



Developing a policy for the protection of lone workers

Protecting your NHS

1. Introduction:

- 1.1 This guidance has been specifically designed to provide Local Security Management Specialists (LSMSs) with guidance and a model policy template to assist in drafting policies for the protection of lone workers within their NHS organisation.
- 1.2 It enables LSMSs to produce an individualised policy, reflecting what their organisation is doing locally to protect lone workers, in line with NHS Security Management Service (NHS SMS) and other statutory requirements.
- 1.3 It should be read in conjunction with 'Not Alone. A guide for the protection of lone workers in the NHS' available on the NHS SMS website and other local policies for the management of violence and aggression.
- 1.4 The policy template in **Appendix 1** is intended as guidance only. LSMSs should use the structure, contents and guidance as a basis to tailor their own local policy to reflect their organisation's specific needs in relation to the protection of its lone working staff.
- 1.5 **Appendix 2** provides an editable framework which will assist LSMSs in drafting their own policy by using appendix 1 as a guide and filling in the appropriate detail under the headings which are relevant to the organisation.
- 1.6 It is recognised that each organisation will have its own 'in-house' format and style. Although the policy template follows a standard model and generally should be adhered to, LSMSs should ensure that it is tailored accordingly, to fit in with their organisation's format and style requirements. It is however important to ensure that all relevant content is incorporated into the organisation's lone worker policy.



Document header: [Insert document reference number: xxxxx organisation name:
xxxxx _RESTRICTED]

Appendix 1 - Policy for the protection of lone workers in [insert name of organisation]

The following sections form a standard model policy template. LSMSs should use these headings and contents as a guide to structure their own localised security management policy...

Title:	
Version:	
Description:	
Purpose:	
Author:	
Responsible committee / director:	
Lead officer:	
Date ratified:	
Ratified by:	

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1. Policy intention

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

Explain that the policy intention is to ensure the safety of lone workers or staff who sometimes work alone, by minimising the risks that they face and putting in place appropriate measures to improve their safety.

2. Purpose and aim

What is the specific purpose of this policy? How does the NHS organisation intend to ensure that it protects its lone workers? Where does this policy sit within the NHS organisation's overall violence and aggression work and how it will assist in complying with existing health and safety legislation?

3. Definitions

Include a working definition of lone working as a point of reference for this policy. Although there is not a single definition, the NHS SMS defines lone working as:

any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague.

The Health and Safety Executive (HSE) defines lone workers as:

those who work by themselves without close or direct supervision.

Provide practical examples of lone working staff within the NHS organisation that fall under these definitions. This list will not be exhaustive as lone working can be something that someone does routinely or non-routinely and in a variety of different settings. However it should be clear who within the NHS organisation this policy applies.

4. Legislation

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

This section should include all relevant legislation for the protection of lone workers including:

4.1 Secretary of State Directions

NHS organisations have responsibilities to manage security, including protecting all staff from violence and aggression in accordance with the *Directions to health bodies on measures to deal with violence against NHS staff* and *Directions to health bodies on security management measures*, 2003 and 2004 respectively and as amended 2006.

4.2 Health and Safety at Work Act 1974

NHS organisations have responsibilities under the Health and Safety at Work Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work.

4.3 The Management of Health and Safety at Work Regulations 1999

These Regulations require employers to assess risks to employees and non employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks.

Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

4.4 Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)

Employers must inform and consult with employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

4.5 The Corporate Manslaughter and Corporate Homicide Act 2007

This legislation creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

5. Roles and responsibilities

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

5.1 Organisation

This section should explain that the organisation:

- has a legal duty to ensure the health, safety and welfare of those employees who work for the organisation including the protection of lone workers. The Security Management Director (SMD) has overall responsibility to make this happen.

5.2 Security Management Director

This section should explain that the SMD:

- is responsible for ensuring that appropriate security management provisions are made within the NHS organisation to protect lone working staff
- should ensure that measures to protect lone workers complies with all relevant health and safety legislation, Secretary of State Directions and takes into account NHS SMS guidance
- has overall responsibility for the protection of lone workers by gaining assurance that policies, procedures and systems to protect lone workers are implemented
- has responsibility for raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiatives
- has responsibility for the nomination and appointment of Local Security Management Specialists (LSMS) and through continued liaison to ensure that security management work (including the protection of lone workers) is being undertaken to the highest standard
- should oversee the effectiveness of risk reporting, assessment and management processes for the protection of lone workers. Where there are foreseeable risks, the SMD should gain assurance that all steps have been taken to avoid or control the risks.

5.3 Local Security Management Specialist

This section should explain that the LSMS:

- should ensure that the NHS organisation has up-to-date policies and procedures for the safety of lone workers and (in liaison with line managers) ensure that they get disseminated to all relevant lone working staff
- advises the organisation on systems, processes and procedures to improve personal safety of lone workers and make sure that proper preventative measures are in place
- advises the organisation on appropriate and proportionate physical security, technology and support systems that improves personal safety of lone workers. Ensure that this is appropriate, proportionate and meets the needs of the organisation and lone worker

- ensures that any technology used to protect lone workers meets legal requirements
- plays an active part in identifying hazards, assessment and management of the risks. Advises on the proper security provisions needed to mitigate the risks and protect lone workers
- should carry out a full investigation of any incident and where necessary liaise with the police to allow follow up action to be taken
- should conduct a full post-incident review to see what lessons can be learnt and work with line managers to ensure that appropriate measures are implemented before staff enter a lone working situation.

5.4 Line manager

This section should explain that the line manager:

- should identify all staff who are lone workers, based on recognised definitions, (see section 3)
- should ensure that all relevant policies and procedures are disseminated to lone working staff
- should ensure that a proper risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks from lone working are identified and that proper control measures have been introduced to minimise, or mitigate the risks before staff enter a lone working situation
- should ensure that lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation
- should ensure physical measures are put in place and appropriate technology is made available to ensure the safety of lone workers
- that staff have received conflict resolution training *and* NHS Lone Worker Service training provided by the service supplier before being issued with a device
- should ensure that all the relevant staff undertake regular reviews of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker
- where a security incident has occurred, should make sure that the employee completes an incident reporting form as soon as possible and this gets reported to the LSMS
- where someone has been assaulted, should ensure that the individual is properly de-briefed, undergoes a physical assessment, any injuries are documented and they receive access to appropriate post incident support
- should ensure that following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place. This is prior to a formalised review of lessons learnt following an incident.

5.5 Lone working staff

This section should explain that lone working staff:

- have a responsibility to do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation

- should undertake all relevant training including conflict resolution training and device specific training before entering a lone worker situation
- seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk
- should conduct proper planning prior to a visit and utilise continual dynamic risk assessment during a visit. Explain that staff should never put themselves or their colleagues at risk and if they feel at risk they should withdraw immediately and seek further advice or assistance
- should properly utilise all appropriate technology which has been provided for their own personal safety, ensure that they attend training in the use of the technology and associated support services
- should report all incidents even where they consider it to be a minor incident, including 'near misses' to enable appropriate follow up action to be taken.

6. Risk process

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

This section should outline the NHS organisation's risk assessment process for managing and mitigating the risks faced by lone workers. There should be a clear documented risk assessment process in place which:

- identifies risks in relation to lone working
- assesses the risks to lone workers
- implements measures to reduce the risks to lone workers
- evaluates the control measures and ensure that risks to lone workers are properly managed
- feeds into the corporate risk register and quality assurance framework.

Which staff will assist the risk manager in conducting the risk process at each stage? What role will the LSMS have in the risks assessment of lone working staff?

6.1 Identification of risks

This section should outline a process for identifying risks in relation to lone working. This should include using information from previous incidents (including 'near misses'), operational experience, feedback from lone workers and their colleagues.

6.2 Assessment of risks

Risks to lone workers should be prioritised in line with organisational risk management policy and is likely to include the:

- identification of the type of incident risk (e.g. physical assault/theft of property or equipment) and particular staff groups affected by the risk
- likelihood of incident occurring and having an impact on individuals and resources
- severity of impact of cost to the healthcare organisation in human and financial terms
- confidence that the necessary control measures are in place
- the level of concern and rated risk
- what action needs to be taken to ensure that improvements are made.

The risk assessment process must document the action required to control the risks. Risk assessment is a dynamic process and risks need to be re-assessed as conditions change. Who will do this and how often?

6.3 Managing risk

Outline the systems and process that the healthcare organisation is required to implement to properly manage, control and mitigate risks. These measures should be achievable, realistic and importantly proportionate.

What is the role of the LSMS, SMD and line manager and liaison arrangements in managing security risks?

What are the ways in which the organisation will disseminate information on risk management measures and responsibilities to lone working staff?

6.4 Review

This process should review the effectiveness of existing measures in reducing the security risks and identifying what additional controls might be necessary. Is there enough assurance in the governance arrangements that the risks have been minimised? Can a process be identified to ensure greater staff awareness of the risks? Have other recently identified risks been incorporated into risk assessment process?

7. Before a lone worker visit

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

This section should explain the procedures and arrangements that need to be in place to protect lone workers prior to a visit taking place.

It is suggested that a lone worker policy should include the following areas:

7.1 Written log

Any measures that are in place for recording in a log any known risks associated with a patient/service user and location that may be visited by lone working staff. It should be kept secure, confidential, up-to-date and made available ahead of a visit for essential risk management measures to be put in place prior to a visit.

7.2 Violent Patient Scheme

For PCTs, this section should make reference to the Violent Patient Scheme (VPS) and include measures for communicating with lone working staff about patients on the VPS. It may not be appropriate for lone working staff to visit patients on the VPS in their homes unless there is a clinical need. The section should outline the actions staff should take before a visit takes place.

7.3 Violent Patient Indicator

This section should make reference to any NHS organisation's Violent Patient Indicator (VPI) process, where patient records are marked for patients with a known risk of violence or who have been identified as being potentially violent following an incident. There should be a process for outlining the nature of the risk and practical advice for lone working staff. Consideration should be given as to how lone workers who are not based centrally or who do not have access to electronic systems can access information on the VPI system on violent patients.

7.4 Information sharing

This section should refer to any relevant information sharing protocols that the NHS organisation has in place to where legally permissible, share information with all relevant health, social care and public sector colleagues concerning the risks to lone workers associated with a particular patient/service user/address, along with any recommended protection advice.

7.5 Low risk activities

There may be certain activities and visits within an organisation that are classified as low risk, e.g. staff undertaking office work during normal hours, where it is appropriate for lone workers to work alone. This section should indicate those staff groups, situations and activities where it might be acceptable for staff to work alone.

7.6 High risk activities

Similarly, if there is a high risk of violence from a patient/service user, their friends/relatives who may be present and or the location is a risk, the lone worker must be accompanied by a colleague, security officer or in some cases by the police; possibly the patient/service user should be treated away from their own home in a more secure environment. This section should indicate those staff groups, situations and activities that are defined as high risk where they *must not* work alone.

7.7 Scheduling of visits

If there is a known risk from a patient/service user and a location, this section should explain the arrangements for considering the re-scheduling of the visit to a particular time, day, place, or location to ensure security or where the lone worker may be accompanied as above.

7.8 Emergency equipment

This section should indicate any emergency equipment that might be required for a visit (e.g. contact list, emergency telephone numbers, first aid kit etc).

7.9 Lone worker movements

Someone should always be aware of a lone workers whereabouts and movements. This section should explain the process for lone worker movements to be logged, shared and monitored with their line manager and /or appropriate colleagues ahead of and during a visit.

If the person who has these details is off, then they should be passed on to an appropriate colleague to check that the lone worker has returned safely.

It should also include that it is the lone worker's responsibility to remain in close contact with their manager and or an appropriate colleague and call in at designated times.

This section should include that if there is a genuine concern about the safety of a lone worker, e.g. they have failed to attend a visit(s) within an agreed time, contact cannot be established, or else they have failed to make contact as agreed, there should be a system for contacting the lone worker and escalating this matter up to the police as necessary.

7.10 The buddy system

Does the NHS organisation operate a lone worker 'buddy system' which is a management system to protect lone workers? A buddy should be fully aware of the lone worker movements.

The section should include the roles and responsibilities of a nominated buddy, cover arrangements that exist, the responsibilities of the lone worker to keep in contact with their buddy and what procedures need to be in place to ensure that the

buddy system operates effectively, including escalation procedures where there is a concern.

7.11 Escalation process

Does the organisation have a clear escalation process, outlining who should be notified if a lone worker cannot be contacted or if they fail to contact the relevant individual within agreed or reasonable timescales? The escalation process should include contact points at appropriate stages, a line manager, senior manager and, ultimately, the police. Any individual nominated as an escalation point should be fully aware of their role and responsibilities.

7.12 Training – lone working, personal safety and conflict resolution training

This section should outline what essential training lone working staff are required to undertake, potentially including:

- conflict resolution training
- training in disengagement techniques
- training on health and safety encompassing employee responsibilities
- cultural awareness, diversity and equality training
- equipment training, including lone worker protection devices and support service specific training
- conducting a risk assessment
- first aid training.

7.13 Manage behaviour – cultural sensitivity

Staff need to be aware of cultural and gender issues before entering a lone working situation, to avoid the possible escalation of a situation. Is any specific training available?

8 When in a lone working situation

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

This section should explain the procedures and arrangements that need to be in place to protect lone workers whilst a visit is taking place.

It is suggested that a lone worker policy should include the following areas:

8.1 Dynamic risk assessment

The importance of dynamic assessment, as it enables lone workers to anticipate and recognise the early warning signs of suspected risks and enables safe early interventions to minimise or negate the risk to themselves and others. It recognises that situations change rapidly as do associated risks and that dynamic risk assessment should be an ongoing process.

The NHS organisation should outline its policy on dynamic risk assessment, whether its lone workers actively employ dynamic risk assessment. Is any training available?

8.2 Recognising warning signs

This section should explain the importance of lone workers being able to recognise the warning signs, including if anyone present is under the influence alcohol, drugs, confused, animals present etc. Being aware of warning signs enables action to be taken, including a decision to continue to work or withdraw as appropriate.

Under no circumstances should a lone worker put themselves, their colleagues, other patients or service users in any danger.

8.3 Management of a violent or abusive incident

This section should cross reference with the NHS organisation's violence and aggression policy for the processes and procedures that are in place for managing a violent or abusive incident.

8.4 Dealing with animals

This section should explain measures to ensure the safety of lone workers when dealing with animals, especially when undertaking clinical procedures. It should include situations where it is appropriate to request the removal or securing of animals. There should also be advice for dealing with aggressive animals.

If appropriate the visit should be abandoned and reported in line with the NHS organisation's local procedures.

8.5 Escorting patients/service users

The section should outline the NHS organisation's arrangements to ensure the safety of lone workers before, during and following the escorting process.

Include consideration as to the physical and mental state of the patient and whether they are capable of being transported. Plus, the level of staff experience, their qualifications and the number of staff needed to manage the patient.

The type of transport to be used (e.g. ambulance, patient transport service, contracted taxi service or lone worker's vehicle such as ambulance fast responder car).

Physical safety measure during the escorting process should be outlined. Lone workers should not escort a patient if there are any doubts about their own safety.

What is the process if conflict arises? This should follow local procedures, which may involve calling the police, their manager, a colleague or buddy.

Appropriate planning and provision should be made for the safe return of a lone worker to a familiar place, once the patient has been dropped off.

8.6 Lone working and vehicles

This section should outline what lone workers who use vehicles need to do prior to and during a visit to ensure their safety.

Lone workers who carry equipment and medicines (e.g. controlled drugs, syringes) in the course of their duties are at greater risk. Measures need to reflect this, e.g. ensure such items are stored out of view such as in the boot of the car. Advice should also be given on parking safely in a well lit area and positioning the vehicle for easy departure.

If a lone worker uses their own vehicle, then it should be properly maintained. Importantly it should include what safeguards to make when driving alone and how to handle a situation where the vehicle breaks down or is involved in an accident.

8.7 Lone working and taxis

This section should outline what lone workers who use taxis contracted by the organisation need to do to ensure their safety. If the NHS organisation uses a reputable taxi company, details should be stated here as well as the procedure for booking and payment of the service.

Wherever possible lone workers should only use reputable taxi companies as contracted by the NHS organisation and book in advance. Mini-cabs should not be used, other than licensed or registered hackney carriages.

This section should include positioning when travelling in a taxi and what information should and should not be given to the taxi driver.

8.8 Lone working and travelling by foot

This section should outline what lone workers need to do when travelling by foot to ensure their safety. This should include how lone workers should stay on well lit pavements in areas that are populated and provide natural surveillance.

Include planning the lone workers route, highlighting known areas of concern and crime hot spots and actions for staff if they require assistance in the event of an incident. This section importantly should explain how to safely carry personal possessions and equipment.

In the event of theft, this section should link with local policies and procedures.

In the event of a physical or non-physical assault, this section should be in linked to the NHS organisation's violence and aggression policies.

8.9 Lone working and public transport

This section should outline what lone workers need to do when using public transport to ensure their safety. Advice should be given on preparation, including lone workers being aware of bus routes/rail service, timetables, ideally using busy and well lit bus stops or train stations.

9. In the event of an incident

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

It is suggested that a lone worker policy should include the following areas:

9.1 Reporting

This section should outline the reporting arrangements that the NHS organisation has in place to report physical and non-physical assault, in line with the NHS organisation's violence and aggression and incident reporting policies.

All incidents of assault as well as 'near misses' should be reported as soon as possible. Robust reporting arrangements will ensure that appropriate action can be taken as soon as possible, including reporting to the police.

All incidents must be reported to the LSMS for investigation. All incidents of physical assault must also be reported to the NHS SMS using the Physical Assault Reporting System (PARS). This section should also outline other reporting requirements including to those the HSE.

9.2 Post incident support

This section should outline what support lone workers can expect to receive from the NHS organisation following a violent or abusive incident. This should be consistent and in line with the NHS organisation's post incident policies and procedures.

This section should include (in the annex) a list of contacts that staff can get in touch with if there is an incident.

9.3 Post incident action

This section should outline the roles and responsibilities particularly for LSMS following an incident of physical or non-physical assault in a lone worker situation, including ensuring the proper reporting and thorough investigation of all incidents and referral to the police as appropriate.

This should be in line with the two national frameworks for tackling violence^{1 2} and the explanatory notes for dealing with physical and non-physical assault^{3 4}.

¹ Department of Health, 2003. Directions to NHS bodies on measures to deal with violence against NHS staff 2003, NHS CFSMS

² Department of Health, 2004. Directions to NHS bodies on security management measures 2004, NHS CFSMS

³ NHS Counter Fraud and Security Management Service, 2004. Non-physical assault explanatory notes. A framework for reporting and dealing with non-physical assaults against NHS staff and professionals, NHS CFSMS.

It should outline the procedures the NHS organisation has for dealing with theft and criminal damage, including the systems for reporting the incident to the police through local incident reporting procedures and systems. This should also feed into the NHS organisations loss recovery process.

9.4 Post incident review

This section should outline the importance of the NHS organisation in conducting a thorough review of an incident. Whose responsibility is it to conduct the review and how will they make sure that all the relevant people involved in the incident are included?

This process is about understanding how and why the incident occurred and what measures should be in place to minimise the risk of the incident re-occurring. This should feed into the NHS organisation's risk management process and risk register.

Finally, LSMS should feed the outcome of reviews into their seven generic areas of action and form part of the work plan for the coming year.

9.5 Sanctions

This section should reference that the NHS SMS Legal Protection Unit is available to advise on the types of offences committed and the range of sanctions that are available against those who abuse NHS lone working staff. It should include contact details (available at www.cfsms.nhs.uk).

9.6 Publicity

Making use of the media, both nationally and locally, is a highly effective means of promoting what the NHS is doing to protect its lone workers and engendering a pro-security culture amongst NHS staff and the public.

This section should outline any processes for managing publicity around incidents against lone workers including links with local and national media organisations.

Where trusts use technology to record incidents through the NHS Lone Worker Service or through any other service provision, there is an obligation to publicise the use of technology (see section10).

⁴ NHS Counter Fraud and Security Management Service, 2007. [Tackling violence against staff. Explanatory notes for reporting procedures introduced by secretary of state directions, in November 2003.](#) NHS CFSMS.

10. Technology

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

It is suggested that a lone worker policy should include the following areas:

10.1 Introduction to technology

This section should outline the positive benefits that technology can play in protecting lone workers. It should be emphasised that technology is not a solution in itself, but should be seen as part of a wider package of measures.

It should highlight the roles and responsibilities of the LSMS in consultation with the SMD and the lone worker's line managers to ensure that technology is part of a proportionate and targeted response to problems that lone workers face.

This section should include what specific technology the organisation has in place for the protection of lone workers and reference appropriate guidance on appropriate usage. The following sections may be relevant:

10.2 Lone working protection device

Devices will not stop incidents from occurring, nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

This section should outline what lone worker protection devices the NHS organisation uses, where they can be obtained, training requirements etc.

It should also emphasise that staff should not be issued with a device until they receive training to be able to use it properly. This training should include scenarios that may occur to a lone working individual who has been issued with a device.

Reference should be made to device maintenance, that they should be properly maintained, charged and checked regularly, especially before a visit.

This section should outline what service is in place to support the device. It should also highlight any device and support service training that is required before a device is issued.

It should also be made clear of any policies covering the misuse of a device. The LSMS has a responsibility for investigating such inappropriate use of devices.

10.3 Practical suggestions on the use of a mobile phone

This section should outline what lone workers need to do when using mobile phones. The point should be made that a mobile phone is as a means of communication rather than a protection device.

Practical advice should be given in the use of a mobile phone including that they should be kept fully charged and properly maintained. Key contact numbers and speed dial for emergency numbers should be used. Lone working staff should be familiarised with the use of the mobile phone.

Mobile phones can be a target for thieves and this section should include how thefts can be minimised.

It is illegal to use a mobile phone whilst driving. Does the organisation have hands-free equipment?

10.4 Practical suggestions on the use of a personal audible or screech alarm

Where applicable, this section should outline the safety of lone workers when using personal audible or screech alarms. They are primarily designed as a distraction device to stun an alleged offender and enable the lone worker to escape from a situation, rather than seen as a protection device.

This should include scenarios explaining where and how such devices may be used and that they should be properly maintained and checked regularly.

10.5 NHS Lone Worker Service

LSMS should refer to the NHS SMS 'Not Alone. A guide for the better protection of lone workers in the NHS' for suggested content and tailor it to meet the needs of the NHS organisation.

Where the NHS organisation is utilising the NHS Lone Worker Service agreement, the lone worker policy should include and highlight a process for the following areas:

This section should explain that the NHS has a framework agreement which provides lone worker services. Under the agreement, a supplier provides services to those NHS organisations that wish to contract them. The service provides: helpdesk facilities, training, network services, lone worker devices, alarm receiving centre (ARC) services.

A lone worker can use a device to record their location as they go about their work; this is called an amber alert. If they feel that their safety may be threatened, they can send a red alert to the ARC. The ARC listens to the lone worker's incident and use technology to confirm their location. It can then notify the emergency services or the escalation point as required to provide an appropriate response. The service also records incidents, to enable them to be used as evidence in court. Lone workers can only use this service if they give prior consent to being located when they activate a red alert.

10.6 Recording and retention

The NHS organisation should explain that under the NHS Lone Worker Service contract, the recordings of any incidents are retained by the service provider on behalf of the NHS organisation for a specified timescale.

10.7 Recording of incidents

This section should explain that when a lone worker activates the device, the ARC records the incident. The lone worker is under *no* obligation to inform the assailant that a device has been activated or that the incident is being recorded.

If an incident is recorded, the LSMS will be informed by the supplier. They will listen to the recording and, if necessary, take appropriate action to progress criminal, civil or local sanctions. Access to recordings of incidents must only be given to the police or the LSMS through the defined process.

10.8 Retaining recordings and notifying individuals

Amber alerts

This section should explain that amber alerts will be kept for a maximum of three months, at which point they will be securely deleted by the supplier. Amber alerts relating to a genuine red alert (i.e. those created on the same day) will be retained for 12 months, after which they will be securely deleted by the supplier.

Genuine red alerts

This section should explain that genuine red alerts are retained by the ARC for the police and LSMS for use in criminal, civil or local sanctions and are securely retained by the supplier for 12 months after which time they are securely destroyed.

The LSMS will be provided with access to the recording for review. They should take all reasonable steps to inform the alleged offender that a recording of the incident exists and how a transcript of the recording can be obtained on request.

Where a genuine alarm is activated but closed safely by the lone worker without the police being called, the recording of the genuine alarm will be retained by the ARC for the police and LSMS to access for 12 months. The LSMS must review the recording and take one of the following actions:

- send a sanction letter (e.g. warning letter) to the alleged offender which includes that a recording of the incident exists and how a transcript of the recording can be obtained on request
- refer the incident to the police for action and inform them that a recording exists
- contact the NHS SMS Legal Protection Unit to progress a private prosecution or civil action and inform them that a recording exists
- where no sanction is to be progressed at that time, a letter shall be sent to the alleged offender informing them of the existence of a recording and how a transcript of the recording can be obtained on request.

Where a genuine alarm is activated, closed safely and no formal action is to be progressed and the lone worker considers that the alleged offender's health will be adversely affected by the notification of the existence of a recording, the LSMS must review the recording and agree with an independent senior clinician that notification to the alleged offender of the recording is not appropriate for clinical reasons. If the decision is made not to notify then this must be documented. This should be agreed on a case-by-case basis.

False alarm

This section should explain that procedures for false alarms should be followed to close the alarm with the lone worker's agreement and such false alarm recordings will be destroyed within 24 hours. Where the ARC staff believe that an incident has taken place even though the lone worker has agreed to close the alarm, the ARC should notify the LSMS who will listen to the recording to ascertain if any further action is required including re-categorising the alarm before the recording is deleted, for example where the lone worker may have closed the alarm under duress.

10.9 Access to recordings

If an alleged offender requests access to a recording of an incident, this should be dealt with through the NHS organisation's own procedures and this process should be outlined.

10.10 Publicity

This section should explain that the NHS organisation is required to promote through publicity the NHS Lone Worker Service and shall publicise to patients, service users, stakeholders and the public, the use of lone worker services by NHS staff.

What measures have been implemented to achieve this?

The NHS organisation must ensure that all users of its services and patients are notified through mail shots and appointment letters of the use of the lone worker services in their area. This notification should include the following statement:

"[ABC Trust] has a responsibility to protect its staff from incidents of violence, threatening behaviour and verbal abuse. Our staff can now use devices to monitor and record incidents where they feel their safety is threatened. Evidence, including audio recordings, obtained through these devices may be used in criminal and civil proceedings and/or to take local sanctions against alleged offenders. [ABC Trust] is responsible for the use of the devices and any recordings. [ABC Service Provider] manages this service on behalf of [ABC Trust]. For more information call [XYZ]. [ABC Trust] will continue to take any necessary steps to safeguard patient confidentiality."

11. Policy compliance

The NHS organisation should ensure that their local lone worker policy takes account of this policy template and other NHS SMS guidance and all relevant health and safety legislation.

12. Policy delivery

This section should describe who is responsible for the successful delivery of this policy.

13. Policy implementation

This section should describe how successful implementation of the policy document can be achieved, evidenced and monitored.

14. Dissemination

This should describe how the policy can be successfully disseminated to all lone working staff and by what means.

15. Review of this policy

This should describe the review and updating of the policy and link with any organisational level guidelines on policy review.

16. References

- NHS Counter Fraud and Security Management Service, 2005. **Not Alone. A Guide for the better protection of lone workers in the NHS**, NHS CFSMS. Available from: http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/not_alone.pdf

Appendix 2 – Editable framework - Policy for the protection of lone workers in [insert name of organisation]

*The following are editable sections to assist LSMSs in drafting their own localised policy. LSMSs should use the policy template in **Appendix 1** as a guide, before filling in the detail under each of the headings below, which should be tailored to meet the needs of their NHS organisation and in line with local circumstances...*

Contents:

*LSMSs should refer to the policy template in **Appendix 1** as a guide before filling in the appropriate detail in the contents page...*

*LSMSs should refer to the policy template in **Appendix 1** as a guide before filling in the appropriate detail under each of the following policy section headings below, which should be tailored to meet the needs of their NHS organisation and in line with local circumstances....*

- 1. Policy intention**
- 2. Purpose and aim**
- 3. Definitions**
- 4. Legislation**
 - 4.1 Secretary of State Directions**
 - 4.2 Health and Safety at Work Act 1974**
 - 4.3 The Management of Health and Safety at Work Regulations 1999**
 - 4.4 Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)**
 - 4.5 The Corporate Manslaughter and Corporate Homicide Act 2007**
- 5. Roles and responsibilities**
 - 5.1 Organisation**
 - 5.2 Security Management Director**
 - 5.3 Local Security Management Specialist**
 - 5.4 Line manager**
 - 5.5 Lone working staff**
- 6. Risk process**
 - 6.1 Identification of risks**
 - 6.2 Assessment of risks**
 - 6.3 Managing risk**
 - 6.4 Review**
- 7. Before a lone worker visit**
 - 7.1 Violent Patient Scheme**
 - 7.2 Violent Patient Indicator**
 - 7.4 Low risk activities**
 - 7.5 High risk activities**

- 7.6 Scheduling of visits**
- 7.7 Emergency equipment**
- 7.8 Lone worker movements**
- 7.9 The buddy system**
- 7.10 Escalation process**
- 7.11 Training – lone working, personal safety and conflict resolution training**
- 7.12 Manage behaviour – cultural sensitivity**
- 8. When in a lone working situation**
 - 8.1 Dynamic risk assessment**
 - 8.2 Recognising warning signs**
 - 8.3 Management of a violent or abusive incident**
 - 8.4 Dealing with animals**
 - 8.5 Escorting patients/service users**
 - 8.6 Lone working and vehicles**
 - 8.7 Lone working and taxis**
 - 8.8 Lone working and travelling by foot**
 - 8.9 Lone working and public transport**
- 9. In the event of an incident**
 - 9.1 Reporting**
 - 9.2 Post incident support**
 - 9.3 Post incident action**
 - 9.4 Post incident review**
 - 9.5 Sanctions**
 - 9.6 Publicity**
- 10. Technology**
 - 10.1 Introduction to technology**
 - 10.2 Lone working protection device**
 - 10.3 Practical suggestions on the use of a mobile phone**

- 10.4 Practical suggestions on the use of a personal audible or screech alarm**
- 10.5 NHS Lone Worker Service**
- 10.6 Recording and retention**
- 10.7 Recording of incidents**
- 10.8 Retaining recordings and notifying individuals**
- 10.9 Access to recordings**
- 10.10 Publicity**
- 11. Policy compliance**
- 12. Policy delivery**
- 13. Policy implementation**
- 14. Dissemination**
- 15. Review of this policy**
- 16. References**