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Executive summary

It is essential that staff feel safe and secure, and that they can perform their duties of delivering the highest quality care free from the fear of violence and aggression. Lone workers must be confident that the organisation is committed to taking effective action and providing support if they find themselves in a threatening environment and need help.

This guidance is designed to reflect the good practice and provide a standard for NHS organisations to help protect lone workers, or staff who sometimes work alone. It is aimed primarily at lone workers, line managers of lone workers and Local Security Management Specialists. It will also be of interest to risk managers, health and safety managers and human resource departments providing support to those who work alone on behalf of but not exclusively for the NHS.

The definition of the term ‘lone worker’ is used in this guidance to describe lone workers and a wide variety of staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. This could be inside a hospital or similar environment, or working from home or in a community setting; there is no single definition that encompasses those who may face lone working situations and, therefore, increased risks to their security and safety.

Organisations have a legal duty for the security and safety of staff working alone under both the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. Some recent cases brought under corporate manslaughter legislation highlight the organisations liabilities for failing in its duty of care to its employees.

Under the NHS Standard Contract 2016-17 NHS organisations have to make proper provisions for security management. The Standards for Providers 2016-17 recognises the need for organisations to support lone workers who are particularly vulnerable due to the nature of their work. The organisation needs to assess the risks of violence to its lone workers and take steps to avoid or control the risks.

The need to protect lone working staff should be backed up by robust local policies, procedures and systems to protect lone workers, reflecting the local needs of staff and the environments within which they work. This last point is particularly important that organisations as part of their local risk management processes asses the risks that lone workers face and put in place control measures for their safety.

This guidance suggests practical actions, processes and physical measures that can be put in place to help prevent incidents from occurring. This includes having systems in place to ensure that the movements of lone workers are known, there are clearly defined contact points at each stage of escalation and some practical measures that staff can take to keep themselves safe. Technology though not a solution in itself can play an important part in helping to protect lone workers.
1. Introduction

NHS organisations' boards are responsible for ensuring that the appropriate policies, systems, procedures and physical security measures are in place for the protection of lone workers. Local Security Management Specialists (LSMSs) are responsible for developing strategies locally, in conjunction with the relevant stakeholders, including staff and management representatives.

It is the responsibility of the line managers of those who work alone to ensure that the policies and procedures are adhered to. Lone workers also have a responsibility to follow these policies and procedures for their own safety. Due to the nature of their work, lone workers need to be provided with support from their organisations, managers and colleagues, receive training and instruction to deal with increased risks, as well as being enabled and empowered to take a greater degree of responsibility for their own safety and security.

Violence is just one of a number of hazards associated with lone working. Please see the Health and Safety Executive website (www.hse.gov.uk) and Annex 1 References for information on other hazards.

Statistics

The most recent figures reported that in 2015-16 there were 70,555 physical assaults against NHS staff in England.¹ The proportion of lone workers sustaining injury from a physical assault is approximately 9% higher than for non-lone workers.

Following an incident, the number of physical assaults reported to the police is vastly higher for lone workers. Almost 50% of lone worker related assaults are reported to the police, whereas just over 10% of non-lone worker incidents were reported to the police. The higher number of assaults reported to the police from lone workers is likely due to the severity of the incidents they experience.²

It is recognised that lone workers are vulnerable and face increased risks due to the lack of immediate support of colleagues or others, such as security staff. The lack of nearby support means that lone workers may be less able to prevent an incident from occurring – due to an inability to withdraw, defend themselves or restrain the assailant – than they would be if they had colleagues present.

Definition

Although there is no single definition, NHS Protect’s definition of lone working is:

‘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.’

² Lone Worker Estate Mapping Report, NHS Protect (2015)
The term ‘lone worker’ describes loner workers and a wide variety of staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. Lone working is not unique to any particular staff group, working environment or time of day. It may apply to:

- people who undertake shifts or work outside normal working hours
- people who work in direct contact with the public
- people who work alone from or within a central office
- people who are alone from access to standard emergency services
- people who work remotely from home

In conclusion, the Health and Safety Executive (HSE) defines lone workers as:

‘those who work by themselves without close or direct supervision.’

2. **Aims**

This guidance is designed to advise NHS organisations, managers and their staff on developing, implementing and disseminating local policies and procedures that address the needs of, and minimise the risks faced by, the many different groups of staff that may have to work alone in a diverse range of environments. It also provides lone workers and their line managers with practical advice to assist in assessing risks locally and preparing for a lone worker situation. Finally, this guidance will assist both employers and their staff to meet their legal responsibilities under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

It is important that NHS organisations have a clear strategy to protect staff who work alone, which aims to:

- ensure that lone working is risk-assessed and safety systems and methods of work are put in place to reduce the risk
- consider alternative ways of working, where practicable and not detrimental to the delivery of patient care, that eliminate the need for lone working
- put in place the organisational structure and measures designed to prepare staff members for the risks related to lone working, provide them with useful tools and support systems, and assist them in the event of an incident
- encourage full reporting and recording of any violence, including near misses and adverse incidents relating to lone working
- provide for the periodic monitoring, review and, if necessary, revision of the policy to take account of changes to lone-working environments, new technologies and lessons learnt from past incidents
- reduce the incidents of violence, abuse and injuries to staff related to lone working
- raise staff awareness of safety issues relating to lone working
• provide practical advice on safety when working alone, including how to use technology such as lone working devices

• ensure appropriate training is available to all staff (not simply in conflict resolution) to equip them to recognise risks

• define roles and responsibilities of organisations, individual staff members and line managers on procedures for the protection of lone workers

• adopt a common-sense approach that encourages a balance between providing a high standard of care for patients/service users and the protection of lone workers where there are perceived or real risks

3. Legislation

Health and safety law applies to risks of violence, just as it does to other work-related risks. Staff and managers need to be aware of the following important pieces of relevant legislation:

• Health and Safety at Work Act 1974

NHS healthcare 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.

Employers should have written policies setting out their arrangements for managing health and safety risks. These policies should be publicised and easily accessible to staff.

• 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.

• The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

Employers must report serious workplace accidents, occupational diseases and dangerous occurrences (near misses). This includes any act of physical violence to a person at work, which results in sickness of over 7 days.
• **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.

• **The Corporate Manslaughter and Corporate Homicide Act 2007**

This legislation creates an 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.

• **NHS standard contract 2016/17**³ and **NHS Protect’s Standards for Providers**⁴

NHS health bodies have general responsibilities to manage the safety and security of those who work within and use the NHS, which includes the protection of lone workers.

### 4. Roles and responsibilities

#### Policies and procedures

Organisations should have lone working policies and procedures in place which must be kept under constant review to take account of changes in the external environment, new legislation, the introduction of new technologies and the lessons learned from the investigation of incidents that occur. They must offer a framework for the assessment of risks that NHS staff may face.

Local policies and procedures should address local views and needs reflecting:

- the views of staff and their union or professional body and safety representatives
- advice from health and safety advisors and risk and human resources managers
- the views of patients and service users on how they would like visits in the community and or to their homes to be undertaken
- the use of positive reporting practices regarding appointments and movements
- a clear link to other relevant procedures and policies (for example, incident reporting, risk assessment, etc)

• a clear outline of responsibilities and lines of accountability in respect of any action required in ensuring compliance with monitoring and review of the policies, procedures and systems put in place

It is essential that all new employees are made fully aware of local lone working policies and procedures as soon as possible. LSMSs should ensure that lone working policies and procedures which are specific to the working environment are highlighted and discussed in new employee induction programmes. It is also important that lone working is seen as not only unique to community-based staff and professionals but also occurring within different healthcare settings.

**Communication**

To ensure that lone working security and safety policies, procedures and systems are accepted and implemented, it is necessary to communicate effectively to all relevant staff what their roles and responsibilities are in relation to lone working. All staff should be made aware of their responsibility to be familiar and compliant with lone working policies and procedures that are in place for their protection. This may be facilitated through:

• job descriptions
• staff handbooks
• clearly written policies and procedures
• induction programmes
• presentations by LSMSs
• awareness-raising sessions by risk managers and health and safety professionals
• training (such as personal safety and managing conflict)
• team briefings
• the intranet or newsletters within a health or social care organisation

The above list is not exhaustive and LSMSs and managers should consider using a combination of these and other options to achieve the desired outcome. In large healthcare organisations, LSMSs should consider conveying information to staff via line managers.

**The role of the NHS organisation**

Under health and safety legislation (see section 3), employers have a legal duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees. The overall responsibility for the protection of lone workers is that of the NHS health body’s security management director (SMD). This should include ensuring the full backing and commitment of the board for all organisational strategies and initiatives to protect lone workers.

Although health and safety legislation does not apply specifically to lone workers and there is no specific legal barrier to prevent staff from working alone, as part of its duty of care the employer must assess risks to lone workers (including the risk of reasonably foreseeable violence) and take steps to avoid or control risk where necessary.
The role of the Local Security Management Specialist

LSMSs are responsible for ensuring that NHS health bodies have robust and up-to-date policies and procedures in place, to ensure the safety of lone workers. LSMSs should ensure that these are developed in consultation with relevant stakeholders (including health and safety advisors, line managers, human resources representatives, risk managers and staff representatives - trade unions and professional bodies) and are disseminated to all relevant staff – including those responsible for their implementation and those whom they are designed to safeguard.

The LSMS should provide support and advice to trusts on:

- physical security, to ensure that appropriate preventative measures are in place
- technology, to ensure that it is appropriate, proportionate and meets all staff, organisational and legal requirements
- risk assessment and management process, and the appropriate security provisions, training and technologies to protect lone workers and mitigate the risks to them
- carrying out a full investigation and, where proportionate and necessary, reporting to the police and supporting their investigation
- conducting a post-incident review to identify lessons that senior management and health and safety representatives should learn from and ensure appropriate remedial measures are implemented

The role of the line manager

Line managers have a responsibility to ensure that all relevant policies and procedures are implemented and disseminated to lone working staff for whom they are responsible. In doing so, they must ensure that these staff feel supported and are appropriately protected before entering a lone working situation.

This includes ensuring that a suitable and sufficient risk assessment has been conducted and introduce control measures to mitigate or remove these risks. Line managers must also ensure that any necessary physical measures are put in place, appropriate technology is made available and, where the safety of lone workers is threatened, alternative arrangements can be made. In addition, they should ensure that lone workers receive sufficient information, training, instruction and advice.

Regular reviews of arrangements should be overseen by line managers to ensure that all measures are effective and continue to meet the requirements of the lone worker.

When an incident occurs, line managers should ensure that the employee involved completes an incident reporting form in line with local policy. They should ensure that the incident is reported to the LSMS for follow-up action, including, where appropriate, encouraging the victim to contact the police.

If someone is assaulted, the line manager should make sure that the individual has access to a list of relevant contacts or that they can be referred to the relevant person where
appropriate (e.g. LSMS, occupational health, trade union rep, staff support network, counselling or psychological services).

After an incident, the risk assessment should be revisited as soon as possible, the adequacy of existing control measures reviewed and the appropriate risk register updated accordingly. This should take place before carrying out a formalised investigation, reviewing lessons learned and taking appropriate action to try to prevent recurrence.

**The role of the staff member**

Staff members have a responsibility to take reasonable care of themselves and to cooperate with their employer under Section 7 of Health and Safety at Work Act 1974. This includes making full use of conflict resolution/personal safety training, training in the use of technology and any other information, instructions, equipment and advice from their line managers regarding lone working. Failure to comply with health and safety legislation and the use of systems/technology correctly is a significant point of failure for lone worker protection.

NHS organisations have the overarching responsibilities for health and safety. Employees, supported by their organisation, should plan appropriately and risk-assess before a visit and undertake continuous dynamic risk assessment of the situation they would find themselves in, being aware of any changing circumstances and taking necessary action to minimise the possibility of an incident occurring.

Under no circumstances must an employee put themselves at risk. If a situation arises that they are unfamiliar with or in which they feel unsafe, they should withdraw to a designated place of safety and seek further advice and assistance. Please refer to the Employment Relations Act 1974 - Walking Away from Serious and Imminent Danger for further details.

If an incident occurs, even if it is considered a minor incident, the employee should complete an incident form as soon as possible and forward it to their line manager, in line with local policy, so that the appropriate risk assessment and follow-up action can be taken.

**5. Managing risk**

NHS health bodies are required to assess the risks and implement measures to manage, control and mitigate risks to lone workers. The level of follow-up action should be proportionate to the level of concern highlighted in the risk assessment. These measures should be SMART: Specific, Measureable, Agreed Upon, Realistic, and Time-related. In particular, any associated measures need to be made within existing resources, and new bids for funds may be required for purchasing equipment, staffing, training and expertise.
Risk management process

NHS organisations will have their own risk models and policies in place to manage and mitigate risk. Reference models such as the HSE ‘Five steps to risk assessment’ model\textsuperscript{5} can be adapted for organisational purposes.

Understanding how and why incidents occur in lone working situations is a key factor to risk assessment and ensure robust improvements to controls and systems to reduce risk to the employees are implemented.

There should be a clearly documented risk assessment process in relation to lone workers and the following factors should be considered:

- to identify types of risks (e.g. physical assault, harassment, stalking, theft of property or equipment)
- to assess these risks to lone workers based on their role and responsibilities (i.e. the frequency/likelihood of incident reoccurring and the cost impact on the NHS organisation, staff, resources and delivery of patient care) and grade the risks accordingly
- to review existing controls and implement any additional measures to reduce the risks to lone workers. It is important to include appropriate staff training to minimise these risks
- to evaluate the control and system measures and ensure that risks to lone workers are appropriately managed and improvements are made to reduce risks
- to feed into the local or corporate risk register and quality assurance framework where appropriate

Identification of risk for lone workers

The risk to lone workers and any others who may be affected by their work should take into account reported incidents, near misses, adverse incidents, feedback from staff (including surveys), debriefs and outcome of investigations. This information is required to make risk management decisions, learn from operational experience of previous incidents and use feedback obtained from staff and stakeholders to, ensure that the risk of future incidents can be minimised.

Lone worker risk factors might include:

- staff groups exposed to a particular risk
- working conditions: shift patterns, normal, abnormal and hazardous conditions, such as an isolated work place, poor lighting and access, etc.

\textsuperscript{5} For further information, see the Health and Safety Executive’s Five Steps to Risk Assessment: \url{http://www.hse.gov.uk/risk/fivesteps.htm}
particular work activities that might present a risk to lone workers, such as prescribers carrying prescription forms and medicines on their person, particularly controlled drugs

- staff delivering unwelcome information or bad news; whether they have received suitable and sufficient training to deliver sensitive or bad news and defuse potentially violent situations

- patient/service users alcohol or drug abuse, drug misuse or non-compliance in relation to their clinical condition or response to treatment, any history of violence and or the associated risk of violence from their carers or relatives

- unsafe environments, travelling between certain environments or settings and visiting the same destination over a number of occasions, wearing a uniform etc.

- lone workers carrying equipment that makes them a target for theft or makes them less able to protect themselves

- evaluation of capability to undertake lone working – for example, being inexperienced

The Royal College of Nursing (RCN) has produced a 'Personal safety when working alone' guidance (https://www.rcn.org.uk/professional-development/publications/005716) providing resources and tools to assist nursing staff who work alone. The guidance has a useful diagram illustrating risk factors the employers should consider, please refer to Annex 2 RCN Risk employers factor diagram.

**Low risk activities**

There may be certain scenarios and activities that can be classified through a risk assessment as low-risk – for example, remote working has increased due to the range of technology available, enabling NHS staff to undertake office work during normal daytime hours anywhere and at any time remotely.

Staff in this situation may be authorised to work alone without the agreement of their line manager. However, risk assessments need to consider not only safety while at work during normal office hours, but also issues of location, timing relating to personal safety (e.g. someone leaving an empty building, alone, at night) and access to valuable organisational resources and patients care details.

**High-risk activities**

If there is a history of violence and/or the patient/service user, other friends/relatives who may be present, and or the location is considered high-risk, the lone worker must be accompanied by at least one colleague, a security officer or, in some cases, by the police. Consideration should be given to whether the patient/service user can be treated away from their home, at a neutral location or within a secure environment.

The RCN 'Personal safety when working alone' guidance makes reference to refusal to treat: ‘You may refuse to treat a patient if there is a serious threat of violence but this needs careful consideration. It may be possible for care to be given whilst the patient’s violence is managed’. Staff safety is paramount and NHS staff need to mitigate risk to themselves and apply appropriate steps in protecting themselves as well as the patient.
Sharing risk information

Information concerning risks of individuals and addresses should be communicated internally to all relevant staff who may work with the same patients/service users including bank, agency, temporary or part time staff. The NHS organisation should also share information on known risks of addresses and associated individuals with other colleagues externally, within the health, social care and other public sectors. This should include social care services, the ambulance service, patient transport services and primary care where applicable. A means of achieving this should be built into local information sharing protocols. Communication could also be facilitated through existing participation in crime and disorder partnerships, community groups and other health-care organisation forums, and in liaison with the police.

Training – lone working, personal safety and conflict resolution training

Training is an important control measure to mitigate the risks. It is essential that staff are given the appropriate training in identifying, preventing, managing, de-escalating potentially violent situations and any specific equipment or devices issued to lone workers. This must be done within a legal and ethical framework where the rights and needs of the patient/service user are balanced against the rights and safety of lone workers.

Given the immediate risks that lone workers face, it is important that training incorporates simple and practical measures to keep staff safe.

Under the general conditions set out in the NHS standard contract, providers of NHS services are required to adhere to NHS Protect’s security management standards and they are required to implement mitigating actions in accordance with standard 3.1 and 3.2.

A training needs analysis should form part of the risk assessment process undertaken by managers, to determine: which lone-working staff require training to complement other preparatory and support measures; the type of training to be received; who should be prioritised for training; and how often the training needs to be refreshed.

The categories of training that may benefit lone workers include:

- conflict resolution training (including dynamically assessing risks)
- personal safety training
- clinically related challenging behaviour awareness training
- training in disengagement techniques
- training on health and safety encompassing employee responsibilities
- cultural awareness, diversity and racial equality training

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• lone worker protection devices
• conducting a risk assessment
• first aid training

6. Preparing for lone working

Introduction

Management instructions to staff should make it clear that they should not enter into lone working situations where they feel that their safety or the safety of their colleagues could be compromised. A common sense approach should be adopted and encouraged. Staff who carry out a risk assessment should not be penalised for not performing their duties if they perceive that their personal security and safety, or that of others, may be in jeopardy. However, this needs to be balanced against providing a good standard of care for patients/service users. Where there are perceived or real risks, alternative provision should be made, such as arranging treatment in secure premises or organising accompanied visits.

Lone worker movements

Lone workers should always ensure that someone else (a manager or appropriate colleague) is aware of their movements. This means providing them with the address of where they will be working, details of the people they will be working with or visiting, telephone numbers if known and expected arrival and departure times.

Lone workers should leave a written visiting log containing a diary of visits, with a manager and colleague(s). This information must be kept confidential. Details can be left on a whiteboard or similar, if it is in a secure office to which neither patients/service users nor members of the public have access.

Arrangements should be in place to ensure that if a colleague with whom details have been left leaves work, they will pass the details to another colleague who will check that the lone worker arrives back at their office/base or has safely completed their duties. For office-based staff, if details have been left on a whiteboard, they must not be erased until it has been confirmed that the lone worker has returned safely or completed their duties for that day.

Details of vehicles used by lone workers should also be left with a manager or colleague, for example, registration number, make, model and colour.

Procedures should also be in place to ensure that the lone worker is in regular contact with their manager or relevant colleague(s), particularly if they are delayed or have to cancel an appointment.

Where there is genuine concern, as a result of a lone worker failing to attend a visit or an arranged meeting within an agreed time, or to make contact as agreed, the manager should use the information provided in the log to locate them and ascertain whether they turned up for previous appointments that day. Depending on the circumstances and whether contact through normal means (mobile phone, pager, etc) can be made, the manager or colleague should involve the police, if necessary (see escalation process on page 15).
If it is thought that the lone worker may be at risk, it is important that matters are dealt with quickly as situations and circumstances can change rapidly, after considering all the available facts. If police involvement is needed, they should be given full access to information held and personnel who may hold it, if that information might help trace the lone worker and provide a fuller assessment of any risks they may be facing.

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

The buddy system

Lone workers should keep in contact with colleagues and ensure that they make another colleague aware of their movements, known as a ‘buddy system’.

To operate a buddy system, an organisation must ensure that a lone worker nominates a buddy. This is a person who is their nominated contact for the period in which they will be working alone. The nominated buddy will:

- be fully aware of the movements of the lone worker
- have all necessary contact details for the lone worker, including next of kin
- have details of the lone worker’s known breaks or rest periods
- attempt to contact the lone worker if they do not contact the buddy as agreed
- 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 agreed and reasonable timescales

The following are essential to the effective operation of the buddy system:

- The buddy must be made aware that they have been nominated and what the procedures and requirement for this role are.
- Contingency arrangements should be in place for someone else to take over the role of the buddy in case the nominated person is unavailable, due to their normal working day or shift patterns, annual leave or sickness.

Preparing for a lone worker visit

Where it is practicable, a log of known risks should be kept. This should record the location and details of patients/service users that may be visited by staff, where a risk may be present. This log should be kept secure and the information should be accurate and

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8 If staff work from a variety of locations, a written log may be difficult to implement and maintain. Where this is in place, consideration should be given to placing it in a secure location that is only accessible to managers and lone workers – for example, on the organisation’s intranet.
reviewed regularly. It should be available to lone workers to inspect ahead of any visit they make. Consideration should be given to requiring, as part of a lone worker’s job description, that they inform their manager or buddy if they have to make a visit to an address or person on that log.

**Preparing for a lone worker visit/home visit**

Before visiting a location including the home of a patient/service user, lone workers must have up to date information of the known risks. Colleagues who may have worked alone in the same situation previously should also be contacted as this aids communication and informs the action taken to minimise the risks.

If there are known risks associated with a particular location or home of the patient/service user, lone workers should consider, in consultation with their manager, rescheduling the visit so they can be accompanied by another member of staff, security or with police presence. As part of the risk assessment process, consideration should also be given to whether they should, and can, be treated by attending a clinic or hospital.

If there is a specific risk around stalking or harassment, practical measures, such as varying routes to the address, the time of day and day of the week should be considered when visits are frequent.

If a lone worker has been given personal equipment, such as a mobile phone or a lone worker device, this safety protective personal equipment is supplied, in support of providing a safe working environment as required by health and safety legislation. All due care should be taken by the lone worker to maintain the equipment in good working order and ensure it is fully charged and ready to use (see section 9).

**Emergency equipment**

As part of the planning process, the emergency equipment that may be required should be assessed. This might include a torch, map of the local area, telephone numbers for emergencies (including local police and ambulance service), first aid kit, etc.

**Escalation process**

It is important for an organisation to have an escalation policy and 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 risk assessment and identification of contact points at appropriate stages, including a nominated buddy, line manager, senior manager and, ultimately, the police.

Any individual nominated as an escalation point should be fully aware of their role and its responsibilities and there should be suitable cover arrangements in the event of their absence.
7. **When in a lone working situation**

**Dynamic risk assessment**

During a lone working visit or a site visit, a dynamic risk assessment focuses on a worker using their judgement to reduce the risk of harm in dangerous or emergency situation.

A dynamic risk assessment can be defined as a continuous process of identifying hazards and the risk of them causing harm, and taking immediate steps to eliminate or reduce them in the rapidly changing circumstances of an incident. This is done by minimising known or suspected risk factors and by early intervention (when violence is perceived to be imminent, while it is occurring or immediately post-incident). See Aide Memoire – Annex 5

If a lone worker feels that there is a risk to their personal safety, they should remove themselves from the situation and summon help immediately.

**Recognising warning or danger signs**

Lone workers should be able to recognise the risks, presented by an individual who maybe under the influence of alcohol/drugs, where their behaviour is getting increasingly distressed, angry or aggressive, or where other risk factors such as animals may be present. Being alert to these warning signs that may act as a precursor to or trigger an incident will allow the lone worker to consider all the facts to make a personal risk assessment and, therefore, a judgement as to the best course of action (for example, to continue with their work or to withdraw). At no point should the lone worker place themselves, their colleagues or their patients/service users at risk or in danger.

**Dealing with animals**

If there is a known problem with animals at a particular address or location, the occupants should be contacted and politely requested to remove or secure the animals before arrival of staff (bearing in mind that this could provoke a negative reaction). All possible efforts should be made to ensure that the situation is managed and de-escalated, should hostility become evident. If this is not possible, alternative arrangements should be made to carry out the visit.

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. Alternatively, the animal's presence may be disruptive, so it may be prudent to request that it be removed or placed in a different room.

If a lone worker is confronted by an aggressive animal on a visit to a patient/service user’s address, they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with local procedures.

**Escorting patients**

When planning to escort a patient/service user a risk assessment should take place. This should consider the safeguards that need to be in place before and during the escorting process.
Consideration should be given to the physical and mental state of the patient when planning an escort, and to whether they are capable of being transported. The level of staff knowledge and experience in managing a patient and the number of staff needed during the transfer should be taken into account.

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) should also be considered. Staff who escort patients using a contracted taxi service should still be considered lone workers and the necessary precautions taken.

If there is a need for a lone worker to escort a patient, they should always seat the patient behind the front passenger seat and ensure that their seat belt is fastened. This will enable the lone worker to operate the vehicle safely. There have been reported incidents of patients seated as front-seat passengers grabbing at handbrakes and steering wheels while being transported.

Lone workers should not escort a patient by car if there are any doubts about their safety in doing so. If whilst escorting a patient a conflict arises (or a patient becomes aggressive), the lone worker should pull over into a safe place and exit the vehicle, if possible, ensuring that the keys are removed. They should follow local procedures, which may involve calling the police, their manager, a colleague or their 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. This is particularly important if the lone worker has to return from an unfamiliar place late at night and travel to their place of work alone.

**Travelling to a lone worker visit**

**By car**

Before setting out, lone workers should ensure that they have adequate fuel for their journey. They should give themselves enough time for the journey to avoid rushing or taking unnecessary risks.

Items such as bags, cases, controlled drugs and other equipment should never be left visible in the car, and preferably should be stored in the boot of the vehicle. Lone workers should not display signs such as ‘doctor on call’ or ‘nurse on call’ as this may encourage thieves. Lone workers should avoid having items in their vehicle that contain personal details, such as their home address.

Lone workers should always hold the vehicle keys in their hand when leaving premises, to avoid being distracted by searching for them when outside. A visual check should be made of the outside of the vehicle. The inside of the vehicle should also be checked for possible intruders before entering.

Lone workers should always try to park close to the location that they are visiting and should never take short cuts to save time. At night or in poor weather conditions, they should park in a well-lit area and facing the direction in which they will leave. They should ensure that all the
vehicle’s windows are closed and the doors locked. Lone workers should avoid parking on the driveway of the property they are visiting as their vehicle may be blocked in, delaying or preventing escape.

Once inside the vehicle, all doors should be locked, especially when travelling at slow speed, when stationary at traffic lights and when travelling in high-risk areas.

Lone workers driving alone, especially after dark, should not stop, even for people who may appear to be in distress or require help, such as at the roadside. The lone worker should stop in a place of safety and contact the emergency services as appropriate.

If followed, or concerned that they might be being followed, lone workers should drive to the nearest police station or manned and well-lit building, such as a petrol station, to request assistance. You should ensure that the doors are locked, windows closed and never get out of your vehicle to confront the individual(s).

In case of vehicle breakdown or accident, lone workers should contact their manager, colleague or buddy immediately. If they need to leave the vehicle to use an emergency telephone, they should put their hazard lights on, lock their vehicle and ensure that they are visible to passing traffic.

By taxi

Whenever possible, a taxi should be booked in advance from a reputable company (NHS organisations often have an established contract or arrangement) and the driver’s name and call sign obtained.

If a taxi has not been booked, the lone worker should use the number of a reputable cab company, ideally saved on fast dial in their mobile phone, and find a safe place to wait. As a last resort, they should go to a taxi rank to hail a cab.

They should never use a minicab, unless it is licensed or a registered hackney carriage. When travelling, they should sit in the back, behind the front passenger seat.

They should be aware of child locks and central locking (although most black cabs will have locked doors while in transit) in the taxi.

They should not give out personal or sensitive information to the driver (either through conversation with them or while talking on a mobile phone).

On foot

Planning before a journey should include determining the safest route for lone workers, highlighting known areas of concern, including any crime hotspots. Planning should include the actions lone workers should take if they require assistance, how to safely carry personal possessions and equipment and what to do in the event of a theft.

When setting off, lone workers should walk briskly, if possible, and not stop in areas that are unknown to them (for example, to look at a map or ask for directions). If they require assistance, they should go into a safe establishment, such as a police station, petrol station.
or reputable shop and ask for directions or, if necessary, to call for assistance from their manager, colleague or buddy.

They should avoid using mobile phones overtly in any area and, if carrying equipment, should ensure that this is done using bags that do not advertise what they are carrying.

Lone workers should stay in the centre of pavements, facing oncoming traffic. They should remain alert to the people and environment around them, staying on well-lit paths and areas if possible. They should avoid isolated pathways and subways, particularly at night.

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

It is important that any theft, or attempted theft, is reported both internally to the LSMS and to the police as soon as is practicable. The lone worker should make a note of the date, time and descriptions of events and attacker(s), as soon as they are in a position to do so.

**Public transport**

Before using public transport, lone workers should have a timetable for their route. They should give their manager, colleague or buddy details of their intended route and mode of transport. If they have to vary their route or experience a significant delay, they should inform the relevant individual.

Lone workers should ideally wait for transport at a busy, well-lit stop or station. If they have to wait in areas that are not well lit and/or deserted, they should be vigilant at all times.

They should always try to sit near the driver while on public transport, preferably in an aisle seat, and near the emergency alarm.

They should avoid empty upper decks on buses and empty train compartments (and also avoid these situations if there is only one other passenger).

If threatened by another passenger, they should alert the driver/guard as soon as possible and follow pre-planned procedures for ensuring their own safety.

**8. In the event of an incident**

**Management of a violent or abusive incident**

Line managers should discuss with lone worker staff what actions they should take in the event of an incident. Managers should check whether this is already covered by local lone working and or violence and aggression policies and amend them as necessary. The flowchart in Annex 5 outlines suggested action for individuals during an emergency situation.


**Reporting**

It is important that staff are encouraged and supported by their organisation (and in particular by their line manager) to report all incidents of physical and non-physical assault to the LSMS, using the organisation’s incident reporting system. This will enable the LSMS to conduct a thorough investigation and ensure that any suspected crime is reported to the police **as soon as possible**.

Furthermore, the accurate and increased reporting by staff, enables trends and patterns that can be identified to prevent recurrence and determine actions required to control or reduce risk and to further improve local policies and procedures to minimise the risks that these staff face.

This information should then be disseminated to all relevant internal (and, where possible, external) parties, including social care and ambulance staff.

Staff should also report near misses that could have resulted in a serious incident. It assists in building an offending history for an individual. This will also ensure that any lessons learned can be fed back into risk management processes to make sure similar incidents do not recur.

**Post-incident support**

Incidents that occur in lone working situations, whether they involve assaults on staff, theft or criminal damage to NHS property, have a direct impact on both the human and financial resources allocated to the NHS to deliver high-quality patient care.

Employers should have measures in place to support any member of staff who has been subject to an abusive or violent incident. These might include an informal or formal debrief following the incident, psychological support, counselling services, post-trauma support, peer support and access to the staff member’s professional or trade union representative. The organisation’s lone worker policy/procedure should provide information about what support is available and relevant contact details.

If assaulted, the individual will also need to undergo a medical assessment and receive treatment for any injuries, so they are well enough to return to work.

**Post-incident action**

Following an incident or threat in a lone working situation, the LSMS should make sure that incidents and risks are reported and dealt with in accordance with NHS Protect Standards. Where a suspected crime has been committed the incident should be reported to the police for initial investigation.

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9 NHS Protect security management standards for providers
For all incidents, irrespective of whether the police may be pursuing sanctions against offenders, the NHS organisation may conduct an immediate investigation which should establish the causes of the incident and whether any action needs to be taken.

**Post-incident review**

Post-incident review will enable all available information to be used to ensure that lessons can be learned and the risk of future incidents minimised through the review of lone worker systems and procedures. The key to post-incident review, risk assessment and follow-up action is an understanding of how and why incidents occur in lone working situations and being able to learn from that understanding. In order to achieve this, the following factors should be considered:

- type of incident (for example, physical assault/theft of property or equipment)
- severity of incident
- likelihood of incident recurring
- cost to healthcare organisation (human and financial)
- individuals and staff groups involved
- weaknesses or failures that have allowed these incidents to take place (for example, procedural, systematic or technological)
- training needs analysis of staff, in relation to the prevention and management of violence, the correct use and operation of lone worker protection technology or other relevant training
- review of measures in place to manage and reduce identified risks
- review of the effectiveness of support measures for the staff involved
- technology in place to protect lone workers

LSMSs should ensure lone working policies and procedures are reviewed after an incident that exposes a fundamental weakness or failure.

**Sanctions**

There are various sanctions that can be taken against individuals (or groups) who abuse NHS staff and professionals, or who steal or inflict damage on its property. These range from administrative actions (e.g. warning letters, behaviour agreements, providing services in a more secure location etc.) to legal action including criminal prosecutions for violent offences.

Alternatively, outside of the criminal justice system frequent inappropriate behaviours may be addressed via an anti-social behaviour injunctions or a prohibitive injunction, where the behaviour can be deemed to be anti-social or cause a nuisance or distress.

Finally, individuals may be prosecuted or their criminal behaviour such as harassment, new stalking offence and it may also be possible to attain post-conviction orders to address and prevent the continued behaviour as outlined in the order.
Professional investigation of incidents by LSMSs will inevitably lead not only to more intelligence about the problems and possible solutions but also helps to develop an offending history, build a profile of an offender and identify repeat offending, that may ultimately lead to more criminal sanctions being imposed upon offenders. This can be enhanced by close working with the police.

If staff who report incidents, feel supported and see that improvements in working practices are made to reduce the levels of risk from violence and aggression, they will be more confident in reporting future incidents. As a consequence, they are likely to feel safer and more secure in their working environment.

Publicity

Making use of communications, publicity and the media, is a highly effective means of promoting what the NHS is doing to protect its lone workers – including the introduction of lone worker protection procedures, systems and technology.

This can help to promote a pro-security culture amongst the general public by raising awareness of the systems in place to protect NHS workers, highlights the commitment of the organisation to the safety and security of its staff and it also strengthens public disapproval of the small minority who present such risks to staff.

In addition, the use of surveillance technology to protect lone workers may require a notification to patients/service users, in order to fulfil obligations under the Regulation of Investigatory Powers Act 2000.

Publicity of cases that clearly demonstrate the problems encountered by lone workers and the measures in place to protect them will ensure that equal publicity is given to the problems identified and the solutions implemented.

A true deterrent effect can only be achieved when:

- there is a strong chance that potential offenders will be prosecuted
- they understand that they will be punished for their actions where appropriate
- the sanctions that may be applied against them outweigh any perceived benefit from their actions.

In particular, organisations should ensure that successful sanctions against offenders are known about and or published to help develop a strong deterrent message: that the NHS will take firm action to protect its staff, particularly those who work alone to deliver vital healthcare to the most vulnerable in the community.

9. Technology

Introduction

Technology should not be seen as a solution in itself. Consideration must be given to the legal and ethical implications of its use, as well as to its limitations. Technology must provide
a benefit which justifies introduction, and should be reviewed regularly to ensure it remains effective and appropriate.

Technology, however, can play an important part in helping to minimise the risk to better protect lone workers, as part of a robust risk assessment process. However, it is also clear that technology can only be effective if it works alongside:

- a rigorous risk assessment process for managers and staff
- clear and robust management policies and procedures that put in place measures to address identified and potential risks and to deal with incidents when they occur
- managers and staff accepting responsibility for and supporting the need to operate systems, procedures and technology provided for their protection
- the provision of good-quality conflict resolution training to help staff prevent and manage violent situations
- device-specific lone worker safety training including scenarios that reflect the fact that lone workers have been issued with a device and that support services are in place.
- the sharing of information from within and outside the NHS on identified and potential risks
- support and proportionate response from the police and technology support services when a lone worker device is activated

The requirement for technology should result from risk assessments, pre-or post-incident reviews and analysis of relevant reports and operational information. It is essential that technology is used appropriately and effectively and that it is proportionate to the problem it is intended to address.

**Lone working technology**

Lone worker devices will not prevent incidents from occurring. They do not make people invincible, nor should they be used in a way that could be seen to intimidate, harass or coerce someone. However, lone working technology will only be effective if it is used correctly in conjunction with a package of safe systems of work. Lone workers should still exercise caution even if equipped with such devices and continue to use the dynamic risk assessment process. Finally, lone workers should remember that a device will only be useful if checked regularly, properly maintained and kept fully charged.

The successful introduction of a lone worker alarm system relies on organisations employing a comprehensive and inclusive approach to determine the most appropriate system, involving staff, professionals and staff safety representatives. Where an evaluation has taken place, the following will be of value as a deterrent and to enable a response to an incident:

- internal alert systems that are activated from static panic buttons in treatment rooms, with clear procedures on when and by whom they are to be activated and what the response should be
- internal alert systems that are activated from portable panic attack devices and used by individual workers (some of these systems are connected to a central control room,
which is alerted when an incident is occurring and can indicate its exact location and ensure an immediate response)

- fixed panic buttons that are linked to a switchboard and (following a risk assessment) can be linked to the police (for example, in some accident and emergency department settings and lone clinics, or clinics in inner city areas identified as high-risk)

- mobile human resource safety devices and systems that are operated using mobile technology or handsets; some may also incorporate global positioning satellites (GPS)

- personal attack alarms that emit a high-pitched noise on activation and may be battery or aerosol powered

CCTV is widely used as a crime prevention measure within NHS organisations. It also has its place in the protection of lone workers inside and outside NHS premises.

All the above devices can send a strong deterrent message to potential offenders. They may also improve the feeling of confidence amongst NHS staff, helping to reduce the fear of crime. However, physical security measures need to be backed up by the appropriate policies, procedures, and training to prevent and manage violence. It is therefore important to adopt a holistic approach to the problem.

Lone working systems and devices must only be used to improve the safety of lone workers. If a lone worker protection device is misused frequently or maliciously, the employee may be subject to disciplinary action. In addition, a lack of use may jeopardise the safety of a lone worker and could result in monitoring services being withdrawn.

Finally to ensure that lone workers use the systems in place, it is essential that they receive appropriate training and instruction in the use of such devices. They must be given sufficient time to become familiar with lone worker procedures, systems and devices, understand the reasons for them and how they can be used effectively and before they are expected to use them in their day-to-day work.

**Practical suggestions on the use of a mobile phone**

Whilst some organisations may provide lone workers with mobile phones, whilst useful on its own it does not provide a sufficient protection measure for lone workers. A mobile phone should never be relied on as the only means of communication. Lone workers should tell their manager or a colleague about any visit in advance, including its location, nature and when they expect to arrive and leave. Afterwards, they should let their manager or colleague know that they are safe.

If provided:

- A mobile phone should always be kept as fully charged as possible.
- The lone worker should check signal strength before entering a lone worker situation.
- The lone worker should ensure they can use the mobile phone properly, by familiarising themselves with the handset and instruction manual.
- Emergency contacts should be kept on speed dial.
• The phone should be kept nearby and never left unattended.
• Lone workers should be sensitive to the fact that using a mobile phone could escalate an aggressive situation.
• Code words or phrases may be used to help lone workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response.
• It is against the law to use a mobile phone while driving. Employers should consider providing staff with hands-free equipment if appropriate.

A mobile phone could also be a target for thieves. Care should be taken to use it as discreetly as possible, while remaining aware of risks and keeping it within reach at all times.

Finally, recent technological advances have seen the development of ‘lone worker protection apps’ for mobile phones. These have a similar function to a lone worker device, in terms of easy activation, tracking and lone monitoring, and they use an existing smartphone rather than a standalone device. These should be considered as a protection device (see below).

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

Although their use is now limited, they may be useful for low risk staff. These alarms are primarily designed as a ‘last line of defence’ to create a distraction to allow the member of staff to escape from a violent or threatening situation. The lone worker should ensure the alarm is fully operational through regular checks (away from the working environment to prevent false alarms). This is especially important before any situation in which they will or might be working alone.

If provided:
• The alarm’s battery (or aerosol) should also be checked regularly.
• The lone worker should carry the alarm in their hand, or within easy reach in a pocket or clipped to a belt, ready for use and not concealed in a bag.
• The devices should be used pointing towards the potential assailant, away from the lone worker.

Lone workers should ensure that they are aware of the procedures for sounding a personal attack alarm and the expected response. The assumption must be that there is no certainty of assistance; car alarms, for example, are often ignored. Audible alarms are primarily to ‘stun’ an assailant for a few seconds, allowing the lone worker to make their escape.

It is also recommended that the lone worker discards the personal alarm so that the assailant’s attention is diverted to silencing it. Some experts do not like to advise the use of personal alarms indoors or where there are no clear escape routes because of the risk of escalating the situation. Their view is that these alarms are more suitable for outside use.
Practical suggestions on other forms of lone worker protection devices

Lone worker devices can help minimise the risk to lone workers. Devices are easily activated often are equipped with the latest mobile phone technology to help identify a lone workers location, when an alert is raised to connect users to a response handling service and in an emergency can provide a response to the police.

Line managers should ensure that lone workers have received appropriate training on the use of a particular product or device. They should be satisfied, as far as possible, that the lone worker is confident in handling it and familiar with the procedures and systems in place to support its use. If in doubt, instruction and training should be offered to the lone worker.

If provided:

- The device needs to be in good working order and that it is fully charged or its batteries are changed regularly. The lone worker should test the device as suggested in instruction manuals, in training or by their manager
- Agreed ‘code’ words or phrases should be used
- The device should be kept nearby so that it may be activated quickly
- The lone worker should be familiar with the response they can expect if an alert is raised.

One issue for some staff is that they may not use their allocated device. This may be based on negative perceptions of technology as either ‘a way for the organisation to track you’ or ‘why do I need one as I’ve been doing this job for 30 years’, these concerns are very common and are based on a misperception about the reasons for these devices. Any NHS organisation that supplies these devices to its lone workers should highlight the benefits the device can bring to personal safety. Publicising case studies of the successful use of a device and resulting prosecutions may assist.

NHS organisations should have a system in place to monitor the usage of devices and remind staff of the importance of using it. Ultimately, taking disciplinary action against staff who regularly fail to use their devices has worked well for some NHS organisations.

The following standards govern the selection of lone worker devices (NHS Protect 2014):

- BS8484:11 compliance.
- Ensure BS5979 Cat II ARC is accredited by the Security System and Alarm Inspection Board (SSAIB) which is UKAS approved board.
- Ensure the handling of communications and data by the supplier complies with the ISMS and ISO27001 and ISO27002.
- Ensure URNs are in place for the supplier to receive and immediate police emergency response from all police forces in the required area.
10.  Lone worker framework

Between April 2009 and March 2017, the Business Services Authority (BSA) and NHS Protect operated two successive lone worker framework agreements. Under these frameworks, NHS organisations could access lone worker devices and mobile applications from an approved supplier and subject to set service levels.

Following discussions between NHS Protect and the BSA, it was agreed that the framework will not be re-procured thereafter. There are now a wide range of options available in the developed lone worker market which are able to provide solutions to NHS organisations seeking lone worker protection.
Annex 1 – References

The following documents should be read in conjunction with this guidance. All are available online and can help NHS organisations develop lone working policies and procedures.

- NHS Protect, Conflict Resolution Training. Implementing the learning aims and outcomes.
- UNISON (2007) You are not alone: A UNISON guide to lone working in the health service
Annex 2 – Case studies

Community nurse

I had a list of clients I had been visiting in and on this particular evening I observed a car had been travelling very close behind me literally bumper to bumper. Several minutes later I had been approaching the road I was to visit my client when I turned into the road a car hit me from behind. Two men shouted at me to open the car and get out as they wanted to give me their details. I said could they write it down and leave as I was frightened. At this moment they tried the car doors trying to open them shouting and swearing for me to get out of my car.

At that moment I rang the police, I was in shock I couldn't move my car as they had blocked me in from behind and pushed me to just an inch of the tree so I couldn't get away. I shouted for help several people passed me and the situation and never helped. Police turned up at the scene when it was still going on as they were a couple of streets away. I got the registration details and the police found the car. It was a pool car for thieves that went round stealing to order cars/parts. The police never caught the men and I am even today so reliant on my Windows and doors locked always no matter what.

Mental health worker

A Mental Health Worker was stabbed and killed when she visited the home of a patient in 2006. The patient was detained indefinitely in 2007 after admitting her manslaughter. The patient suffered from paranoid schizophrenia and should not have been in the community, a later report found. The independent report also said the mental health worker should not have been sent alone to visit the patient.

At the inquest into the mental health worker death, the coroner criticised her employers.. He said the risk he posed was not properly assessed, which has been backed up in the later report commissioned by NHS Clinical Commissioning Group. The inquest heard that at the time the mental health worker was killed the patient had stopped taking his anti-psychotic medication and was having money worries and trouble with alcohol.

After his trial, the employer was ordered to pay £50,000 for failing to properly protect her.

Paramedics

Colin was severely traumatised by an incident at work when, as a lone paramedic he attended a call to a property. When Colin arrived at the property the occupier (hereafter referred to as G) refused to open the door and shouted aggressively at Colin, making threats to kill him. Colin began to walk away but, as he did so, G opened the door, holding an 8 inch knife, and began to chase Colin down the street. As a result of the incident Colin has since suffered Post Traumatic Stress Disorder.

Healthcare assistant

Vanessa, a UNISON member was a HCA working on a mental health ward. There was a patient on the ward (X) who was known to display extremely violent and aggressive behaviour. X was also known to be verbally aggressive. Prior to the Vanessa’s accident X had been aggressive and violent towards Vanessa's colleagues. Vanessa was carrying out checks on X. X was coming out of her room, shouting loudly and grabbed Vanessa by her wrists in an aggressive manner. X started to fall to the floor, and Vanessa was unable to break away and tried to lower X to the floor in a safe manner. As X fell she twisted Vanessa’s wrists causing injuries including a torn cartilage in her right wrist. Vanessa continued to work with the aid a tubigrip and painkillers. Despite physiotherapy Vanessa’s symptoms did not improve and eventually required two operations before making a satisfactory recovery.
**General Practitioner**

A doctor was attacked while working at a GP practice. The attacker punched the doctor repeatedly in the face, knocking her to the ground where he continued his violent assault. He later admitted it had been his intention to kill her. He had locked the door and help was not able to be given because they first had to find the key in reception.

As a result it was several minutes before her GP tutor was able to gain entry and stop the attack, which left her badly bruised, swollen and requiring stitches to her forehead. The man ran off but was soon arrested by police. It turned out he had been diagnosed with mental health problems some years earlier but had recently stopped taking his medication.

In the aftermath, the doctor was off work for nearly two months and it continues to affect her to a degree. Removing internal locks from GPs' doors was one of the recommendations of a report prepared by Trust into the attack. Others included positioning patients so there is always an escape route, and installing keypad controlled doors from the reception area to the consulting rooms.

**Technology**

1) A client's son was threatening his sibling with a knife so I activated a red alert. My work colleague had already come to the house as she had been contacted by Reliance who had reported hearing raised voices. The situation had already de-escalated by the time my colleague arrived but it made me feel more confident to handle the situation in the appropriate manner.

2) An intoxicated male was trying to gain access to my vehicle I locked myself in the car and spoke to Reliance via device for advice until I was safe to leave the car.

3) I have had to activate the device when I have felt threatened, this situation was diffused but knowing someone was listening and could seek help if needed was valuable.

4) On another occasion when a patient's mum was assaulting the lone worker, police assistance was provided.

5) I supervise people completing Community Payback. on some occasions I have had people be verbally abusive and even threaten me physically when trying to enforce our rules. I have found that being very obvious about using a monitoring device can be beneficial in itself, as it can help to diffuse situations like this.

6) I was second on the scene to a cyclist who had a seizure and subsequently came off his bike at the side of the Road. I used the red alert to get 999 assistance and be hands free in case I needed to do further hands on interventions.
Annex 3 – RCN risk employers factor diagram

Client
History of abuse or aggression from previous incidents (can be client, their carer or someone who lives with them or cohabits in same building)
Unpredictable behaviour
Substance abuse

Interaction
Breaking bad news
– Withholding treatment
– Discussion about behaviours
– Safeguarding procedures
– Sanctions

Staff member
– Inexperienced
– Medical condition
– Returning after a long spell of absence
– Expectant mother

Working patterns
– Out of hours, late evening, night, weekend work when less people around, closing or opening buildings alone

Working environment
– Outreach work in street
  – Client’s home
  – Unfamiliar environment
– Working alone in a health care building
– Working alone in a non-health care building
– Working in a geographical area with high crime levels (including carjacking)
– Mode of transport, for example, public transport, cycling or taxis
– Carrying equipment such as drugs or computers
Aide Memoire

The dynamic risk assessment involves staff:

- Be alert to warning or danger signs as covered in conflict resolution training (see below)
- Carry out an immediate assessment of a situation and if you feel there is a risk of harm to yourself, you should leave immediately
- Place yourself in a position to make a good escape, i.e. where possible, be the closest to an exit
- Be aware of all entrances and exits
- Be aware of the positioning of items, including those belonging to the lone worker (scissors, scalpels, etc), that could be used as a weapon
- Make a judgement as to the best possible course of action – for example, whether to continue working or withdraw
- Utilise appropriate physical security measures (e.g. triggering panic buttons to call assistance from staff nearby/security/the police or using a lone worker device to raise an alarm)
- Ensure that when they enter a confined area or room, you can operate the door lock in case they need to make an emergency exit
- Avoid walking in front of a patient/service user, and not positioning yourself in a corner or in a situation where it may be difficult to escape
- Remain calm and focused during an incident in order to make rational judgements
- Simple communication techniques can be used to defuse a situation
- Be aware of verbal communication, including body language (as well as that of the patient/service user), as there is a risk of exacerbating the situation.
Annex 5 – Lone worker incident actions flowchart

Incident occurs

- The lone worker:
  1. activates lone worker alarm device (where issued)
  2. removes themselves from the immediate situation/environment to a place of safety as soon as possible
  3. contacts:
     (a) colleague/manager/buddy
     (b) police

4. The lone worker returns to work base as soon as practicable to complete an incident report form or a serious untoward incident form.

5. The victim should be encouraged and supported to call the police (if they have not done so already).

6. The line manager initiates a post-incident review in conjunction with risk, health and safety and LSMS.

7. Post-incident review process begins – including:
   - medical review for any injuries
   - counselling/support/debrief as appropriate to employee(s)
   - Police investigation supported
   - Gather all witness statements to the incident.
   - Risk assessment/training needs analysis conducted
   - Internal investigation and security review.

- Review process provides feedback on processes/systems in place, identified weaknesses, lessons learned and to form an action plan.