



# Policy:

## HR 052 Lone Worker

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### Summary of policy

This Policy demonstrates the organisational structure and arrangements by which SHSC Trust will prevent injury or ill health to staff, whilst they work alone.

<b>Target audience</b>	All staff employed by SHSC
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<b>Keywords</b>	Health and Safety Lone Worker Lone Working
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### Storage

Version 5 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V4.1 September 2019). Any copies of the previous policy held separately should be destroyed and replaced with this version.

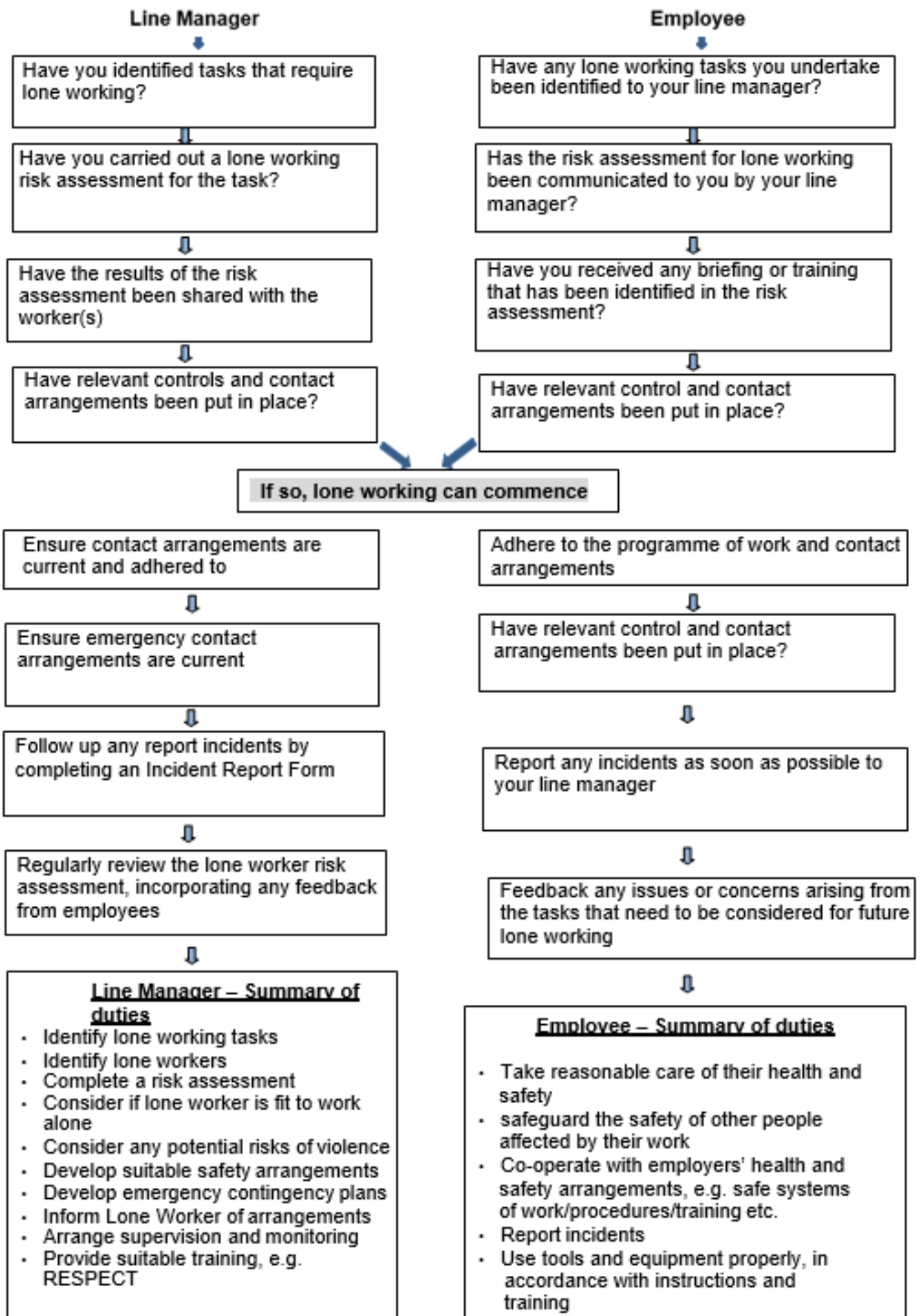
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## Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
2	Review of Policy Version 2	March 2014	Policy contents changed to reflect NHS Protect national guidance.
3 - draft	Version 3 Consultation March-June 2014	May 2014	Additional guidance provided for safer lone working in line with NHS Protect guidelines
	Policy submitted for ratification	June 2014	-
3	Policy revised	September 2017	Policy re-written Minor changes to text, e.g. S.11 links
4	Policy revised	June 2019	<p>Following consultation with the Health and Safety Group, Staff Side (2018 and April 2019) and Clinical Operations colleagues minor changes have been made to the content that does not alter the context of the policy.</p> <p>Policy approved by PGG 15 July 2019 and submitted to EDG. However, EDG asked for further clarification regarding the review by Clinical Operations colleagues.</p> <p>Members of the Clinical Operations Performance and Governance Meeting were invited to review the policy following their meeting 23/05/19. No comments were received by the author of this policy.</p>
4.1	Policy Amended	December 2019	<p>The policy has been provided to Clinical Operations colleagues, via e-mail on three occasions: 20 June 2019 by Kirsty Micklethwaite (following presentation by the author at their meeting on 23 May 2019) - 15 October 2019 by Kirsty Micklethwaite - 1 December 2019 by Anita Winter (following the Health and Safety Group meeting on 18 November 2019)</p> <p>The author did not receive any comments from Clinical Operations colleagues other than typographic amendments.</p>
4.2	Policy updated	June 2021	<p>Policy re-written to match the current template.</p> <p>Minor changes made to text intended to clarify existing meaning of text not to change that meaning.</p>

## Flowchart for Managing Lone Working



## **1. Introduction**

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health safety and welfare of its employees, service users and members of the public.

This Trust recognises that some staff are required to work alone for varying periods of time without direct- or close supervision, both within the community and/or within isolated work areas, and/or out of 'normal' working hours.

This Policy demonstrates the organisational structure and organisational arrangements by which the Trust should prevent injury or ill-health to staff while they work alone.

## **2. Scope**

This is a Trust-wide policy, which is relevant to all staff employed by SHSC. It also applies to Volunteers, Contractors and Visitors to the extent that they work under the direction and supervision of SHSC staff.

## **3. Purpose**

Lone working is defined by the Health and Safety Executive as 'any activity which is intended to be carried out in isolation from other workers and when no other person is within earshot or line of sight', or 'working without close or personal supervision'.

As such, this definition includes any member of staff who is not within the earshot or line of sight of other workers, for an amount of time deemed to be significant in the applicable Risk Assessment.

Acronyms used within this Policy include:

RESPECT - the type of conflict resolution training adopted by this Trust.

## **4. Definitions**

This policy demonstrates the Trust's compliance with the general requirements of the Health and Safety at Work etc. Act 1974 and other relevant health and safety legislation.

It aims to ensure, so far as is reasonably practicable, that staff who work alone are not exposed to unacceptable risks to their health or their safety.

It outlines the management arrangements by which this will be achieved and suggests measures (in Appendix G) which can reduce lone working risks.



## 5. Details

The broad overview of this policy is as described in the Introduction.

## 6. Duties

### Trust Board

The Trust Board has ultimate responsibility for the implementation and effective management of health and safety practice within the Trust.

### Health, Safety and Risk Adviser

The Health, Safety and Risk Adviser can assist line managers to develop procedural arrangements, which help ensure the safety of lone workers.

### Fire and Security Officer

The Fire and Security Officer can provide advice on appropriate, physical security technology to improve the personal safety of lone workers and thus prevent injury or ill-health.

Following an incident affecting the health or safety of staff, the Fire and Security Officer can assist the line manager of the injured member of staff to:

- Liaise with the Police and Crown Prosecution Service to ensure that every opportunity is given to pursue criminal proceedings.
- Complete Incident Report Forms.
- Obtain counselling or medical advice from the Trust's Occupational Health Service.
- Manage Press enquiries and help to ensure that the affected member of staff's privacy is maintained.

The Fire and Security Officer can also assist staff injured as a result of a 'Lone Working injury' to apply for compensation through the Criminal Injuries Compensation Authority, (CICA), or NHS Injury Benefit Scheme.

### Line Manager

Line managers must ensure that suitable and current risk assessments identify and remove or minimise all significant risks experienced by Lone Workers.

Advice and guidance on the content of such assessments can be obtained from the Health, Safety and Risk Advisor or Staff Side representatives.

(Several suggested control measures covering a number of health and safety risks applicable to lone workers appear as appendices at the end of this document).

Work tasks should be planned in-line with the findings of the Lone Working Risk Assessment and a continuous assessment of the situation in which staff find themselves should be conducted in order to minimise the possibility of an incident occurring.

After an incident, the Lone Working Risk Assessment should be re-visited as soon as possible, the adequacy of existing control measures reviewed, and the appropriate risk register updated accordingly. Relevant lessons learn from a formalised investigation can

also be recorded in future assessments.

### Staff

Staff members have a responsibility to take reasonable care of their own personal health and safety and to adhere to any arrangements managers make to support this.

The exact measures needed to control the significant risks to the health or safety of staff will depend upon the severity of risk which that staff member faces and the type of risk which they face, whilst completing their work.

Staff must report as soon as possible all incidents of assaults, unsafe environments as well as 'near misses' that could have resulted in a serious incident.

Increased incident reporting will ensure more can become known about the nature, scale and extent of issues affecting Lone Workers. More importantly, it will help to identify trends or situations which can then be managed to eliminate or reduce the potential for harm.

Organisational Incident Report Forms should be completed as soon as practically possible and forwarded in accordance with other Trust policies.

(Examples of situations involving lone workers and the possible measures to adopt within these situations to help prevent injury or ill-health to staff are given in the appendices to this Policy).

## **7. Procedure**

Tasks which are completed by one member of staff and which pose a significant risk to the health or safety of that member of staff will need to be documented in an appropriate 'Lone Worker Risk Assessment'. This should be completed by the manager in consultation with the relevant member of staff and agreed measures to remove or reduce risks to the health and safety of the member of staff should be implemented.

(An example Risk Assessment appears as Appendix C).

Typical tasks to be covered in 'Lone Worker Risk Assessments' would include, but are not limited to:

- Staff carrying prescription forms and medicines, potentially giving rise to violent or aggressive situations.
- Staff delivering un-welcome information to service users and so potentially giving rise to violent or aggressive situations.
- Staff delivering planned care to a service user whose actions are potentially violent or aggressive.
- Staff delivering planned care to a service user whose friends or family are present and whose behaviour may be altered by alcohol abuse or drug misuse, placing staff at risk of violence or aggression.
- Staff working alone in an empty building where there is no immediate access to support.

Risks to the health and safety of the staff member can be increased by the conditions in which the task is completed, e.g. low light levels or/and by the existing level of health, fitness, experience and ability held by the member of staff.



For Lone Working tasks evaluated as giving rise to an intolerable level of risk, control measures should include the creation of an 'Escalation Plan', which records the measures managers and staff should take in the event of an emergency and which have been agreed between all relevant staff. Such plans will need telephone contact details to be kept up-to-date, if they involve telephone use.

To help protect their own safety and health staff should be fully conversant with the 'safe systems of work' devised for their protection and they should report all Incidents.

It is likely that appropriate training of staff will play a large part in helping to keep them safe whilst working alone. Please see Section 12 for further details.

## **8. Development**

The Trust recognises its legal duty to consult with employees on matters that affect their health and safety and is aware of the benefits of doing so. This entails not only giving information to employees, but also listening to and taking account of what they say before making any health and safety decisions.

The Trust will provide its employees, and/or their representatives, with the information necessary to allow them to participate fully and effectively in consultation and carry out other representative functions.

The primary mechanism for consultation on health and safety issues is via elected members of recognised Trade Unions or nominated representatives - attending the Health and Safety Committee. This Committee, which includes Staff Side representatives and staff representatives from both clinical and non-clinical services, has considered this Policy at its June 2021 meeting.

The Equality Impact Assessment will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.

## **9. Audit, Monitoring and Review**

The Health, Safety and Risk Advisor is responsible for monitoring the effectiveness of this policy. Periodic reports will be prepared and submitted to the Health and Safety Committee for monitoring.

Monitoring will be achieved through active measures, such as workplace inspections and audits, training course attendance, risk assessment completion and reactive measures, such as reviewing incident statistics, accident investigation reports, ill-health checks.

This policy will be reviewed within three years of ratification, or earlier if needed due to concerns identified through monitoring the policy, changes in national guidance, legislation, significant concerns raised via enforcement action or significant incidents.

## 10. Implementation Plan

Action/Task	Responsible Person	Deadline	Progress Update
Advise the Health and Safety Committee that the policy has been ratified	Health, Safety and Risk Adviser	June 2021	
Replace revised policy onto intranet and internet and remove and archive old version	Policy Governance and Communications	TBA	
Inform all Trust staff of the revised policy via Connect			
Reference revised policy in applicable training	Health, Safety and Risk Adviser	As required	As required

## 11. Dissemination Storage and Archive

Links to an electronic copy of the policy shall be circulated via a Trust-wide email. Previous copies should be replaced.

An electronic copy of the policy shall be accessible via the Trust intranet and internet.

An archive copy of the previous policy and the new updated policy shall be stored with the Integrated Governance Department for reference.

## 12. Training and other resource implications

National guidance states that all staff who interface with patients must receive RESPECT training.

Additional training must be appropriate to the Lone Working situations faced by the affected staff and it should be refreshed on a timescale which is appropriate to the type and level of risk faced by the relevant staff.

## 13. Links to other policies, standards, references, legislation and national guidance

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999 (as amended)

SHSC Policy: Aggression and Violence - Respectful Response and Reduction

SHSC Policy: Security Policy

SHSC Policy: Risk Management Strategy

SHSC Policy: Health and Safety Policy

Lone Worker Policy: October 2021 Version 5 HR 052

#### 14. Contact Details

<b><i>Title</i></b>	<b><i>Name</i></b>	<b><i>Phone</i></b>	<b><i>Email</i></b>
Health, Safety and Risk Adviser	Charlie Stephenson	2716208	<a href="mailto:charlie.stephenson@shsc.nhs.uk">charlie.stephenson@shsc.nhs.uk</a>
Security Officer	Stephen Price	27 18189	<a href="mailto:stephen.price@shsc.nhs.uk">stephen.price@shsc.nhs.uk</a>

## Appendix A - Stage One Equality Impact Assessment Form

### Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** - Complete draft policy

**Stage 2 - Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public?  
If **NO** - No further action required - please sign and date the following statement. If **YES** – proceed to stage 3.

This policy does not impact on staff, patients or the public (insert name and date)

**Stage 3 - Policy Screening** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ do not know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice.

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>AGE</b>	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Age-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

<b>DISABILITY</b>	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Ability-related issues are an inclusive part of this process and require the implementation of suitable and efficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
<b>GENDER REASSIGNMENT</b>	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
<b>PREGNANCY AND MATERNITY</b>	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. New or expectant mother-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements reduce the likelihood of any harm so far as is reasonably practicable.		

<b>RACE</b>	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Race-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
<b>RELIGION OR BELIEF</b>	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Belief-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
<b>SEX</b>	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

<p><b>SEXUAL ORIENTATION</b></p>	<p>H&amp;S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Sexual-orientation issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.</p>		
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**Stage 4 - Policy Revision** - make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended. Impact Assessment Completed by (insert name and date)

Charlie Stephenson, Health, Safety and Risk Adviser June 2021

## Appendix B

### Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	TBA
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Yes
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Yes
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to: <ul style="list-style-type: none"> <li>i. review</li> <li>ii. audit compliance with the document?</li> </ul>	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes



**Appendix C - Suggested Community Based Lone Worker Risk Assessment**

<b>Workplace</b>			<b>Risk Assessor</b>		
<b>Title of Risk Assessment</b>			<b>Date of Assessment</b>		
			<b>Date of Assessment Review</b>		
<b>What are the hazards?</b> (What are the things that can cause harm?)	<b>Who might be harmed by the hazard?</b>	<b>What is the risk of this harm happening now?</b> (C x L)	<b>List any additional measures needed to control the risk to an acceptable level?</b>	<b>Additional measures completed by?</b>	<b>What is the risk of this harm happening now?</b> (C x L)
<u>Slip/Trip/Fall</u> Poorly lit access to property Poorly maintained access to property  <u>Violence or Aggression</u> Assailant Aggressive pet(s) at property	Staff	-	Can be chosen from guidance in Appendices to this Policy	-	-

	<b>Likelihood</b>				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
<b>Consequence</b>					
Negligible 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

## **Appendix D - Additional suggested control measures to help ensure the safety of community-based lone workers**

In all cases of community-based Lone Working ensure that Lone Workers receive sufficient information, training and instruction on both the risks posed by Lone Working and the measures in place to reduce the health and safety risks associated with Lone Working.

In all cases of community-based Lone Working current, accurate records on the intended whereabouts of community-based Lone Workers and appropriate contact details for that Lone Worker should be kept. The Lone Workers manager should ensure that arrangements exist to follow in the event that a Lone Worker inexplicably deviates from their expected movement pattern. Typically, this will be a process which escalates the matter up through line management and may ultimately involve the police.

In all cases of community-based Lone Working Insight records on service users should be reviewed for the presence of risk indicators - for the existence of Multi-Agency Public Protection Arrangements (MAPPA) and for the involvement of the Violent Patients GP Scheme. The presence of a risk indicator can be communicated to colleagues from other services working with the relevant service user, when necessary, to help prevent injury or ill-health to those staff, along with any recommended risk reduction advice or reference to shared working protocols.

Where the Risk Assessment covering the delivery of planned care to a service user identifies a 'significant risk' to the health or safety of that member of staff then consideration should be given to treating the service user within an NHS premises, and perhaps in the presence of other healthcare staff who can help in the event of a violent or aggressive situation. In some extreme cases a police presence should be considered.

Where the Risk Assessment covering the delivery of planned care to a service user identifies a 'moderate risk' to the health or safety of that member of staff then consideration should be given to risk control measures such as regularly changing the time of day and day of the week for staff making frequent home visits.

For all Lone Worker Risk Assessments it should be borne in mind that changes to staff activities, the service user's condition or staff workplaces will alter the levels of health and safety risk faced by staff. Staff lone working should be kept under regular review and the relevant risk assessments should updated, as necessary.

Service user sensitivity to gender or cultural issues should be borne in mind when completing any Lone Worker Risk Assessment.

Where staff feel threatened in any way, they should remove themselves as quickly and safely as possible from potential hazardous situations.

### Buddy System

Lone workers at high-risk can agree with a colleague or a manager to act as a 'buddy'. This is the lone workers 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 and have all necessary contact details for the lone worker.
- Attempt to contact the lone worker if they do not contact the buddy as agreed.
- Follow the agreed local escalation procedures for alerting their senior manager and/or the police if the lone worker cannot be contacted or if they fail to contact their buddy within the agreed and reasonable timescales. This will include retrieving information on the make, model, colour and registration number of any car used by the lone worker.

### Dynamic Risk Assessment

This is the continuous process used by the lone worker to identify hazards to their health or safety, to evaluate the risk of harm and taking steps to eliminate or reduce the harm. It is therefore a useful tool for lone workers when they are in un-familiar surroundings.

All staff should be encouraged to:

- Be alert to warning signs as covered in RESPECT Training.
- Carry out a '10-second risk assessment' of their situation and, if they feel there is a risk of harm to themselves, they should leave immediately.
- Place themselves close to an exit to aid their escape.
- Be aware of all entrances and exits, check they are un-locked and can be operated in an emergency.
- Be aware of the positioning of items, e.g. scissors, syringes etc., that could be used as a weapon.

## **Appendix E - Dealing with animals on home visits**

Animals can present a potential risk to lone workers particularly where clinical procedures may provoke a reaction from an animal or pet.

Service users should be asked to securely restrain animals or pets which are known to pose potentially significant risks to lone workers. Withdrawal of treatment may be considered if the lone worker may be exposed to significant injury or harm.

Even if there are no known problems with animals, the request should still be made for them to be secured, as clinical procedures may provoke an unforeseen reaction from an animal.

If a lone worker is confronted by an aggressive animal on a visit to a 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 procedures. This information should then be disseminated to all relevant internal, (and, where possible, external) parties, including social care and ambulance staff.

## **Appendix F - considerations which help to ensure the safety and health of lone workers using transport**

### **Escorting patients and service users in vehicles**

Before a service user is accompanied a risk assessment should take place and alternative arrangements be made to care for the service user if the identified risks to the lone worker are too high to tolerate. Requirements of the Mental Health Act do not automatically override the requirements of a Health and Safety Risk Assessment.

Staff who escort patients using a contracted taxi service should be considered lone workers because it is expected that the taxi driver will be unable or unwilling to provide assistance.

The risk assessment should take into account:

- The physical and mental state of the patient and whether they are capable of being transported.
- The level of staff experience and their qualifications, plus the number of staff needed to manage the patient during the transfer.
- The safe return of a lone worker to a familiar place once the patient has been dropped off. This is particularly important if the lone worker has to return from an un-familiar place late at night and travel alone to their place of work.

### **Use of lone workers' own vehicle**

If there is a need for a lone worker to escort a patient in the lone worker's car, the lone worker should make an assessment on a suitable seating position. This will enable the lone worker to operate the vehicle safely.

If a conflict arises, (or a service user becomes aggressive), the lone worker should pull into a safe place and exit the vehicle. If possible, they should ensure the keys are removed and contact their base.

They should follow any agreed local procedures, which may involve raising a 'red alert', calling the police, their manager, a colleague or their buddy.

Additional considerations will include lone workers:

- Ensuring they have adequate fuel for their journey.
- Ensuring items such as bags, cases, controlled drugs and other equipment is never left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle prior to the start of a journey.
- Always hold the vehicle keys in their hand when leaving premises to avoid being distracted by searching for them when outside.

- Always try to park close to the location they are visiting. At night and/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 the vehicle's windows are all closed and the doors locked.
- Avoid parking on the driveway of the property they are visiting as their vehicle may be blocked in thus delaying or preventing escape. If possible, lone workers should reverse into car parking spaces.
- Do not stop, especially after dark, even for people who may appear to be in distress or require help. The lone worker should stop in a safe place and contact the emergency services as appropriate. If followed, or concerned they might be being followed, lone workers should drive to the nearest police station or occupied and well-lit building, such as a petrol station to request assistance.
- In the event of vehicle breakdown or accident, contact their manager, colleague or buddy immediately to update them on the situation.
- Do not display signs such as '**Doctor on call**' or '**Nurse on call**' as this may encourage thieves to break into the vehicle in an attempt to acquire medication or other medical items.
- Avoid using laptops in stationary vehicles.

### **Use of taxis by a lone worker**

Measures used to improve personal safety become occupational safety measures when using a taxi during work and should therefore be adopted whenever practicable.

Considerations will include lone workers:

- Using the contracted taxi service. Alternatively, the lone worker should use the telephone number of a reputable cab company - ideally saved on fast-dial on their mobile phone - and find a safe place to wait.
- Not hailing a cab in the street nor accepting an offered lift from a cab.
- When travelling, they should sit in the back, behind the front passenger seat.
- Be aware of child locks and central locking, (although most black cabs will have locked doors while in transit).
- Not giving out personal or sensitive information to the driver, (either through conversation with them or while talking on a mobile phone).

## **Use of public transport by a lone worker**

Measures used to improve personal safety become occupational safety measures when using public transport during work and should therefore be adopted whenever practicable.

Considerations will include lone workers:

- Giving their manager, colleague or buddy details of their intended route. If they have to vary their route or experience a significant delay, they should inform the relevant individual.
- Trying to sit near the public vehicle driver, preferably in an aisle seat.
- Familiarising themselves with safety procedures in the event of an emergency.
- Avoiding empty, upper decks on buses or empty train compartments or when there is only one other passenger.
- Avoiding working from laptops or other valuable electronic equipment.

If threatened by other passenger(s), they should inform the driver/guard.

## **Lone workers travelling on foot**

Measures used to improve personal safety become occupational safety measures during work and should therefore be adopted whenever practicable.

Considerations will include lone workers:

- Determining the safest route identifying known areas of concern.
- Planning emergency actions they may need to take should they require assistance, for example, in the event that assistance is required they should go into a safe establishment, such as a police station, petrol station or reputable shop and ask for directions or, if necessary, call for assistance from their manager, colleague or buddy.
- Avoid carrying too much luggage to keep their hands free.
- Ensure they can comfortably carry their bags so that they do not have to stop and rest while walking.
- Stay in the centre of pavements, facing oncoming traffic.
- Remain alert to the people and environment around them, staying on well-lit paths and avoid waste ground, isolated pathways and subways, particularly at night.
- If walking to the car, ensure you always have your car keys in your hand before going outside - (if you have to pay parking charges, make sure you have the car park ticket ready and sufficient cash to pay the fee before leaving the building).
- Carry only a small quantity of money.

If someone attempts to steal what the lone worker is carrying the latter should relinquish the property immediately without challenge. If carrying a handbag, or similar, they should consider carrying their house keys and mobile phone separately.

If attacked, the lone worker must make a note of the events and 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 Security Officer.



## **Appendix G - Lone Worker personal attack alarms and location devices**

Lone Workers should be provided with communication and alarm equipment necessary to mitigate the health and safety risks identified in the appropriate risk assessment.

The Lone Worker must be issued with a mobile phone by the Trust, unless otherwise indicated in the relevant risk assessment, which will be used at all times for work related health and safety communications.

Mobile phones or lone worker devices should be maintained in full working order.

### Personal Alarms

Additional safety measures to protect staff must include stand-alone audible alarms or more sophisticated devices that utilise a mobile network to provide the location and voice monitoring, to be used as a personal alarm only. There are many types of personal alarms, ranging from battery-operated, stand-alone audible devices to more sophisticated devices which provide a monitoring facility.

### Audible Standalone Devices (ASD)

ASDs, when activated, emit 130dB siren and are more effective in situations where other people may hear them, could respond to offer assistance, or where there is the possibility of a quick escape. However, the assumption must be that there will be no certainty of assistance. ASDs are primarily designed to 'stun' an assailant for a few seconds, allowing the lone worker to make their escape.

It is also recommended that the lone worker, once activating the ASD, discards the device so that the assailant's attention is diverted from the attack to silencing the alarm.

ASD can provide lone workers with valuable seconds to evade assault; for this to be effective devices must be carried so they are easy to reach in an emergency, e.g. carried in the hand, in an easy-to-reach pocket or clipped to a belt, i.e. not concealed in a bag.

### GPS and GSM Monitored Alarms

GPS and GSM monitored alarms are provided in varied styles, from ID card style holders or incorporated into smart phones where an alert or alarm is activated by the user. Upon activation of a device, or a failure to respond to an arranged time, an alert is initiated where the incident may be monitored by an automated or manual system. These more sophisticated devices may allow for audio GPS and GSM triangulation to be used over a mobile network with a pre-determined escalation plan.