



**Sheffield Health
and Social Care**
NHS Foundation Trust

Policy: Lone Worker

Executive Director lead	Director of Strategy
Policy Owner	Health of Facilities and Health and Safety
Policy Author	Health, Safety and Risk Adviser

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Summary of policy

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

Target audience	All individuals working in SHSC premises
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Keywords	Health and Safety, Lone Worker, Lone Working
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Storage

Version 6 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version, (V5 November 2021). Any local copies of the previous policy held separately should be destroyed and replaced with this version.

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Version Control and Amendment Log

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

4.2	Policy updated	June 2021	<p>Policy re-written to match the current template.</p> <p>Minor changes made to text intended to clarify existing meaning of text not to change that meaning.</p>
5	Policy Updated	October 2021	<p>Minor changes made to text</p>
6	Policy updated	September 2024 to	<p>Minor changes made to dates and job titles.</p> <p>Major review of content which includes a simplified flow chart, increased detail on roles and responsibilities of staff at all organisational levels, text has been moved from Appendices to the body of the Policy and within the Policy itself to enable it to be highlighted.</p>

Steps in Helping to Make Lone Working Safe

Identify the staff whose jobs are completed when they are not in the eyesight or earshot of colleagues, for a significant period of time.



Briefly assess the level of personal health or safety risk faced by this person, considering the task and the health/abilities of the member of staff (*the Trusts 'Risk Rating Grid' can be used to score this judgement*) and if this score is 'moderate' or above complete a written 'Lone Worker Risk Assessment' – See template at Appendix X.



Tasks which can give rise to 'moderate' or above risks include:

- Staff delivering un-welcome information to service users and so giving rise to violent or aggressive situations.
- Staff delivering care to a service user whose actions, or those of family or friends, are violent or aggressive.
- Staff working alone in an empty building where there is no immediate access to support.



The identified staff need to agree with and comply with a written health and safety Risk Assessment which lists the measures taken to protect their health and their safety whilst they are working alone before they become a 'Lone Worker'.

This Assessment should be regularly reviewed and revised if necessary.

Suggested controls for building or community based Lone Workers are similar and include:

- Agreed escalation route and response in case of emergency affecting the Lone Worker
- Ensure emergency/escalation contact details are current.
- The Lone Worker is up to date with specific training and Trust Mandatory training.
- Location of the Lone Worker is known (when working in the Community)
- Use of 'Buddy System' (when working in the Community)
- Provision of panic alarms to Lone Worker with an agreed and practiced response from other staff to hearing the alarm.

1. Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC) has a legal duty under the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of its staff.

The Management of Health and Safety at Work Regulations 1999 requires the identification and control of health and safety risks.

The legal requirements relating to any employer who operates with lone workers stems straight from Section 2 of the Health and Safety at Work Act 1974 (1) and the Management of Health and Safety at Work Regulations 1999 (2). This requires an employer to complete risk assessments and to control the work environment so far as is reasonably practicable.

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

This Policy demonstrates the organisational arrangements by which the Trust will address injury or ill-health to staff while they work alone.

While lone workers may face higher risks, it is important that these risks are not over-emphasised, creating an unnecessary fear amongst staff that is disproportionate to the reality of the risks faced. A common-sense approach is recommended and encouraged for the protection of lone workers. A balance needs to be struck between providing a high standard of care for service users and the protection of lone workers where there are perceived or real risks.

2. Scope

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

3. Purpose

The purpose of this policy is to help ensure that the health effects associated with Lone Working are properly assessed and suitable action taken to minimise possible health effects.

4. Definitions

Lone working is defined by the Health and Safety Executive as 'any activity which is intended to be carried out in isolation from other workers and when no other person is within earshot or line of sight', or 'working without close or personal supervision'. As such, this definition includes any member of staff who is not within earshot or line of sight of other workers, for an amount of time deemed to be significant in the applicable Risk Assessment.

5. Details of the Policy

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

6. Duties

Board

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

It will ensure suitable and sufficient governance arrangements are in place to manage 'Lone Working' in a way which complies with applicable legislation and so prevents, as far as is reasonably practicable, injury, illness or financial loss.

This will include facilitating the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of adequate health and safety for their employees and service users, as far as is reasonably practicable.

Chief Executive

The Chief Executive will ensure that this policy is enacted within Sheffield Health and Social Care Trust.

Directors/Heads of Service

Directors/Heads of Service will ensure this policy is understood, implemented and monitored within their areas of responsibility and that staff are supported to promote the development of a health and safety culture, using this policy and the guidance within it. They will ensure that the health, safety and welfare of staff is always considered at the planning stage of organisational changes within the Trust.

Line Managers/Service and Team Leaders

Line Managers/Service and Team Leaders are responsible for ensuring that within their areas of responsibility appropriate Risk Assessments are completed and that measures to prevent significant harm are taken when necessary.

Managers should plan work to be undertaken by staff who are by themselves without close or direct supervision in-line with the findings of a Lone Working Risk Assessment. A continuous assessment of the situation in which staff find themselves should be continued in order to minimise the possibility of an incident occurring. Lessons learnt from an investigation of an incident can be included in future revised Risk Assessments.

Health, Safety and Risk Adviser

The Health, Safety and Risk Adviser will provide advice on compliance with applicable legislation and can assist line managers to develop procedural arrangements, including the provision of advice and guidance on the content of appropriate Risk Assessments which help to ensure the safety of Trust staff and others.

Fire and Security Officer

The Fire and Security Officer can provide advice on physical security measures, such as locks and access control systems to improve the personal safety of lone workers and thus help to prevent injury.

Line Managers/Service and Team Leaders

Line Managers/Service and Team Leaders are responsible for ensuring that within their areas of responsibility appropriate Risk Assessments are completed and that measures to prevent significant harm are taken when necessary.

SHSC Staff who are defined as ‘Lone Workers’

Staff have a responsibility to take reasonable care of their own personal health and safety and to comply with the measures detailed within this policy.

This means that staff:

- Are responsible for ensuring that they comply with the requirements of all relevant lone worker risk assessments and fully comply with the requirements of all procedural checks, panic alarm systems and emergency response procedures.
- Have a responsibility to do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation.
- Should undertake and keep up to date all relevant training including RESPECT training and device specific training before entering a lone worker situation.
- Seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk.
- Should conduct proper planning prior to a visit and utilise continual dynamic risk assessment during a visit. Explain that staff should never put themselves or their colleagues at risk and if they feel at risk they should withdraw immediately and seek further advice or assistance.
- Should properly utilise all appropriate technology which has been provided for their own personal safety, ensure that they attend training in the use of the technology and associated support services.
- Should report all incidents even where they consider it to be a minor incident, including ‘near misses’ to enable appropriate follow up action to be taken.

Incident Reporting

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

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

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

7. Procedure

Staff whose work is not in the eyesight- or earshot of colleagues for a significant period of time and who are deemed to be at a moderate or above level of risk because of this will need to be covered by a written 'Lone Worker Risk Assessment'.

This should be completed by the manager in consultation with the relevant member of staff and measures should be agreed which remove or reduce the risks to the health and safety of the member of staff before they enter a lone working situation.

Typical Lone Worker tasks include:

- Staff carrying prescription forms and medicines, potentially giving rise to violent or aggressive situations.
- Staff delivering un-welcome information to service users and so potentially giving rise to violent or aggressive situations.
- Staff delivering planned care to a service user whose actions are potentially violent or aggressive.
- Staff delivering planned care to a service user whose friends or family are present and whose behaviour may be altered by alcohol abuse or drug misuse, placing staff at risk of violence or aggression.

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

General measures to help ensure the safety and health of the staff member will:

- Ensure that lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation, so that they are fully conversant with any 'safe systems of work' devised for their protection and can include completion of RESPECT training.
- Ensure that any emergency procedures associated with lone working, (e.g. an 'Escalation Plan' which records the measures to take in the event of an emergency), are known by all affected staff, regularly updated and are if necessary, practiced at regular intervals.
- Ensure that any equipment needed in an emergency is available and maintained in working order.
- In all cases of community-based lone working, Insight (or subsequent Electronic Patient Record) records on service users should be reviewed for the presence of risk indicators - for the existence of Multi- Agency Public Protection Arrangements (MAPPA) and for the involvement of the Special Allocation Scheme. The presence of a risk indicator can be communicated to colleagues from other services working with the relevant service user, when necessary, to help prevent injury or ill-health to those staff, along with any recommended risk reduction advice or reference to shared working protocols.

- Consider treating the service user within NHS premises, and perhaps in the presence of other healthcare staff who can help in the event of a violent or aggressive situation. In some extreme cases a police presence should be considered.
- Ensure that following an assault the affected staff member is properly supported and that any injuries are documented.

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

For all Lone Worker Risk Assessments it should be borne in mind that changes to staff, changes to care activities, service user sensitivity to gender or cultural issues and changes to the service user's condition can alter the levels of health and safety risk faced by staff.

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

For such reasons, lone working should be kept under regular review to take account of changes in the external environment, introduction of new technologies and the lessons learned from the investigation of incidents that occur and the relevant risk assessments should be updated.

An example Risk Assessment format is given at Appendix C.

Use of a Dynamic Risk Assessment

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

All staff should be encouraged to:

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

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.

Lone Worker Personal Attack Alarms and Location Devices

Should be provided to Lone Workers where a Risk Assessment deems it necessary to mitigate the health and safety risks identified.

Communication

The Lone Worker must be issued with a mobile telephone by the Trust, which will be used at all times for work-related health and safety communications.

Personal Alarms

Additional safety measures to protect staff can include stand-alone audible alarms or GPS and GSM devices that utilise a mobile telephone network to provide the location of the Lone Worker and monitor voices in case of emergency.

Audible Standalone Devices (ASD)

ASDs, when activated, emit 130dB siren and are more effective in situations where they are heard and people offer assistance. However, the assumption must be that there will be no certainty of assistance. ASDs are primarily designed to 'stun' an assailant for a few seconds, allowing the lone worker to make their escape.

ASDs can provide lone workers with valuable seconds to evade assault; for this to be effective devices must be carried so they are easy to reach in an emergency, e.g. carried in the hand or clipped to a belt.

GPS and GSM Monitored Alarms

GPS and GSM monitored alarms use a mobile telephone network to locate Lone Worker and can record voices in emergency situations when an alert or alarm is activated by the user, following which a pre-determined escalation plan can be enacted.

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

Provision of help for Lone Workers - including 'Buddy Working'

Community-based lone workers should always ensure that someone else (a manager or appropriate colleague/buddy) is aware of their movements.

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.

This means providing a colleague 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.

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 colleagues, particularly if they are delayed or have to cancel an appointment.

Escalation if a Lone Worker cannot be contacted

Where there is genuine concern that a Lone Worker has not attended a visit or meeting within an agreed time their manager should use the information provided in the log to locate them or understand when and where they were last seen.

Depending on the circumstances, the manager or colleague should involve the police, if necessary.

If it is thought that the lone worker may be at risk, it is important that matters are dealt with quickly, after considering all the available facts. If police involvement is needed, they should be given full access to information 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. The importance of reminding staff to make the necessary call when they finish their shift is critical.

Reporting Incidents

All near misses, accidents and incidents must be reported as per the Incident Management (Including Serious Incidents) Policy and Procedure and the opportunity taken to learn lessons on how to prevent future occurrences of these events.

In addition, the Trust is required to report certain events to the Health and Safety Executive (HSE) under the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR).

The 'Incident Management (Including Serious Incidents) Policy and Procedure' requires that incidents that cause absences from work for a period of 7 days or more must be reported to the HSE.

8 Development, Consultation and Approval

This Policy has been developed by the Health, Safety and Risk Adviser in consultation with Trust staff.

It is based on the Health and Safety legislation and Regulations outlined in the Introduction of this policy and has been reviewed by the Health and Safety Committee and the Policy Governance Group.

9 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ Group/ Committee	Frequency of Monitoring	Review of Results Process (e.g. who does this?)	Responsible Individual/Group/Committee for Action Plan Development	Responsible Individual/ Group/Committee for Action Plan Monitoring and Implementation
Continuing relevance and accuracy of the Policy	Review	Health, Safety and Risk Adviser	Every 3rd year	Health and Safety Committee	Health and Safety Committee	Health and Safety Committee

10. Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
New policy to be uploaded on to the intranet and Trust website.	Communications via the Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via Connect immediately following publication.			

11. Dissemination

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
6				

12. Training and Other Resource Implications

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

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

A training needs analysis should be undertaken by individual managers. This should determine which lone working staff require training, who should be prioritised for training and in which subject, and how often this training is to be refreshed.

Subject areas which may be included within the analysis are:

- Conflict resolution training
- Training in breakaway techniques
- Employee responsibilities in health and safety
- Cultural awareness, diversity and racial equality awareness
- Specific equipment training, including lone worker protection devices
- Conducting a risk assessment

13. Links to Other Policies, Standards, References, Legislation and National Guidance

Health and Safety at Work Act 1974
Management of Health and Safety at Work Regulations 1999 (as amended)
SHSC Policy: Use of Force Policy
SHSC Policy: Security Policy
SHSC Policy: Risk Management Strategy
SHSC Policy: Health and Safety Policy

14. Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Health, Safety and Risk Adviser	Charlie Stephenson	27 16208	charlie.stephenson@shsc.nhs.uk
Fire and Security Officer Health, Safety and Fire Officer	Stephen Price	27 18189	stephen.price@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 - Equality Impact Assessment Process for Policies Developed Under the Policy on Policies Stage 1 - Complete draft policy

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

This policy does not impact on staff, patients or the public: **Charlie Stephenson, August 2024**

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

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so it works to enhance relations between people in this group and people not in this group?
AGE			
DISABILITY			

GENDER REASSIGNMENT			
PREGNANCY AND MATERNITY			
RACE			
RELIGION OR BELIEF			
SEX			
SEXUAL ORIENTATION			

Stage 4 - Policy Revision - make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)


Please delete as appropriate: Policy Amended. Impact Assessment Completed by:

Appendix B Review Policy Checklist

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

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
Template Compliance		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
Policy Content		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	√
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to: i. review ii. audit compliance with the document?	√
21.	Is the review date identified, and is it appropriate and justifiable?	√

Appendix C
Suggested Community-based Lone Worker Risk Assessment

Risk Assessment						 Sheffield Health and Social Care <small>NHS Foundation Trust</small>					
Workplace/Team:			Risk Assessors:								
Title of Risk Assessment:			Date of Assessment:								
Version being reviewed:			Date of Assessment review:								
What are the hazards	What are the risks	Who might be harmed by the hazard?	What is the risk of this harm happening now? (CxL)	Risk Rating	List current control measures in place	Additional Measures	What is the risk of this harm happening now? (CxL)	Final Risk Rating			

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

Appendix D

Dealing with Animals on Home Visits

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

Service users should be asked to securely restrain animals or pets which are known or suspected to pose potentially significant risks to lone workers.

If a lone worker is confronted by an aggressive animal on a visit they should not put themselves at risk. If necessary, they should abandon the visit and report the incident in accordance with local procedures. This information should then be disseminated to all relevant internal and, where possible, external parties, including social care and ambulance staff.

Appendix E

Considerations for Lone Workers Travelling in Public and Private Vehicles and by Foot

Escorting patients and service users in vehicles

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

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

The Lone Worker risk assessment should be read in conjunction with documents showing the risk the patient poses to themselves and others. It should include reference to;

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

Use of lone workers' own vehicle

If there is a need for a lone worker to escort a patient in the lone worker's car, the lone worker should assess seating positions so that if a conflict arises, (or a service user becomes aggressive), the lone worker should pull into a safe place and exit the vehicle. If possible, they should ensure the keys are removed and contact their base.

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

Additional considerations will include lone workers:

- Ensuring they have adequate fuel for their journey.
- Ensuring items such as bags, cases, controlled drugs and other equipment is never left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle prior to the start of a journey.
- Always hold the vehicle keys in their hand when leaving premises to avoid being distracted by searching for them when outside.
- Always try to park close to the location they are visiting. At night and/or in poor weather conditions they should park in a well-lit area and facing the direction in which they will leave. They should ensure the vehicle's windows are all closed and the doors locked.
- Avoid parking on the driveway of the property they are visiting as their vehicle may be blocked in thus delaying or preventing escape. If possible, lone workers should reverse into car parking spaces.

- Do not stop, especially after dark, even for people who may appear to be in distress or require help. The lone worker should stop in a safe place and contact the emergency services as appropriate. If followed, or concerned they might be being followed, lone workers should drive to the nearest police station or occupied and well-lit building, such as a petrol station, to request assistance.
- In the event of vehicle breakdown or accident, contact their manager, colleague or buddy immediately to update them on the situation.
- Do not display signs such as '**Doctor on call**' or '**Nurse on call**' as this may encourage thieves to break into the vehicle in an attempt to acquire medication or other medical items.
- Avoid using laptops in stationary vehicles.

Use of taxis by a lone worker

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

Considerations will include lone workers:

- Use the contracted taxi service.
- When travelling, SHSC staff should sit in the back, behind the front passenger seat.
- Be aware of child locks and central locking, (although most black cabs will have locked doors while in transit).
- Not giving out personal or sensitive information to the driver, (either through conversation with them or while talking on a mobile telephone).

Use of Public Transport by a Lone Worker

Measures used to improve personal safety become occupational safety measures when using public transport during work and should therefore be adopted whenever practicable
considerations will include lone workers:

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

Lone workers travelling on foot

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

Considerations will include lone workers:

- Determining the safest route identifying known areas of concern.
- Planning emergency actions they may need to take should they require assistance, for example, in the event that assistance is required they should go into a safe establishment, such as a police station, petrol station or reputable shop and ask for directions or, if necessary, call for assistance from their manager, colleague or buddy.
- Avoiding carrying too much luggage to keep their hands free.
- Ensuring they can comfortably carry their bags so that they do not have to stop and rest while walking.
- Staying in the centre of pavements, facing oncoming traffic.
- Remaining alert to the people and environment around them, staying on well-lit paths and avoiding waste ground, isolated pathways and subways, particularly at night.
- Ensuring you always have your car keys in your hand and a means to pay the fee before leaving the building.
- If someone attempts to steal what the lone worker is carrying the latter should relinquish the property immediately without challenge. If carrying a handbag, or similar, they should consider carrying their house keys and mobile telephone separately.

If attacked, the lone worker must make a note of the events and attacker(s) as soon as they are in a position to do so and retain it safely until it is requested by the police or Security Officer.

Appendix F

Personal Attack Alarms

It is emphasised that Personal Attack Alarms will not prevent an attack on a Trust member of staff, but they may help draw attention to an attack.

It should be further emphasized that help may not be available upon activation of the alarm - so the prevention of the Lone Worker incident is of paramount importance.

The Solon Defender Cooper Personal Alarm or the Solon Wrist Alarm with Reflective Strap are the devices suggested for use by Trust staff.

Which device is preferred will depend upon the circumstances in which it is envisaged it may need to be used. The device needs to be accessible at all times.