- If a battery operated device is being considered, then determine whether it relies on the Lone Worker charging up the battery. Determine whether the device is provided with charging equipment that is suitable for use by the staff expected to operate it. If staff are required to frequently travel in vehicles to undertake their lone working duties, it may be appropriate to ensure that an in-car charger is provided. If the device runs on gas cartridges, make sure that replacements may be easily obtained at an affordable price.
- Gain an understanding of what and/ or who you are trying to protect before evaluating systems and devices, so you are sure of your purpose. Understand that the operation of some devices may affect the functioning of medical equipment, and make sure that the system chosen will not have an adverse effect on equipment that Lone Workers may be required to utilise when performing their duties.
- Gain an understanding of why you need to purchase a system or device.
- Determine what level of budget is at your disposal for this type of purchase.
- Consider the features you would require in the system or devices you may purchase, by evaluating the work area into which they would be introduced
- Determine how the device chosen is going to be carried. It may be a system that is operated through a mobile phone handset, a personal attack alert that needs to be handheld, or an alternative device that is covert, but may be worn openly about a person without drawing attention to itself.
- Remember that simply supplying staff with mobile phones provides them with a means of communication – not a Lone Worker system.

4. Ensure that an inclusive approach is adopted when choosing a Lone Worker system. Make sure that all relevant staff, and safety representatives are involved.

- It is essential that staff and management understand why a Lone Worker system is being introduced.

- Remember that the views of staff on all shift patterns who will be expected to utilise the system are essential to the decision process. If it is difficult to speak to staff to get their feedback ask them to complete questionnaires, or provide feedback through team briefings or email.
- It is essential that are aware that the system may be used only for its intended purpose – to help to protect those in lone working situations. Failure to do this may result in staff failing to utilise the system, thus potentially compromising their security and safety.
- Make sure that staff have a clear understanding of the response they may expect if they activate an alert.

5. Ensure that it will be possible to manage the system correctly, so that staff security and safety will not be compromised.

- Ensure that all staff and managers are made fully aware and understand the escalation procedures that are required if an emergency situation should occur and result in the Lone Worker raising and alarm through the system, or if they fail to respond to a system prompt
- Ensure that staff are aware of how and when to utilise emergency / red alert / personal attack functions on devices allocated
- Ensure that all users of the system are made aware of and understand the nature of the response they may expect from raising an alert through the system
- Remember that if the police are called because a Lone Worker has been physically assaulted or are in some other form of danger that requires police attendance, for example a. hostage situation, with the police require as much information as possible to enable them to respond effectively. Confirmed location details of the Lone Worker are required to enable the police to attend the incident
- It is essential that Lone Workers continue to adhere to local lone working procedures even if they are provided with some form of technology to aid their protection
- Evaluate systems on a regular basis to ensure that they still meet the requirements they were intended for
- If the system requires a monitoring service, or call handling service, provided by a third party, make sure that the service is

available when it is needed. It may be required 24 hours a day, 365 days of the year, if so make sure that is an available option

- Check the response times to alerts from third party providers on a frequent basis to ensure that they have been dealt with promptly and appropriately. This also applies in respect of false alerts. It is essential that all third parties involved are providing the service you need and expect
- If the third party monitoring service is required to escalate incidents to the police, make sure that they have the ability to do so
- Ensure that all protocols agreed between the health body and the monitoring service, or call handling service remain accurate. Ensure that a procedure is in place to review and confirm details held by third party suppliers on a regular and timely basis.
- Make sure that the supplier will provide replacement units to Lone Workers at short notice, should the devices become faulty, damaged or lost.

Annex C

Types of Lone Worker Systems

System Type	Potential Benefits	Potential Drawbacks
Personal Attack Alarm	<ul style="list-style-type: none"> • There are numerous different types on the market to choose from • The loud, high pitched sound that is emitted may scare potential assailants, potentially allowing staff time to get away • May improve staff confidence in working in lone situations • Some double up as torches • Some fit comfortably in the hand • Some battery operated attack alarms will notify the user when their battery is running low 	<ul style="list-style-type: none"> • They will not summon assistance from a third party • It is not possible to monitor the frequency with which devices are used • Not designed to deter or summon assistance but to halt an attacker • Some devices are too big or bulky to be handheld with ease • Some are not effective as they do not emit a loud or high enough alarm or “screech” • Some come attached to a key ring which does not allow the Lone Worker to set it off, drop it and make their escape • It may antagonise a volatile situation further, particularly in a closed environment and/or the aggressor may have a learning disability/mental health disorder

<p>Mobile Phone Handset Activated Systems</p>	<ul style="list-style-type: none"> • In some instances, there may be no additional hardware purchase cost, as some may operate from handsets that have already been provided to staff • The Lone Worker may record their movements for the full day, at the beginning of the day • Some systems will employ an escalation procedure if users do not log in at pre-specified times • Activity reports may be obtained in respect of some systems that show usage statistics to aid managers to identify training needs • A handset key may be set as a speed dial 'panic button' to prompt the system that there is a potential problem, and dial a pre-programmed number to an automated call centre, a manned call handling/monitoring service or a manager/supervisor • Some handset operated systems also incorporate GPS locator facilities • It is possible to check signal status and battery strength before entering a lone working situation 	<ul style="list-style-type: none"> • • In some instances specific handsets have to be purchased which are costly • Mobile phone based systems will only work where there is sufficient network coverage • GPS systems only work with unobstructed view to satellites, i.e. they don't work inside buildings • Automated systems often require the input of passwords or pin numbers, which may be easily forgotten and result in a false alert situation • It is not always possible to carry a mobile phone handset so that it can be easily accessed. They are often carried in handbags or briefcases • The very action of picking up a phone to make a call may exacerbate an already tense, or potentially aggressive situation • Some systems allow calls to 'drop off' if they are not cancelled, or if users do not call in at expected times, and no escalation or alert is raised
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	<ul style="list-style-type: none"> • Two way communication can be afforded • Some systems allow for the user to ‘play back’ details they have left to ensure that they are correct • Some systems allow for the recording of incidents that could potentially be used as evidence in prosecuting those who assault NHS staff 	<ul style="list-style-type: none"> • Device that incorporate GPS facilities are often heavy • Keypad lock may prevent use of one touch speed dial in emergency situations
<p>Covert devices that rely on mobile phone technology</p>	<ul style="list-style-type: none"> • The device’s covertness does not attract attention • System may be utilised to record whereabouts and details of working pattern, or person being visited, prior to entering a lone working situation • There is a facility to check signal strength and battery life prior to entering a lone working situation • May be operated discretely without losing eye contact with the aggressor • An alert may be raised at the press of a button • There is no audible or visible notification from the unit that it has been activated, therefore the assailant would not be aware that help had been summonsed 	<ul style="list-style-type: none"> • There is no ‘play back’ facility to check that details of visits have been recorded correctly • Reliant on mobile phone network coverage • Specific hardware must be purchased • It is a one-way communication device

	<ul style="list-style-type: none">• Activation of the device allows for a situation to be monitored and recorded ensuring that the correct escalation procedures is applied• Device may be located by GSM technology• May be worn on a lanyard or by other means of attachment to clothing• Activity reports from the system are available to managers to allow them to identify training needs	
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Annex D

Checklist for Managers

Are Your Staff -

1. *Trained* in appropriate strategies for the prevention of violence?
2. *Briefed* about local procedures for the area where they work?
3. *Given* all information about the potential for aggression and violence in relation to patient/service user from all relevant agencies?
4. *Issued* with appropriate safety equipment?
5. *Aware* of the procedures for maintaining such equipment?

Are They -

6. *Aware* of the importance of previewing cases?
7. *Aware* of the importance of leaving an itinerary (community staff)?
8. *Aware* of the need to keep contact with colleagues?
9. *Aware* of how to obtain support and advice from management in and outside normal working hours?
10. *Aware* of how to obtain authorisation for an accompanied visit (community staff)?

Do they –

11. *Appreciate* the circumstances under which interviews should be terminated?
12. *Appreciate* their responsibilities for their own safety?
13. Understand the provisions for staff support by the Trust and the mechanism to access such support?
14. *Appreciate* the requirements for reporting and recording incidents of aggression and violence?