



Lone Worker Protection Services

Frequently Asked Questions



Lone Worker Frequently Asked Questions (FAQs)

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Listed below are the more commonly asked questions we get from customers seeking to implement better protection for their lone workers.

1. General

1.1. I employ a number of people that work alone but what legislation is there that forces me to do anything?

There is no single answer; it will depend on the findings of risk assessments but often the answer will be yes. The HSE leaflet 'Working Alone in Safety' will help anyone who employs or engages lone workers. It gives general guidance on working alone. It offers advice on how to comply with duties towards lone workers under the Health and Safety at Work etc Act 1974 (HSW Act) and the Management of Health and Safety at Work (MHSW) Regulations 1999.

Employers have responsibilities for the health, safety and welfare at work of their employees and the health and safety of those affected by the work, e.g. visitors, such as contractors and self-employed people who employers may engage. These responsibilities cannot be transferred to people who work alone. It is the employer's duty to assess risks to lone workers and take steps to avoid or control risk where necessary.

Employees have responsibilities to take reasonable care of themselves and other people affected by their work and to co-operate with their employers in meeting their legal obligations.

Secondly, the increasing trend for US style litigation is forcing many employers to rethink the way in which they protect themselves against such a possibility. As the devices used by The supplier allow incidents to be listened to and captured, recordings can be used to support action needing to be taken against an aggressor and therefore acts as a deterrent and helps reduce high staff turnover, time off work and litigation and insurance costs.

1.2. Why can't my staff just use a mobile phone?

Mobile phones are not ideal devices for personal protection applications. This is especially the case in applications where the individual is faced with the risk of physical, verbal or racial abuse from those they are interacting with. The key issues associated with the use of mobile phones in these types of applications are:

- Using a mobile to raise an alert is an overt operation. It is proven to actually increase the risks to the user by further enflaming the situation. It can be the trigger for physical contact as the aggressor attempts to stop the user from dialing for assistance.
- Attempting to press the correct keys on a mobile phone during an incident is often difficult. This can be exasperated by functions such as keypad locks and speed dial functions. Ultimately it can also further inflame an already difficult situation.
- It is difficult for employers to manage and control costs in terms of private vs business use, these problems are magnified if mobile phones are used in a pooled environment.
- Providing a worker with a mobile phone increases their risk of attack as a result of becoming a target for theft.

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- A mobile phone is rarely within immediate reach when required (typically in a bag or coat pocket, left on a table, etc).
- Current Police (ACPO) guidelines suggest that any device used to raise an alert should be fit for purpose. The guidelines specifically single out mobile phones as unsuitable.

1.3. What about existing needs/contracts?

Where a health body has identified that staff are at risk and have demonstrated that there are tools that can assist in ensuring that these staff remain safe, then they are duty bound to provide for the safety of these staff. Where existing lone worker contracts are in place, the health body must ensure that the above obligations are met.

1.4. Does the Lone Worker solution need to be registered with the Information Commissioner as you would with a CCTV system?

As the Data owner the trust has responsibility to notify the Information Commissioner about the collection and use of the data under the Lone Worker service. Each trust using the service should therefore ensure that their registration with the Information Commissioner is updated to include the data collected under this service.

2. Allocation

2.1. What criteria have been used to allocate the centrally funded devices given the oversubscription?

The Authority requested information from all health bodies on their requirements for the lone worker services. This data collection activity highlighted that nearly twice as many NHS staff had been identified as requiring lone worker services than were available through NHS funding. To ensure fairness an overall percentage has been applied to all requests made and each health body will get 56% of what they requested.

2.2. Who will be allocated the 30,000 free devices?

Allocation of the first 30,000 devices will be to NHS staff identified by their health body as those who will most benefit from them. Health bodies will be required to sign up to a contract with the Supplier in order that the allocation can be progressed. The BSA will be working with the health bodies to ensure that, within the scope of the project, the allocation is as equitable as possible.

The responsibility for identifying NHS lone workers and ensuring that the risks associated with lone working are assessed, recorded and mitigated against, remains with the NHS health bodies. The NHS Security Management Service 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 criteria below may assist health bodies with their risk assessment process:

- Does the 'lone worker' go in to the community or work away from a hospital/clinic base?
- Does the lone worker deal with patients/service users or their family or associates who have any history of violence, alcohol or drug abuse or clinical conditions which may heighten the risks to a NHS lone worker?

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- Does the lone worker go into areas of high social deprivation or which are geographically isolated or have high crime rates?

2.3. Can we reduce the original amount of centrally funded devices asked for?

Trusts were asked to submit requests for devices based on the number of lone workers that they had within their organisation and the number of these workers who could benefit from the provision of an alarm device system due to the increased risks they face. It should be emphasised that it is the responsibility of the Employer to identify risks and put systems in place to mitigate against risk. Where a health body has identified that staff are at risk, they have a duty to provide for the safety of these staff.

3. Financial/Contractual

3.1. Surely like a mobile phone the ongoing costs would be quite high?

Unlike mobile phones, the costs of calls and texts from the Identicom are limited to the duration of amber and red alert stages, thus eliminating the risk of misuse and high unnecessary on-going charges. With the solution, all usage costs are included in the regular monthly fee subject to our fair usage policy. This leaves you with an easy to manage fixed monthly cost for the protection of your workers.

3.2. Can we take the 2 years centrally funded only, and not the third?

No, this is not possible. The centrally funded devices are provided on the basis that the agreement will be for a minimum of a three year term, with the Authority paying for the first two years subscriptions and the Customer responsible from year three onwards.

3.3. What is the cost to a Trust per device if they opt out after 2 years?

If customers choose to opt out of the contract before the end of the contract term, an early termination fee will be payable. Early termination fees are listed in full in the Supplier's Catalogue available online at www.relianceprotect.com. Click on the NHS Lone Workers link.

3.4. What is the cost of devices for a Trust over a period of 4/5 years if they opt for a longer contract?

The Supplier's Catalogue and pricing information includes all of the details with regard to pricing, and the exact charges that will be paid per month are included within the Maximum Charges table at www.relianceprotect.com. Click on the NHS Lone Workers link.

It should be noted that optimum pricing is achieved on subscriptions taken over a longer term.

Where a contract is extended beyond the initial term of the contract, the monthly charge for the extended period will be equivalent to the monthly charge under the original term.

3.5. Will the price be different depending on the device used?

Yes, there are a range of different devices available with differing levels of functionality. The full list of pricing information for the various devices can be found in

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the Supplier's Catalogue at www.relianceprotect.com. Click on the NHS Lone Workers link.

3.6. Is the cost of training including in the rental charges?

Yes, however where a customer contracts for pooled devices there is an additional single one off charge per user. A full list of pricing information can be found in the Supplier's Catalogue and this shows the price for training additional/shared users.

3.7. Can I use the pooled or shared facility for the devices I have been allocated?

No, centrally funded devices cannot be pooled or shared under the contract. If a Customer wishes to utilise the pooled/shared option they must contact the Supplier and arrange for a separate order that will be funded in full by the trust.

It is important to remember that pooled/shared devices are intended for use in limited instances only e.g. shift work/part time employment.

3.8. What will the consequences be if a health body terminates a contract early?

If the customer chooses to terminate the contract prior to expiry of the term, early termination fees shall be payable. Early termination charges per device are listed in full in the Supplier's Catalogue available at www.relianceprotect.com. Click on the NHS Lone Workers link.

3.9. What are the options for contract length?

Customers that sign up to the centrally funded agreement, will have the option of either a 3, 4, or 5 year contract, where the Authority pays for the first two years and the Customer pays for all subsequent years.

Customers that sign up to a direct contract with the Supplier will have the option of either a short term contract (6-12 months) or standard term contract (1 – 5 years). Full details of the contract terms available can be found in the Lone Worker Documents, available at <http://www.nhsbsa.nhs.uk/SecurityManagement/2460.aspx> and pricing is available in the supplier's catalogue at www.relianceprotect.com. Click on the NHS Lone Workers link.

3.10. What is the anticipated cost increase for the devices in subsequent years?

The service price will be indexed on an annual basis based on RPIX. Full details can be found in the terms and conditions of contract.

3.11. Once centrally funded devices are allocated will health bodies be expected to sign a contract for the shortfall in the figure that they have declared?

The health bodies are at liberty to sign an additional contract for the shortfall and will be required to fund the contract through their own budget.

3.12. How much is the third year's monitoring going to cost health bodies?

Third year pricing is significantly below the rates currently available in the marketplace for Lone Worker Services. Subscription pricing in respect of the services, including

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provision of the i750 device, is below £10 per month. It should be emphasised that the service will be consistent, comprehensive and delivered in a highly professional manner including liaison with the emergency services as required. Added to which the first 30,000 devices will be centrally funded for two years ensuring that those NHS bodies that participate will receive a significant financial benefit from this initiative.

3.13. Will we be able to claim back the VAT for the service?

Yes. The Authority has been working alongside HMRC and the VAT can be claimed back for all NHS trusts using this service.

3.14. Can the trust pay for the service in advance?

The NHS Business Services Authority does not support payments in advance as this appears to be against the BSA Standard Financial Instructions (SFI's).

3.15. Can the device be used whilst not at work?

No. The device is meant for use by lone workers during their normal working day. This can include travel too and from work but is not intended for use outside of working hours.

4. Solution

4.1. Can I have alert calls coming directly to my business rather than to a 24/7 Manned Monitoring Centre?

The Supplier has a state of the art monitoring centre with highly trained operators taking in the alarms raised from lone worker devices. Their skills and experience, coupled with the capabilities of the systems they have, immediate location information via Location Based Service technology, and the ability to have direct access into the relevant local emergency services, ensures a fast and appropriate response to any incident.

4.2. My staff are more at risk from injury than from abuse or attack.

There is a solution designed specifically for those employers whose lone workers are at greater risk from injury and wish to have an automatic alarm raised in case of the incapacity of one of their staff. The Solution with the Identicom i770 with Man-Down delivers an automatic man-down detection function in addition to all of the other lone worker features of the Identicom i750.

4.3. What warrants a Police Escalation?

The Police will be contacted in 4 scenarios only:

- We can determine an assault is taking place
- We believe an assault is likely to happen
- User sounds distressed
- User requests Police attendance

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Note: The Police can only be contacted with a confirmed location – it is essential to leave an amber alert.

4.4. How will the alarm receiving centre inform the Police?

The alarm receiving centre (ARC) will utilise the Unique Reference Number (URN) process developed by the Association of Chief Police Officers (ACPO). When dealing with Emergency Services that do not use the URN process, the alarm receiving centre operator will dial 999, and ask to be put through to the emergency services local to the device location.

The last known location fix and all user information will be made available to the emergency services, including known user medical conditions, and a synopsis of the actual incident taking place.

4.5. What assurances do we have from the contractor regarding standards of response & times?

The alarm receiving centre is contractually obliged to commence listening to a Red Alert within 10 seconds of the alarm being presented to the alarm receiving centre operator.

All alarm receiving centre operators are trained to exacting standards that test their ability to respond to situations quickly and efficiently to ensure the best support and response for the user.

The alarm receiving centre operates procedures that are designed to provide support to the operator to ensure 100% of actions are undertaken correctly.

4.6. Can the taped conversations be used for legal prosecutions?

Yes - The supplier will record all Red Alerts and Amber Alerts in accordance with the contractual archiving requirements, and in a format that can be used in court for evidential purposes.

4.7. Why is the Identicom the device recommended?

The Authority have procured a lone worker service which includes a range of lone worker devices, pilots held as part of the procurement process demonstrated that the Identicom device met the needs of many NHS staff and as such was chosen for the initial roll out of devices.

4.8. Why are we not using a device that also has GPS technology?

For the part funded solution it was deemed appropriate to limit the device type a single unit. However two additional devices with GPS are available on the initial supplier catalogue if required.

4.9. What will the audit trail process be of issued, returned devices?

The process will be managed by the supplier's service desk and will be monitored by the asset management system.

4.10. Is there a system in place to report any faults on the device?

Yes – users will have access to a 24/7 Service Desk for fault reporting, advice/support, requests for changes and general enquires.

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Telephone: 0800 840 7121
Fax: 01977 801356
Email: servicedesk@relitech.co.uk
Web: www.relianceprotect.com

4.11. What is the procedure for replacing faulty/damaged devices and is there an additional cost?

If you suspect that your device is faulty, contact the Service Desk:

Telephone: 0800 840 7121
Fax: 01977 801356
Email: servicedesk@relitech.co.uk
Web: www.relianceprotect.com

The Service Desk will conduct a comprehensive diagnostic on your device to establish the nature or cause of any fault. If the fault cannot be repaired, a replacement device and/or SIM will be dispatched at no additional cost.

4.12. Are the monitoring centres UK based?

Yes – all monitoring of lone workers is conducted from within the UK.

4.13. What reassurance is there to Trusts regarding SIM card black spots where the device may not work?

In the first instance, if you are concerned that your device consistently suffers from poor network service provision, you should contact the Service Desk. Where inadequate coverage for a user is identified, the Service Desk will monitor the level of coverage achieved for a defined period, and where appropriate, if you could achieve better coverage on another network, the Service Desk will arrange a 'SIM swap' onto that network.

4.14. An Identicom device is being offered under central funding but what other device options will there be for those additional devices funded solely by the health body (e.g. mobile phone style/Twig phones?)

The Supplier's Catalogue and pricing information can be found at www.relianceprotect.com. Click on the NHS Lone Workers link, and this indicates in the Service Features table, the device options.

Authorised devices, provided by the Trusts or User, are any mobile phone capable of having speed dials set up on keys 5 & 8. Mobile phones with touch-screens, auto key-locks or flip phone mechanisms are excluded.

4.15. Are there options for integration with existing lone worker systems?

Under the Managed Services solution there are several options for existing lone worker systems. You should contact the Supplier to determine whether the existing service can be integrated.

4.16. How will the provider ensure signal coverage for devices used in rural/remote locations?

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In the first instance, if you are concerned that your device consistently suffers from poor network service provision, you should contact the Service Desk. Where inadequate coverage for a user is identified, the Service Desk will monitor the level of coverage achieved for a defined period, and where appropriate, if you could achieve better coverage on another network, the Service Desk will arrange a 'SIM swap' onto that network.

4.17. Will health bodies be able to test the devices during a trial period?

No, the NHSBSA conducted a trial as part of the procurement process and have approved the devices on the basis that meet the needs of the NHS and they are fit for purpose.

4.18. I would prefer to use a different device. Can I add this device to the service?

No, the NHSBSA will only approve devices that have gone through a product review process and are deemed fit for purpose. Only these approved devices will be available in the Supplier's catalogue.

The Supplier does however offer a managed service option for existing lone worker systems that you may already have.

4.19. What coverage considerations are being made? (mobile phone coverage)

There will be significant flexibility between networks to ensure optimum coverage for lone workers. The supplier will proactively manage the service to arrive at the most appropriate solution for the lone worker in question. Where all network coverage is limited or unavailable, the user training associated with the service will ensure that the worker in question is fully aware of the most appropriate actions that are needed to maximise their security.

5. Mobilisation

5.1. When did this project start?

The lone Worker Contract was signed off on the 27th April 2009, and the roll out and implementation began on 01 May 2009. Roll out is to take place in stages, and has been broken down regionally.

5.2. Who is the lead person in CFSMS?

There are a team of operational staff in place at the NHS Security Management Service to support the delivery of the lone worker service; this team is led by the Deputy Head of Security Management Service. Any queries can be directed to loneworkerprotection@cfsms.gsi.gov.uk.

5.3. Which company are we to negotiate with and when can we expect to see their reps?

The Supplier that had been awarded the contract is Reliance Secure Task Management Limited and their representatives will be identified to the individual Trusts as the service is rolled out.

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5.4. Will Trusts get initial and then subsequent batches of devices?

Trusts will initially receive roll out of their part funded devices as part of the first stage of the Framework Agreement roll out. All additional devices will be rolled out as quickly and feasibly as possible.

5.5. What are the timescales for the roll out of the devices?

The BSA has indicated to the Supplier a logical geographical roll out for the devices, which takes into account Supplier resource.

Timescales for the roll out of individual Customer devices will be decided upon by the Customer and Supplier Account manager and planed into individual roll out plans.

5.6. Are there any demonstrations of the device/service being offered?

The Supplier will identify relevant conference, exhibition and seminar events in addition to User training forum in order to demonstrate the device / Service. Dates are to be confirmed.

5.7. Is it possible to have a 'dummy' unit to show the departments?

The Supplier Account Managers will visit the Trusts in order to discuss implementation, roll out and contract signature. They will have with them a dummy device for viewing, but the Trusts will not be provided with individual 'dummy' devices.

6. Training

6.1. What training will be given around the operation of the device?

The supplier will provide training to ensure that every user receives comprehensive training in order to understand how and when to operate the Device, and will provide details of ongoing user support, including refresher training. Training will be available in the following formats, although face-to-face training shall be the primary format for the Service:

- Face-to-face
- Web based
- Telephone

The User training provided by the supplier will conform to the Authority's Lone Worker Guidance.

6.2. Who will provide the training for the device?

The supplier will provide training to ensure that every user receives comprehensive training in order to understand how and when to operate the Device, and will provide details of ongoing user support, including refresher training.

6.3. Will this training be ongoing?

The supplier will provide ongoing user refresher training, as required.

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6.4. Where will the training take place?

Training will be conducted at the health bodies own premises, as agreed by the customer project team. These locations will, for ease of use, be the primary location for training sessions. The use of regional/neighbouring customer sites will also be considered as appropriate. The supplier will also offer their own national training locations as a tertiary option, at no cost to the customer.

6.5. Who will pay for travel expenses to/from user training?

All travel expenses will be at the expense of the Trust/individuals as appropriate.

7. Devices

7.1. Because it relies on network signals - it's presumably unreliable?

Utilising the GSM network ensures extensive nationwide coverage, regardless of whether indoors or outdoors.

The device has a status check facility providing the user with information on both the degree of network coverage and the battery charge level. This function, unlike mobile phones, encourages the user to perform the status check procedure as part of a dynamic risk assessment prior to entering a potentially hazardous situation, verifying whether the device will function correctly if required. This provides extra reassurance to the user.

7.2. It's great but I'd prefer a device with two way communication

Identicom is purposely designed for one way communication and not two way communication. It is intended to be used discreetly without alerting any possible assailants to the fact that an alarm has been raised and somebody is listening in to the situation and initiating an appropriate response. Many thousands of workers already benefit from Identicom and this has been proven as the most effective and risk free way of protecting lone workers.

7.3. The location fix isn't as good or accurate as GPS Technology

GPS technology does indeed provide more accurate information on your location than GSM technology but suffers from one major problem – the fact that it requires line of sight to three satellites. This renders it useless within most buildings and unreliable in built up areas which is where the bulk of lone workers face risk.

The Identicom uses cell ID Location Based Service (LBS) technology and gives a general location fix. Therefore the technology is less accurate but far more reliable than GPS.

The Identicom is not designed as a location fixing device but a lone worker protection device, the location obtained via LBS is there as support information on a user's whereabouts which is often cross referenced with location information left by the user prior to entry.

7.4. How do I know if my call has got through?

If the Identicom is out of network coverage and an Amber or Red Alert activation is attempted, the unit will vibrate once to indicate that the call cannot be connected. You will then know to try and move your location, even if it is to another part of a room and

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re-try. Remember that poor coverage areas should be identified BEFORE you enter as a result of checking coverage and battery as part of your dynamic risk assessment.

If the Identicom is in coverage, the unit will vibrate three times upon activation of the Red or Amber Alert. A 'heartbeat' function on the Red Alert generates two quick vibrations at pre-defined intervals provided the Red Alert call is connected and live. This provides additional reassurance to you that somebody is listening and escalating an appropriate response.

7.5. Could someone harm me with the lanyard?

The device has 2 features to ensure the wearer cannot be harmed with the lanyard. Firstly the device has a rip alarm function. One end of the lanyard is attached directly to the device, the other end is attached to a small plug that sits inside the device. If the device is forcibly removed from the user, the plug detaches from the unit and immediately activates a red alert. This ensures a rapid response even though the user is separated from the device.

There is also a break point in the mid-section of the lanyard. This ensures that if the lanyard is grabbed above the device (hence eliminating the rip alarm function) and force applied, the lanyard will break at the mid-section.

7.6. Surely the device makes an attractive target for thieves?

The device has been deliberately designed not to look like a technology device and will not draw attention to itself, unlike mobile phones or other 'gadgets'.

7.7. Quality of audio capture from mobile phones is often poor.

The quality of the audio captured via the open voice channel on mobile phones can be poor with high levels of background noise and limited sensitivity. The Identicom has a microphone positioned to capture sound out in front of the device over a broad area and has been proven to provide excellent audio capture in a number of demanding environments.

7.8. Is there any Health & Safety issues associated with wearing the device?

The device maximum SAR (Specific Absorption rate) is 1.3 W/Kg (EU maximum is 2 W/KG).

There should be no risks associated with wearers with implanted pacemakers. However, it is recommended that users consult their doctor and/or the manufacturer of the pacemaker device.

Use of device, as per mobile phone, should be in accordance with regulations / protocols / stipulations relating to that specific environment. Where the use of mobile phones is prohibited, such as aircraft, then the device should be turned off.

7.9. How long do I need to charge my Identicom device?

Charging will take a maximum of 1.5/2 hours.

The device automatically turns on when charging. If you turn it off and then put it on charge it will switch on and be in 'standby mode' when you pick it up to use it. You do not need to switch it on again.

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When charging the battery light will flash red and then amber as the charge builds up. When it has a good charge it will turn green. If no lights are showing initially, this means that the battery is completely flat.

No light illuminated	Battery is completely flat
Flashing red	Trickle charging
Flashing amber	Charging
Constant green	Charging complete

7.10. Am I stuck if the battery runs out?

Identicom has been designed to operate under conditions of normal usage for 2 – 2.5 days without needing to be recharged. Additionally, the status check function provides the ability to check battery strength and network coverage signal strength before entering a potentially hazardous situation. This provides extra reassurance but also acts as a prompt to stop and assess the possible risks in each case.

To aid flexibility for more demanding applications, the device can also be supplied with an in-car charger.

7.11. How do I turn my Identicom device On/Off?

- Press both the 'Status' and 'Amber Alert' buttons for 2 seconds to switch on or off.
- Turning on = 1 vibration and both the network signal and battery lights will flash red
- Once the lights settle on a constant colour they will disappear.
- Turning off = 2 vibrations and will immediately switch off
- Due to the need for discretion no lights remain on. If lights remained on they would reflect off the clothing thus showing that the unit is more than a badge holder.

7.12. What is a 'Status Check'?

Status checks are as they sound, they are a check that is being completed to ensure the status of your device enabling you to make a decision on the risk of the situation. When completing a status check you are checking that your battery is charged and that you are within the range of your mobile network.

7.13. Why do I need to do a 'Status Check' on my device?

The Status Check should form part of your dynamic risk assessment, to ensure that you know that your device is in good working order, allowing you to enter into a lone working situation.

7.14. How do I carry out a 'Status Check' on my Identicom i750 device?

The 'Status' button is located on the back of the device - the top right button. Press and hold the 'Status' button for two seconds. Both lights flash red and then settle on red, amber or green.

Network signal light:

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Green	Excellent network coverage
Amber	Reasonable network coverage
Red	Poor or no network coverage

Battery light:

Green	Greater than 20% charge
Amber	Between 5% and 20% charge
Red	Less than 5% charge / place on charge ASAP

IMPORTANT NOTICE: If either light is red you cannot rely on your device

Coverage is monitored by the Alarm Handling System each time a status check is performed. You may wish to discuss with your line manager if your network signal is consistently red.

7.15. What is an Amber Alert?

The Amber alert is for the user to record a 24 second message about where they are and what their plans are. It needs to be good punchy information not a chit chat about weather conditions, traffic etc.

For example: "My name is John Brown, I'm visiting 56 Smith Street, Reading, and I'll be here for approx 30 minutes".

This is crucial for the process if an emergency response is required later. If you have a post code then record that in your amber alert.

Calls are recorded but not listened to until there has been a red alert raised. On receiving a red alert the centre operator will listen to the last amber alert message to gain a better understanding of your location and the overall context of the situation.

An Amber Alert is not for a company to track you! You record an Amber Alert to enable the alarm receiving centre operator to assist you in the event of an incident.

7.16. Why do I need to raise an Amber Alert?

If an Amber Alert is not left it can delay a response of help. The device can still be located but it will not be as specific as leaving the address, and locating the device takes a few extra minutes. If you leave an amber alert with your location, the alarm receiving centre operator can contact the emergency services immediately in the event of a genuine alarm.

7.17. How do I raise an Amber Alert?

- To raise an Amber Alert press and hold the Amber Alert button for 2 seconds
- You will feel 3 short vibrations to indicate the recording has commenced
- Both lights will illuminate constant amber whilst the call is connecting – **do not speak yet**
- When the call has connected both lights will flash amber – **prompt to speak**
- Important note for pooled device users: You must record you name at the beginning of the recording
- You do not need to record the date and time as this will automatically be logged on the Amber Alert. Name and address are suggested as a minimum information requirement on an Amber Alert.
- When leaving address details remember.....the operator listening will be in Pontefract and not in your town. For example if you say High Street it will

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take the operator extra time to locate which High St. So a full address including post code is required.

- Lights revert back to constant amber for last 10 seconds of call as a reminder that it is coming to an end
- Once the 24 seconds have lapsed then the call will automatically end - you do not need to hang up

7.18. When do I raise a Red Alert?

Whenever you feel at risk

It creates an open voice call straight to an experienced alarm handling operator, at the Supplier's ARC, who will begin to monitor the audio from your device.

7.19. How do I raise a Red Alert?

- Press and hold the Red Alert button (the centre button on the back of the device) for 2 seconds, you will feel 3 short vibrations - **alarm activated**
- Once the call is connected and live, the device will give 2 vibrations (heartbeat) every 10 seconds

NB: You cannot raise a red alert if device is on charge

7.20. What happens when I raise a Red Alert?

When a Red Alert is raised, the alarm receiving centre operator will begin listening to the audio from your device and conduct a dynamic risk assessment. The device is ideally located in between you and your aggressor. All audio is recorded and enables the alarm receiving centre operator to determine whether to call the emergency services to assist you.

The alarm receiving centre operator will also contact the escalation contact in your department to notify them of the incident. If you have raised the alarm unintentionally (a false alarm), the alarm receiving centre operator will call you to confirm that it is a false alarm and that you are safe before closing the channel.

7.21. How do I cancel a Red Alert?

- Ensure the call is connected (wait for first heartbeat) and press and hold the red alert button, the device will vibrate twice.
- Ensure you clearly state that you are safe before cancelling

7.22. Is it easy to set off false alarms?

Activation of the Red and Amber Alerts requires a concerted push and hold of the buttons for 1.5 seconds. This greatly reduces the risk of inadvertently activating a false red alert.

If a user activates a false Red or Amber Alert then they can easily close it down after stating to the monitoring centre that they are safe and that it was a false alarm. The operator in the monitoring centre will contact the user to confirm that they are safe and that the Red Alert is false.

NB: Devices with man-down capabilities, such as the Identicom i770 and i777, can activate Red Alerts when no motion is detected or where the device receives an

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impact of a certain severity. False Red alerts in these instances will be handled as above.

7.23. What other devices will be available under the contract?

The Supplier's Catalogue and pricing information is available at www.relianceprotect.com. Click on the NHS Lone Workers link, and within the catalogue is a list of all the NHS authorised devices that are available as part of the solution.

In addition the Supplier shall make available other authorised devices subsequent to the initial rollout. These devices will be identified in 6 monthly Supplier/Authority product reviews.

7.24. Why can't the device utilise a roaming SIM?

The two options were to provide either a roaming SIM or to have the option to swap the SIM out to suit the local area. Given the user profiles and the nature of travel patterns the SIM swap solution was deemed as the most appropriate for functionality and cost effectiveness.

8. Access to the Framework for Non – NHS Bodies

8.1. Who can access the framework agreement for Lone Worker Services?

The Framework Agreement has been created primarily for the benefit of NHS Bodies, but due to the process applied by the NHSBSA, the framework can also be accessed by local authorities, other Government Departments or non-departmental public bodies.

This means that the Terms and Conditions of contract negotiated with the NHS, including prices, service levels and quality standards are available to public bodies to access directly, without the need to undertake their own EU procurement to secure these services.

8.2. How can I assess whether or not I can access the framework?

Any body that wishes to access the framework should refer to the OJEU notice which states that;

"The contract is for the benefit of other participating NHS bodies (whether acting individually, or on behalf of, or together as members of any consortia), any other non-NHS bodies which the participants deem necessary for the delivery of services or goods to NHS bodies, local authorities, other government departments or non-departmental public bodies."

Bodies should assess whether they fall under the scope of this description and can therefore access the framework.

It is important that the legal consequences and specific obligations in this Agreement are clearly understood. Non NHS bodies who are looking to make use of the framework agreement may wish to obtain independent legal advice before signature.

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8.3. Who should I contact if I want to take up services?

Any non-NHS bodies that wish to access the framework should contact the Supplier Sales Representative on 0208 391 2200, dan.thomas@relitech.co.uk.