LONE WORKER POLICY

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ACCOUNTABLE DIRECTOR | Director of Nursing
POLICY AUTHOR | Security Management Specialist

Key Objectives:

Guidance to staff to ensure safety when lone working which include

- Definition of a “Lone Worker”
- Roles and Responsibilities
- Risk Assessments/Checklists
- Incident Reporting
- Training

See intranet for latest version of this policy
### Executive Summary

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1.0 Introduction

1.1 Background

In December 2003, the Secretary of State launched the National Security Management Strategy – ‘A Professional Approach to the Management of Security in the NHS.’ The main objective of the strategy is the delivery of an environment for those who work in, or use the NHS that is properly secure and safe – that the highest standards of clinical care can be made available to patients. NHS Protect has overall responsibility for security management with the NHS.

Lancashire Care NHS Foundation Trust (LCFT) is committed to providing the best possible protection for its patients, staff, professionals and property. The Trust will work with NHS Protect, the Police, the Crown Prosecution Service and other partners to create an environment for those who work in, or use the Trust that is properly secure and safe – that the highest standards of clinical care can be made available to patients. The Trust will also work with the Health & Safety Executive (HSE) to discharge its responsibilities under the Health and Safety at Work Act 1974 and in particular to address the serious issue of violence and aggression. The Trust supports the concordat between the HSE and the NHS Protect.

The dangers and problems that Lone Workers may face, have been graphically illustrated by some high profile incidents throughout the public and private sectors. The best known is that of the estate agent Suzy Lamplugh. Her disappearance raised the profile of Lone Workers and the risks that they can face. Lone Workers 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 to steal them and, in some cases, use violence to achieve this.

1.2 Rationale

This policy 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 for the managers of Lone Workers and Lone Workers themselves, about what should be in place to provide the best protection. It is designed to be as comprehensive as possible but, inevitably, such guidance cannot cater for every situation that 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 can be developed, revised or enhanced – and which, in addition, reflects the local needs of staff and environments within which they have to work.

1.3 Principles

The Lone Worker policy establishes the following principles:
It is essential that all staff feel safe and secure, so that they can undertake and perform their duties free from fear and in 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.

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.

The creation of a pro-security culture - The promotion of a culture where security is the responsibility of every member of staff and anyone granted permission to use Trust premises. Where the actions of the minority who breach security are not tolerated. To deter offenders from committing offences - deterring those who may be minded to breach security – using publicity to raise awareness of what the consequences of their intended actions could be, both personally and to the NHS. 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 technology, and sanctions imposed on offenders. This will help to create ‘fear’ of apprehension in the offender.

To prevent offenders from committing offences - Preventing security incidents or breaches from occurring whenever possible or minimising the risk of them occurring by learning from operational experience about previous incidents, using technology wisely and sharing best practice.

Detecting security incidents or breaches - and ensuring these are reported in a simple, consistent manner across the LCFT, so that trends and risks can be analysed, allowing this data to properly inform the development of preventative measures or the revision of policies and procedures.

Investigating security incidents or breaches - in a fair, objective and professional manner, to ensure those responsible for such incidents are held to account for their actions, and that the causes of such incidents or breaches are fully examined and fed into prevention work to minimises the risk of them occurring again.

To put in place sanctions against those who breach this security policy - involving a combination of procedural, disciplinary, civil and criminal action as appropriate.

To apply for redress against offenders - through the criminal and civil justice systems against those whose actions lead to loss of NHS resources, through security breaches or incidents. Also ensuring that those who are the victims within the NHS environment are supported to seek appropriate compensation from offenders for loss of earnings or for the effects of injuries sustained.

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2.0 Scope

This policy applies to all staff employed by the LCFT, either directly or indirectly, and volunteers. The policy applies to all situations involving Lone Workers arising in connection with their duties and work activities. All staff have a responsibility to ensure that security measures and procedures are observed at all times. Managers should take a lead role in promoting and developing a security conscious environment. It is the responsibility of each manager where staff undertake lone working to ensure that the procedures developed, or which are in place, are applied and adhered to.

Under the Health & Safety at Work 1974, every employer and employee has rights and responsibilities, to ensure the provision of a safe working environment supported by safe systems of working.

3.0 Definitions

NHS Protect

Is an independent division of the NHS Business Services Authority (NHSBSA) and has responsibility for all policy and operational matters relating to the management of security in the National Health Service. It forms part of the overall Counter Fraud and Security Management Service (CFSMS).

Director with overall responsibility for Security Management (SMD)

(a) The main role of the SMD is to lead work to tackle violence against staff. Appointed under the Directions to NHS Bodies on Security Measures 2004 -

To take responsibility for security management matters; in the case of an NHS Trust they are one of the Trust's executive directors.

Non-Executive Director (NED)

Also appointed under the Directions to NHS Bodies on Security Measures 2004 –

(b) To promote security management measures; in the case of an NHS Trust, he/she is to be one of the Trust's non-executive directors.

The names of the persons designated under paragraphs 2(a) or (b) must be notified to the CFSMS within 7 days of the designation.

Each NHS body must ensure that the persons designated under paragraph 2(a) or (b) receive security management training recommended by the CFSMS.

Local Security Management Specialist (LSMS)

Each health body must have at least one LSMS. Their role is to deliver security management work locally to national standards. The LSMS must report directly to
the LCFT’s Director with responsibility for Security Management (SMD). The LSMS must not undertake responsibility for, or be in any way engaged in, the counter fraud activities of the LCFT.

**Area Security Management Specialist (ASMS)**

The Area Security Management Specialist is responsible for promoting a pro security culture at a regional level and for supporting the Local Security Management Specialist’s work.

**ACPO**
Association of Chief Police Officers

**RIDDOR**
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

**Pro-Security Culture**

Raising awareness by communicating to staff and members of the public the necessity to be vigilant, to report incidents and ensuring that staff are aware of procedures in place to deal with security related incidents. A key element of the pro-security culture is to encourage staff to take an active part in delivering a safe and secure environment within the NHS.

Root cause analysis is the formal process for identifying the steps leading up to the incident. The process utilises tools such as barrier analysis, fish bone and time lines. It aims to identify the true causes e.g. systems errors that attributed to the incident.

### 4.0 Duties

**4.1 The Trust Board**

The Trust Board is responsible for ensuring, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by the work of the Trust. This includes lone workers.

**4.2 The Chief Executive**

The Trust Board has vested responsibility for overall control of operational activity and conformity with legislation in the Chief Executive. On behalf of the Trust Board, the Chief Executive is responsible for ensuring that the health, safety and welfare of lone workers are safeguarded.
4.3 The Director with overall responsibility for Security Management (SMD)

The Chief Executive has appointed the Director of Nursing as the Security Management Director, in line with the Secretary of State’s Directions. As such, they are responsible for ensuring that:

- Security management arrangements are integrated into all services;
- Systems exist for the adequate assessment and control of the risks that arise from lone working;
- Consultation on the risks to security, safety and welfare from lone working and their control is undertaken with the workforce via their representatives;
- Information on adverse incidents relating to lone working is recorded and analysed, and that lessons learned are shared as appropriate.

4.4 Directors

Directors are responsible for ensuring implementation and monitoring of this policy as appropriate throughout their Directorates.

4.5 Heads of Service and Senior Managers responsibilities:

- To ensure their staff comply with this policy and that it is implemented as appropriate throughout their areas of control;
- That each of the staff teams within their Service prepares a bespoke lone worker procedure relevant to the team’s discrete working practices;
- That their staff consult with the LSMS in the preparation of their individual lone worker procedures;
- Supporting training plans to meet staff needs and ensure their staffs attendance on the Induction and Mandatory training days, including the Lone Worker Risk Assessment training.
- To be aware what physical measures are in place to protect their staff and that staff are trained to operate them;
- That any adverse incidents involving lone workers are reported in line with the Trust’s incident reporting policy;
- Investigating adverse incidents and the introduction of the required control measures in conjunction with the Local Security Management Specialist;
- Monitoring of compliance with the Procedure throughout their areas of control;
- To provide support for staff involved in any adverse incident as a result of lone working.
4.6 Line Managers

- To ensure that their staff comply with this policy;
- That staff prepare a bespoke lone worker procedure relevant to the team’s discrete working practices;
- That the LSMS is consulted in the preparation of the individual lone worker procedures;
- To ensure their staff work in a safe environment. That risk assessments are carried out and risks reduced. That all security related risks are reported to the LSMS;
- Supporting training plans to meet staff needs and ensure their staffs attendance on the Induction and Mandatory training days, including the Lone Worker Risk Assessment training;
- That any adverse incidents involving lone workers are reported in line with the Trust’s incident reporting policy;
- To be aware what physical measures are in place to protect their staff and that staff are trained to operate them;
- To provide support for staff involved in any adverse incident as a result of lone working.

4.7 Individual Employees and Independent Contractors:

- All staff should comply with this policy;
- Take reasonable care of their own health and safety whilst undertaking lone working;
- Promptly report any concerns or adverse incidents to their line manager or nominated contact person and in line with the Trust’s incident reporting policy;
- To be aware what physical measures are in place to protect themselves and that they know how to operate them;
- Work with their managers and the LSMS in the preparation of discrete lone worker procedures relevant to their duties;
- To attend the Induction and Mandatory training days, including the Lone Worker Risk Assessment training.

4.8 Local Security Management Specialist (LSMS)

- Providing advice and support on the prevention of violence and aggression to Services and Departments;
- Lead on action following any adverse incidents involving violence and aggression during lone working, including liaison with the police and other partner agencies;
• Circulating information as appropriate, and in accordance with NHS Protect guidelines and Data Protection legislation, on known individuals who represent a risk to the safety of staff carrying out lone working;

• To initiate sanctions against offenders;

• To initiate action for Redress for the victim and LCFT.

4.9 The Security Forum

The Forum will meet bi-monthly with partnership agencies to review security risks, including lone worker issues, security incident statistics and trends, and consider action to reduce the security and lone worker risks. The Forum reports to the Trust’s Health and Safety Committee.

5.0 The Policy

5.1 Lone Working

“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.

Lone working may be a constituent part of a person’s job or it could occur on an infrequent basis.”

This could be outside of a health centre or similar environment or internally, where staff care for patients or services users on their own. Other descriptions commonly used include community or outreach workers. Lone working is not unique to any particular groups of staff, working environment or time of day. 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 learned from the investigation of incidents that occur – where they cannot be deterred or prevented. Lone working procedures must offer a framework for the assessment of the risks that LCFT staff may face.

5.2 Personal Safety

Under no circumstances should staff compromise their personal safety. If a member of staff feels unsafe at any point whilst in a lone worker situation they should remove themselves from the situation immediately.

5.3 Initial Risk Assessment

All managers should identify the lone workers in their teams. A risk assessment should be made of the lone worker activities staff are engaged in, and this should include the risks presented by the varied working environments. The risk assessment should include impact factors such as:
The environment - hazardous conditions such as dangerous steps; unhygienic conditions; poor lighting or an isolated working area:

The work activities – administrating medication; delivering unwelcome information or refusing an appointment:

The increased risk of violence - from patients / service users due to alcohol abuse, drug misuse, a mental or personality disorder:

The risk from wearing a uniform - when visiting certain patients / service users or working in or travelling between certain environments:

The necessity to carry 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, a physical disability or inexperience.

An estimation and assessment of ‘emergency’ equipment that may be required: such as a torch, a map of the local area, telephone numbers for emergencies including the local police and ambulance service; a first aid kit or mobile phone chargers.

Staff should complete or have knowledge of the risk assessment before carrying out home visits.

5.4 The Management of Appointments

- Managers of lone workers and lone workers themselves should always ensure that colleagues are aware of their movements and appointments. A recognised way of doing this is by leaving a list of appointments with a line manager. When working away from the work base, keep in regular contact with line managers or colleagues, this can include operating a ‘buddy system.’

- The list of movements and appointments should include: 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).

- 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 the colleague(s), holding the Lone Worker’s appointments log is not available, that the log will pass to another responsible colleague who will check that the Lone Worker arrives
back at their office or 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.

- 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.

5.5 High Risk Visits

Where there is a history of violence and / or the location of the visit is considered a high risk. The first consideration with an identified high risk visit is - is the visit necessary?

If it is, then consider being accompanied by a colleague or in some cases the police. To reduce the risks - can the visit take place at a neutral location or is the use of a secure environment necessary?

5.6 Buddy Systems

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.

• 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.

5.7 Appropriate Training & Briefing

Lone working issues should be included in team briefings and information sharing should be encouraged - particularly of known risks associated with some patients / clients and any known environmental risks. Thereby providing staff with clear lines of communication where risks are identified.

All staff should follow agreed local procedures. Lone workers should undergo appropriate training – conflict resolution training, breakaway training (where appropriate) and risk assessment training.

5.8 Lone Worker Risk Information & Assessment of Known Risks

• Where 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.

- 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.

- 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 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. 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.

5.9 Considerations during the Visit

• 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.

• 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.

• 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 others. 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.

5.10 Risk Assessment – Vehicles

• 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 vehicles windows and 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 the Lone Worker is followed, or suspect they are being followed, they 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.
• Lone Workers should avoid having items in their vehicle that contain personal details, such as their home address.

5.11 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 patients / service user's address, they should not put themselves at risk. If necessary they should abandon the visit and report the incident at the earliest opportunity.

• If a Lone Worker feels uneasy with animals being present, they should politely request that they be removed. However, a request of this nature may provoke a negative reaction. All possible efforts should be made to ensure that the situation is managed, 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.

5.12 Reporting

Staff should promptly report all security related incidents associated with lone working. This should be done on the Datix incident reporting system. The Local Security Management Specialist informed as soon as possible and within 48 hours.

5.13 Technology

Lone Worker protection systems can play a part in helping to protect staff. However, this type of 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. It is recommended that advice be sought from the Local Security Management Specialists before introducing any technological solutions. The following devices and systems enable staff to summon assistance and they can also be of value as a deterrent:

• ‘Identicom’ lone worker devices
• Personal attack alarms
5.14 Mobile Phones

- 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).
- The employee should ensure they know how to use the mobile phone properly, by 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.

5.15 Personal Attack alarms

- These are primarily designed for use as a distraction to allow a member of staff to escape from a violent or threatening situation.
- 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.
- 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. 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 may be activated quickly, if needed. It should not be concealed in a bag.
- The device should be used pointing towards the potential assailant and away from the Lone Worker.
- It is also recommended that the Lone Worker discards the personal alarm in order to divert the assailant’s attention towards silencing the alarm.
• 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; audible alarms are primarily to “stun” an assailant for a least a couple of seconds, allowing the Lone Worker to make their escape.
• The Lone Worker should report any incidents where they have been threatened or assaulted.

6.0 Training

6.1 Conflict Resolution, Break Away and Lone Worker Training

It is essential that staff are given the appropriate and necessary skills to be able to predict, prevent, manage and de-escalate potentially violent situations within a legal and ethical framework. Lone Workers are particularly vulnerable and therefore should undergo: Conflict resolution training, including problem solving, customer service and communication skills. Other training available includes health and safety awareness 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.

7.0 Monitoring (including standards)

7.1 Heads of Service and Senior managers
Heads of Service and Senior Managers will ensure that local procedures and systems to protect lone workers are developed, revised or enhanced.

7.2 The Local Security Management Specialist
The LSMS will audit how Services have implemented the lone worker procedures and report the findings to the Security Forum, the Health and Safety Committee and to the Security Management Director.

7.3 The LSMS Audit of Reporting
The LSMS will audit staff reporting of security related lone worker incidents.

7.4 The Security Forum Responsibility
The Security Forum is the responsible committee for reviewing the audits and monitoring results to ensure that continual improvement takes place.

7.5 Reporting of High Risk Lone Worker Incidents
The Security Forum will report all high risk security related lone worker incidents through the risk management structure.

See intranet for latest version of this policy
8.0 References

8.1 Directions to NHS Bodies on Security Management Measures 2004
8.2 Concordat between Health and Safety Executive & CFSMS
8.3 Memorandum of Understanding between the Association of Chief Police Officers (ACPO) and the NHS Security Management Service
8.4 ‘Not Alone’ – A Guide for the Better Protection of Lone Workers in the NHS.
8.5 R v McNally (1999) Court of Appeal ruling
8.6 Non Physical Assault – Explanatory Notes
8.7 Conflict Resolution Training
8.8 CCTV – Code of Practice

9.0 Appendices

9.1 R v McNally (1999) Court of Appeal ruling

CA (Hooper J, Jowitt J, Rose LJ) 18/10/99

SENTENCING – CRIMINAL LAW – HEALTH – HEALTH AND SAFETY AT WORK


Anyone who used physical violence against hospital staff should expect an immediate sentence of imprisonment.

Appeal against sentence imposed at Croydon Crown Court on 6 August 1999 by Assistant Recorder Wickham. The appellant had pleaded guilty to one count of assault occasioning actual bodily harm and was sentenced to 12 months’ imprisonment. In November 1998, the appellant arrived at the Mayday hospital where his 15-month-old was waiting, with the appellants’ wife, to see a doctor as they had arranged by prior appointment. The appellant asked a staff nurse as to the whereabouts of the doctor who was supposed to be seeing his son. The staff nurse contacted the consultant pediatrician who had no knowledge of the appointment but agreed to see the appellant’s son within the hour after he had attended two other patients. The appellant said that it was not good enough and accused the staff nurse of trying to kill his son. Another doctor arrived and approached the staff nurse to try to ascertain what was happening. The appellant struck that doctor once in the face and he fell back striking his head
against a table. The doctor received injuries of a haematoma on his left temporamandibular joint, bruising to the side of his head, a cut to his chin and bleeding in the middle chamber of his left ear, from which he suffered hearing loss and tinnitus. The appellant was arrested and immediately apologized. He made full and frank confessions and showed remorse for the injuries caused. In sentencing, the assistant recorder referred to the son’s history of a heart condition since birth and the appellant’s depression, for which he had been receiving treatment at the time of the offence. The appellant was 41 years old and a man of previous good character. It was submitted on appeal that whilst a sentence of imprisonment was not wrong in principle, the 12 month sentence had been excessive.

HELD: (1) The appellant had shown real regret for what he had done. There had also been references stating the appellant to be an honest and reliable employee and that the offence had been an appropriate sentencing where there were competing interests of the victim and the offender. (2) There was public concern about violence towards hospital staff, and hospital staff were entitled to whatever protection the courts could give them. Anyone who used physical violence against hospital staff should expect an immediate sentence of imprisonment. (3) The length of the sentence imposed should depend on the aggravating features of the particular case. Repeated blows, the use of a weapon or feet or head butting would be considered as aggravating features. The infliction of a serious, or lasting, injury and the use of violence to more than one person would also be considered as such. (4) Immediate and genuine remorse, a plea of guilty, previous good character and the personal circumstances of the offender, especially those relating to his state of mind at the time of the offence, would be mitigating factors. (5) The assistant recorder in the instant case had been right to impose a sentence of immediate custody. However, a sentence of 12 months’ had been excessive in the circumstances and had not properly reflected the mitigating features. Notice was taken of the judgment in R v Ollerenshaw (1999) 1 Cr App (S) 65 and a sentence of six months’ imprisonment was substituted.

Appeal allowed. Sentence quashed. Sentence of 6 months’ imprisonment imposed.

Carol Corry assigned by the Criminal Appeals Registrar for the appellant.

LTL 10/12/99: (2000) 1 Cr App R (S) 535 : Times, December 1, 1999
Document No. AC80001350
9.2 Checklist for Managers
Are your staff: –

- Trained in appropriate strategies for the prevention of violence?
- Briefed about local procedures for the area where they work?
- Given all information about the potential for aggression and violence in relation to patient / service users from all relevant agencies?
- Issued with appropriate safety equipment?
- Aware of the procedures for maintaining such equipment?

Are they: -

- Aware of the importance of previewing cases?
- Aware of the importance of leaving an itinerary (community staff)?)
- Aware of the need to keep in contact with colleagues?
- Aware of how to obtain support and advice from management in and outside normal working hours?
- Aware of how to obtain authorization for an accompanied visit (community staff)?

Do they: –

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

9.3 Security Top Tips - Car parking

- Make sure you are aware of your trust’s car park security policies and procedures, and any systems or devices provided for your security and safety.
- Report any security concerns to your trust’s Local Security Management Specialist (LSMS) or car park management team.

See intranet for latest version of this policy
• Find out how help can be summoned if required.

• Park your car in well-lit, busy areas – if parking in the day, consider how things will look if you have to return after dark.

• Reverse into parking spaces so you can drive away easily.

• Avoid leaving valuable items in the car. If you have to do so, store them out of sight – preferably in the boot.

• Close windows, remove ignition keys and make a note of exactly where your car is parked when leaving the car.

• Park your vehicle in a prominent place whenever possible, or return with a colleague if you are late leaving.

• Have your access control card or keys ready so you can get into the car park and your car quickly.

• Consider protecting your car using measures such as window etchings and alarms

9.4 Travelling by Bus

• Try to queue at a bus stop where there are likely to be people around and which is well-lit at night.

• If you talk to anyone on the bus, do not give personal details such as where you live or work.

• If possible, sit near the driver.

• Before starting a bus journey, check the departure and arrival times and let someone know your travel arrangements.

• If possible, try to be met at your destination. Be aware of other passengers who alight at your stop.

Travelling by Train

• Remember to let someone know if your train is delayed or cancelled

• Familiarise yourself with the location of the exits and emergency alarms when you board the train

• Avoid traveling in compartments with no access to a corridor

• Sit in a compartment where there are lots of people

See intranet for latest version of this policy
• If you have a handbag, briefcase or personal computer, put it under your arm preferably on the inside by the window

• If you feel uneasy in a carriage, get off at the next stop and change to another carriage, possibly near the driver, or go to the buffet car if there is one

**Travelling in a Taxi or Mini Cab**

When a company is licensed, the company and its drivers go through a security check. Black cabs or hackney carriages are the only cabs that are permitted to ply for hire. A mini-cab company should be telephoned or visited in order to book your fare.

_When using taxis or mini-cabs:_

Beware of unlicensed taxi touts who apply for hire (often at busy nightspots). This is an illegal practice and there are no checks to ensure the drivers offer a safe service or that you will be insured when travelling in their vehicles.

_Using taxis or mini-cabs (continued)_

Make sure you have the number of a licensed and reputable taxi or mini-cab company before leaving home or work.

When you book your taxi, ask the company for the driver’s name, call sign and what type of car is being used. Check these details and the name in which the taxi was booked before you get in the vehicle.

Note the details of the driver and vehicle and report any problems to the owner of the taxi company or the police.

In conversation with the driver, do not give personal information.

Have the money for your fare ready when you arrive at your destination.

Have your office / house keys to hand when you arrive at your destination so you can enter the property quickly.

If you feel uneasy with the driver, ask to stop at a busy and familiar location and get out.

If possible do not travel alone, share a taxi with a colleague.
9.5 Organisations and Support Agencies

UNISON - the largest public sector union has implemented a Lone Worker policy. Copies are available from UNISON -
http://www.unison.org.uk

The Royal College of Nursing (RCN)
RCN represents nurses and promotes best practice 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 ORN
Telephone: 0845 772 6100 or the main HQ Tel: 020 7409 3333.
http://www.rcn.org.uk

Suzy Lamplugh Trust – a leading charitable authority on personal safety. The Trust are a registered charity, and a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms.
http://suzylamplugh.org
PO Box 17818
London
SW14 8WW
020 8876 0305

NHS Counter Fraud Security Management Service
‘Not Alone’ - A Guide for the better Protection of Lone Workers in the NHS
Copies available through the Trust’s LSMS

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
http://www.hse.gov.uk/violence
9.6 Lone Worker Risk Assessment Matrix

Lone Worker Risk Assessment - Peripatetic Staff

<table>
<thead>
<tr>
<th>Department</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of work activity or danger</th>
<th>Person exposed to risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk assessment carried out by:</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main Risks and Issues of Concern</th>
<th>Yes / No</th>
<th>Assess degree of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do staffs carry out visits in high risk locations (e.g. areas of high crime)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staffs carry out visits in isolated areas?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staffs visit unfamiliar clients or relatives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staffs visit a high-risk or unstable or unpredictable client group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staff make decisions about providing or withholding a service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staffs work with people who are emotionally or mentally unstable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staffs work with people who are under the influence of drugs or drink?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staffs carry out visits during unsocial hours?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use staffs that are new or inexperienced in community work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use staff easily identifiable as healthcare workers (e.g. those who wear uniforms)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do staffs carry valuables and / or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does uncontrolled access to the building expose staff to unnecessary risks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please give details):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Risk:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are generic assessments made of the risks of visiting particular areas or client groups?</td>
<td>Yes/No</td>
<td>Do you provide accompanied visits when there are concerns about safety?</td>
</tr>
<tr>
<td>Is the potential for violence assessed before any domiciliary visit?</td>
<td></td>
<td>Have you issued personal attack alarms?</td>
</tr>
<tr>
<td>Do you assess new clients in a health centre or clinic where possible?</td>
<td></td>
<td>Do staffs use technology and/or Identicom?</td>
</tr>
<tr>
<td>If a home visit is not essential are arrangements made to meet the patient elsewhere?</td>
<td></td>
<td>Do staffs have information and training on basic personal safety?</td>
</tr>
<tr>
<td>Do you include potential or known risk factors in referral documents and care plans?</td>
<td></td>
<td>Are staffs trained, where necessary, in strategies for preventing and managing violence?</td>
</tr>
<tr>
<td>Is there an exchange of information system in place?</td>
<td></td>
<td>Do staffs have access to forms for reporting incidents or near misses and appreciate the need for this procedure?</td>
</tr>
<tr>
<td>Do you share risk information with other professionals and agencies?</td>
<td></td>
<td>Are procedures in place which are proportionate to the risk for responding to incidents?</td>
</tr>
<tr>
<td>Are staffs required to prepare plans of their movements and report back to base periodically?</td>
<td></td>
<td>Is there special liaison with police and/or other agencies carried out?</td>
</tr>
<tr>
<td>Are there systems for monitoring staff whereabouts and movements?</td>
<td></td>
<td>Do staffs have access to forms for reporting incidents or near misses and appreciate the need for this procedure?</td>
</tr>
<tr>
<td>Others (please give details)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INDIVIDUAL SIGNATURE (USER)  
________________________________________

DATE  
________________________________________

MANAGER SIGNATURE  
________________________________________

DATE  
________________________________________

See intranet for latest version of this policy
## RISK = CONSEQUENCE X LIKELIHOOD

### Qualitative measures of consequence

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
<th>Impact on Individuals</th>
<th>Impact on PCT</th>
<th>Number of Persons affected</th>
<th>Financial impact/ or litigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Near Miss (Insignificant)</td>
<td>No injury or adverse outcome</td>
<td>Review control measures</td>
<td>0</td>
<td>Up to £10,000 Unlikely to cause complaint</td>
</tr>
<tr>
<td>2</td>
<td>Minor</td>
<td>First Aid treatment/Minor drug error</td>
<td>Standard operating procedure needs revising</td>
<td>1</td>
<td>£10,000 - £25,000 Compliant possible Litigation unlikely</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>Medical treatment required/Unexpected re-admission/Wrong treatment or procedure</td>
<td>Has potential for adverse publicity/ HSE or other external agency reportable</td>
<td>Small number e.g. 3 - 10</td>
<td>£25,000 - £50,000 Litigation probable High compliant potential</td>
</tr>
<tr>
<td>4</td>
<td>Significant</td>
<td>Loss of body part/Extensive injuries/ Misdiagnosis</td>
<td>Service closure/ Contingency plan required/ Needs PIR</td>
<td>Moderate numbers (e.g. loss of specimens)</td>
<td>£50,000 - £999,000 Litigation expected/certain</td>
</tr>
<tr>
<td>5</td>
<td>Major</td>
<td>Death/Serious fire/Environmental pollution</td>
<td>Disaster recovery plan required/certain adverse publicity/other agencies involved</td>
<td>Many e.g. cervical screening disaster/Evacuations etc.</td>
<td>£1,000,000 +</td>
</tr>
</tbody>
</table>

### Qualitative measures of Likelihood

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rare</td>
<td>This is theoretical possibility but will probably not happen</td>
</tr>
<tr>
<td>2</td>
<td>Unlikely</td>
<td>Do not expect it to happen again but it is possible</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>May reoccur occasionally</td>
</tr>
<tr>
<td>4</td>
<td>Likely</td>
<td>Will probably re-occur but is not a persistent issue.</td>
</tr>
<tr>
<td>5</td>
<td>Certain</td>
<td>Likely to reoccur on many occasions, a persistent issue</td>
</tr>
</tbody>
</table>

### Likelihood

<table>
<thead>
<tr>
<th>Consequences</th>
<th>Rare 1</th>
<th>Unlikely 2</th>
<th>Moderate 3</th>
<th>Likely 4</th>
<th>Certain 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insignificant- 1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Minor - 2</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Moderate - 3</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Major - 4</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Catastrophic - 5</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
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</table>