

Personal safety when working alone:

guidance for members working in health and social care

A decorative graphic consisting of several overlapping, wavy lines in various colors including blue, purple, orange, green, and yellow, creating a sense of movement and energy.

Healthy workplace, healthy you
Health and safety

Foreword by Suzy Lamplugh Trust



Suzy Lamplugh Trust works to reduce the risk of violence and aggression in society through campaigning, education and support. Our work has highlighted the issues faced by lone workers, which include verbal abuse, violence and aggression from patients and relatives, people with weapons, drug paraphernalia and trophy dogs.

We frequently find workers accepting abuse as 'part of the job' or feeling that 'it will never happen to me'. But statistics indicate that real risks to personal safety do exist and are realised at a worrying level, no less among nursing staff. While training budgets may have been cut, and staff capacity reduced, employers still have a moral and legal responsibility towards their staff.

Employers have a legal duty to provide a safe workplace. This means putting in place policies, procedures, training and risk assessment as well as ways of reporting and investigating incidents. For lone workers this should include training in de-escalation techniques and buddy/tracing systems, plus the capability to provide an appropriate response when the alarm is raised.

Employees must also take responsibility for themselves and colleagues in terms of reporting incidents and cooperating with their employer. This includes attending training, reporting incidents, understanding policies and using whatever safety systems are available.

Improving the safety of staff is not necessarily a costly venture. Simple policies and procedures can be actioned which don't require huge amounts of staff time and resources or the use of expensive technology. The best investment an employer can make in the personal safety of staff is taking the time to talk to employees about the risks they face and what a lone worker policy should include to ensure it works.

If an organisation is considering not introducing or updating its safety strategy for their lone workers for financial reasons, it should consider the possible consequences of this – whether in financial/legal terms or in terms of adverse effects on staff such as low morale, high staff turnover or high sickness levels. It's not so much a case of can employers afford to do it, more a case of can they afford not to.

Suzy Lamplugh Trust, September 2016

Introduction

Many nursing staff will spend time working alone for some or all of their day. A move towards mobile working, with greater use of technology such as laptops and tablets, and more community based care means that the numbers working alone have the potential to increase. Cost-saving measures including reductions in staffing levels have also led to increased lone working.

Nursing staff who work alone for long or even short periods of time are more vulnerable to physical and verbal abuse. RCN members have described finding themselves in frightening situations where they have little information on the patient they are visiting or are driving through unfamiliar areas at night trying to find an address or somewhere safe to park or even trying to reach patients in areas where civil disorder is taking place. Members also find themselves in situations where they are alone in an isolated health care building, seeing patients who are becoming aggressive.

Lone working is a reality for many nursing staff but with appropriate measures taken by employers, alongside practical steps taken by nursing staff, the risks can be reduced.

This short guide has been developed for members who work alone but also contains a checklist for RCN safety representatives who work on negotiating improvements to workplace safety for members (Appendix 2) and nurse managers who manage lone working staff (Appendix 3). For those wanting more in-depth information on lone working, there is a list of sources of further information in the back of the guide.

Are you a lone worker?

Traditionally lone workers have been viewed as community-based staff carrying out home visits but, as the definition below outlines, lone working can be much broader than this. For example, there may be times where nursing staff working in large buildings or small health centres may also be classed as lone workers.

Definitions of lone working

'Any situation in which someone works without a colleague nearby or when someone is working out of sight or earshot of another colleague.'

NHS Protect (2014)

'Those who work by themselves without close or direct supervision.'

Health and Safety Executive (2013)

Situations where nursing staff may be working alone

- Any role which involves home/domiciliary visits such as district nursing, community mental health nursing, health visiting and community midwifery.
- Caring for a patient or client on a shift at their home.
- Outreach work.
- Escorting a patient alone from one side of a hospital to another.
- Collecting equipment from an isolated part of a hospital at night when few staff are around.
- During a one-to-one consultation in a clinical room.
- Being the first person to arrive/unlock or last person to leave/lock up a building.
- Therapeutic observation (specializing) a patient.

This list is not exhaustive but aims to illustrate the wide range of lone working situations nursing staff may find themselves in.

What are the risks?

Compared to other sectors, health and social care staff are at increased risk of violence wherever they work. However, recent analysis of incident data carried out by NHS Protect (2015) found that the risk is even greater for lone working health care staff with the proportion of lone workers sustaining injury from a physical assault being around 9% higher than for non-lone workers.

They concluded that the greater risk is due to:

- the lack of nearby support from a colleague which may mean that lone workers are unable to prevent an incident from occurring
- if an incident occurs, lone workers are more limited in their ability to withdraw, defend themselves or restrain the assailant than they would be if they had colleagues present.



What should I expect from my employer?

Under health and safety laws, employers have a range of legal duties including keeping employees safe at work; providing a safe working environment; assessing any risks to employee health and safety and taking reasonably steps to eliminate or reduce those risks.

The RCN's five-point plan to protect lone workers outlines in more detail what we expect from employers including compliance with their legal duties.

1. Policy

Every organisation needs a lone worker policy to inform lone workers about the arrangements in place to protect employees and identify who is accountable and roles and responsibilities for ensuring the policy is implemented.

2. Risk assessments

Organisations must carry out risk assessments to identify and manage the risks to lone workers and reduce potential harm. Nursing staff must have access to the risk assessments and be provided with information and training to help them assess the risks and know what is in place to ensure their safety.

When identifying risks, employers should look at the following factors:

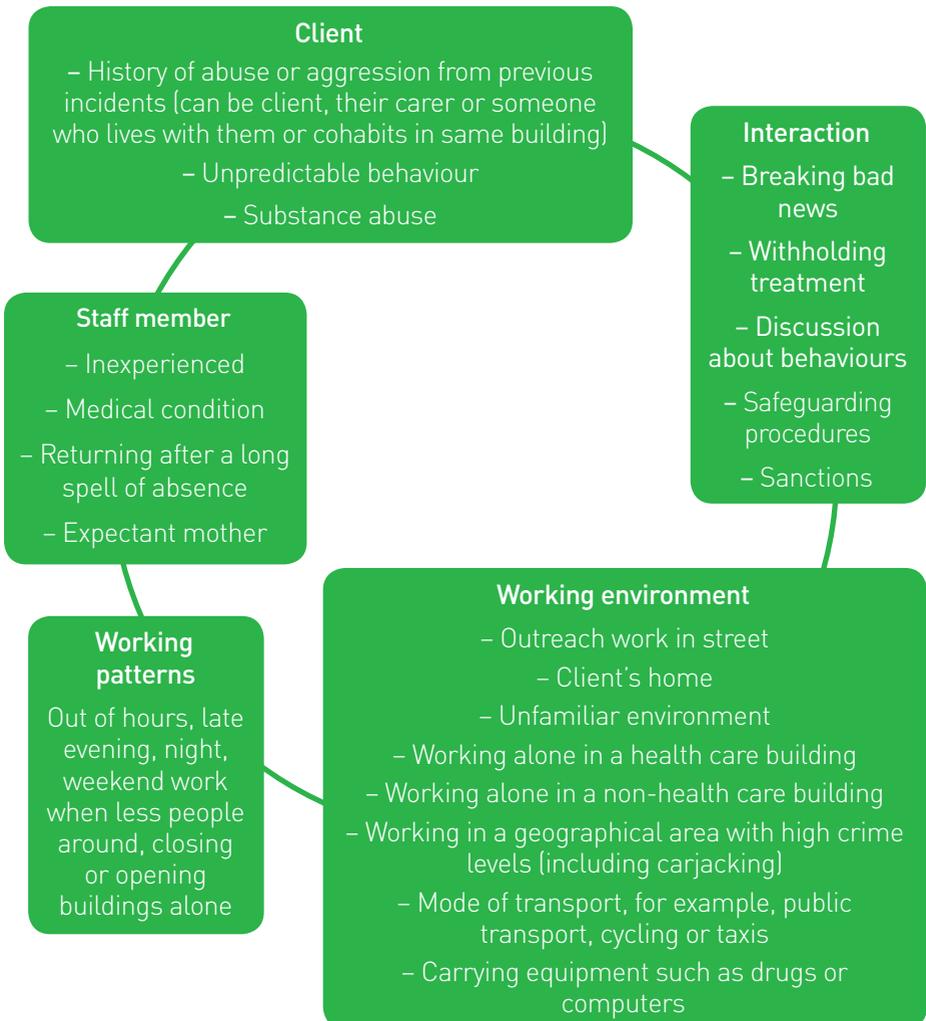
Client/s: What is known about the client and/or people who may be with the client or in the client's premises? (For example, a previous history of violence.)

Employee: Is the employee more vulnerable due to a lack of training, inexperience, existing health conditions or pregnancy?

Working conditions (including environment, systems of work and working hours): Covering issues such as hours of work (for example, outside normal working hours); type of working environment and issues such as access and exit, proximity and accessibility of alarms, car parking proximity, equipment being carried or aggressive dogs on site.

Interaction: What types of interactions are taking place? Are interactions likely to increase the risk of violence? Are there safeguarding issues or changes to levels of care/support provided?

Further examples of risk factors are shown in the diagram below.



3. Prevention

Employers must implement safe systems of work and 'control measures' that prevent or reduce the risks identified as part of the risk assessment. Examples of measures that can be taken include the following.

- Means of raising the alarm (see page 10).
- Mobile phone.
- Visiting, or working in pairs.
- Access to electronic diaries/notice boards with lists/times of visits.
- Buddy systems.
- Regular checks by supervisor and or work colleagues.
- Equipment such as sat-nav and a torch for visits to unfamiliar areas or at night.
- Parking permits (to allow parking close to clients home, especially if parking is difficult out of hours).
- A contact that staff can inform of their location before they enter and after they leave a client's home or when locking up a building.

In the case of hospital buildings, controls on access, CCTV, security patrols, static alarms and layout of clinical rooms are examples of measures that can be taken to prevent incidents or reduce the risk of them escalating. Static alarms must be regularly tested and staff made aware of how to use them and what to do if the alarm goes off (including what they sound like).

In some cases if the risk is caused or increased by visiting a patient it may be safer if the patient visits a hospital/health care building or look at other strategies. Even visiting in pairs may not be enough to reduce the risk. In some instances security staff or police may be called upon to support the visit.

Employers must reduce the risk “*so far as is reasonably practicable*”. This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble. The greater the level of risk and the higher the likelihood of harm the more time and money should be spent reducing the risk. As a minimum, the RCN expects lone working community staff to be issued with a work mobile phone.

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.

Each situation needs assessment and you should discuss this with your manager and the rest of the care team. Read your employer’s policies on managing violent patients. Remember that your employer has a responsibility to ensure the safety of both you and the patient.

Your employer cannot dismiss or discipline you for leaving your workplace because of danger which you believe to be ‘serious and imminent’ and which you could not be reasonably expected to prevent. This includes taking any appropriate steps to protect you or others from danger.

NHS Protect have developed guidance on *Prevention and Management of Violence Where Withdrawal of Care is Not an Option* along with *Guidance on Unacceptable Behaviour* (including template warning letters and behavioural agreements). These can be found at www.nhsbsa.nhs.uk/3641.aspx

Example: an immobile patient requiring twice daily injection of insulin, which they were unable to self-administer, was verbally threatening to nursing staff on a number of occasions and was known to have physically assaulted an occupational therapist. Following a review of the risk assessment, a decision was made that the risk was too high to visit the patient but due to mobility issues it was not possible for the patient to visit a clinic twice a day for insulin injections. In order to manage the risk, staff trained the patient’s relative (carer) to administer the insulin injections. There are plans to train a second relative in case the other relative becomes sick.

Means of raising the alarm

With advances in technology there are a number of personal safety alarms or lone worker devices on the UK market. The RCN believes that all at risk nursing staff should have access to an effective means of raising the alarm. In most instances this would go beyond a simple mobile phone or a panic/shriek alarm. A mobile phone may not be easily accessible or easy to dial or text from in a situation which is escalating and may inflame an already difficult situation. A panic/shriek alarm is not a means of calling for help, but a way of momentarily disarming an attacker to give the victim vital seconds to get away.

However, the RCN is aware that mobile phones can be enabled with specialist software, GPS and apps to support lone workers at the press of a button. Tablets and laptop computers can also be enabled with this technology.

Nursing staff who are carrying out clinical procedures in a patient's home often prefer wearable technology such as a lone worker device within an ID card, such as the Identicom system, trialled and widely used in the NHS in England.

There are a number of standards governing the selection of lone worker devices and the RCN believes that lone working devices provided to nurses should meet these standards, set out by 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.

When looking at lone worker systems it is advisable to create a focus group to test different types. When looking at costings, organisations need to factor in staff time in terms of training and monitoring usage. Some companies provide training and on-going monitoring of use as part of a total package which can be more cost effective in terms of freeing up staff time to implement and monitor lone working procedures.

The Suzy Lamplugh Trust provides a useful directory of lone worker devices. Visit www.suzylamplugh.org/personal-safety-tips/lone-worker-directory

NHS Protect have a framework agreement with Reliance/Identicom to provide a lone worker device to the NHS. This can be found at www.nhsbsa.nhs.uk/4248.aspx

Lone worker devices should be part of a package of measures to reduce the risk of harm to lone workers.

4. Training

As part of the risk assessment, employers have a duty to identify the training needs of lone workers for example in dynamic risk assessment, de-escalation/diffusion of situations and personal safety including when travelling on public transport or driving. While training alone will not reduce the incidence of violence, it is an essential part of an organisation's approach to managing violence and aggression towards lone workers.

5. Support

Employers should have systems in place to support lone working individuals following a near miss or an incident. This should include line management support and debriefing; investigating the incident; reviewing risk assessments; putting measures in place to prevent it happening again; advising how to access counselling support and liaising with the police.

What can I do to help myself?

While your employer or their delegated representative is responsible for carrying out organisational, departmental/team level risk assessments, as an individual there are a number of steps you can take to reduce your risk including carrying out a dynamic risk assessments. Dynamic risk assessment for lone workers is a process of continuously assessing situations to ensure the risks of violence are quickly recognised, assessed and responded to.

Before

Familiarise yourself with policies and risk assessments, ensure that you are provided with the right equipment to reduce the risks including a means of raising the alarm, know how to use it and have as much information available as possible before doing a home visit or visiting an unfamiliar environment. Attend training to prepare yourself for situations. Students accompanying nursing staff on lone visits should also familiarise themselves with policies.

During

Follow a safe system of work: If given a personal safety alarm such as Identicom or mobile phone based alarm. Check that you have a signal and battery life. Follow your workplace procedure for using lone worker systems. It is provided for your safety and your employer has a right to know your movements during your paid working hours. If driving, keep equipment such as laptops and medical supplies out of sight and secure in the boot of your vehicle when not in use.

Note: the RCN strongly recommends that all members use safety equipment provided by their employers including lone worker alarms. As an employee, under section 7 of the Health And Safety at Work etc Act 1974 you have a responsibility to use all equipment that is provided for your safety so long as you have been fully trained on how to use such equipment.

Carry out a Dynamic Risk Assessment:

Assess your surroundings: Is there anything around which is cause for alarm? For example, a potential weapon, a dangerous animal. Think about how you will get out if things get difficult.

Assess the client/s: Is their behaviour or the behaviour of someone with them cause for alarm? Are they acting in a strange manner?

Act: You are not expected to put your own personal safety at risk. If you feel unsafe withdraw from the situation to a place of safety and inform your manager. Where it is safe to do so use de-escalation techniques. If you feel the situation is escalating use strategies to remove yourself, such as *“I just have to pop back to the car to get some notes”* or *“to the other room to get some equipment”*. Use your lone worker alarm systems as per employer’s policy/procedure.

Note: If you feel in serious or imminent danger when working alone, your manager should support any decision you make in good faith at the time to withdraw from the situation to a place of safety. The *Code* (NMC, 2015) states that you should take account of your own personal safety as well as those you care for.

After

Remember to report any concerns including near misses, verbal or physical abuse to your line manager; your RCN representative and via your organisation’s incident reporting systems. Even when the client has limited or no capacity and you believe there was no intent in the assault it is still important to report it to your employer through your workplace incident reporting systems so that measures can be taken to reduce the risk for anyone else who may be alone with the client. If you have been physically injured as a result of the assault, report the incident to the police.

Appendix 1: Health and safety law and lone working

| Law | General requirements |
|--|--|
| <p>Health and Safety at Work Etc Act 1974</p> <p>Health and Safety at Work (Amendment) (Northern Ireland) Order 1998</p> | <p>Employers must provide a safe and healthy environment for all employees (including homeworkers, part-time and temporary workers.</p> <p>Employers to ensure, as far as is reasonably practicable, the health, safety and welfare of employees at work. This means having written policies setting out the arrangements for managing health and safety risks to staff.</p> <p>Employees need to take care of their own health and safety and that of others by:</p> <ul style="list-style-type: none"> • attending and following any instructions or health and safety training provided • co-operating with the employer to help them comply with health and safety legislation • inform the employer of any work situations that present a serious and imminent risk. |
| <p>Management of Health and Safety at Work Regulations 1999</p> <p>Management of Health and Safety at Work Regulations (Northern Ireland) 2000</p> | <p>Employers must carry out suitable and sufficient risk assessments of all significant hazards in the workplace.</p> <p>Employers must also provide employees with information on the risks to their health and safety, preventative and protective measures in place and emergency procedures.</p> |

| Law | General requirements |
|---|---|
| <p>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1996</p> <p>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (RIDDOR)</p> | <p>Employers to report formally to the Health and Safety Executive (HSE) certain types of occupationally acquired diseases, injuries and dangerous occurrences. Injuries as a result of work which require the member of staff to be off or unable to do normal duties for more than seven days also need to be formally reported.</p> |
| <p>The Corporate Manslaughter and Corporate Homicide Act 2007</p> | <p>This legislation creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.</p> |
| <p>Safety Representatives and Safety Committees Regulations 1977</p> <p>Safety Representatives and Safety Committees Regulations (Northern Ireland) 1979</p> | <p>Employers to consult with safety representatives on matters affecting the health and safety of members.</p> <p>Employers to allow safety representatives paid time off to:</p> <ul style="list-style-type: none"> • inspect documents relating to health and safety • investigate RIDDOR incidents and complaints from members • inspect the workplace • set up a health and safety committee. |

Appendix 2: Checklist for RCN safety representatives

- Are all lone working nursing staff identified using the definition provided by NHS Protect and or the Health and Safety Executive?
- Does your organisation have a lone working policy?
- Are lone workers made aware of the policy?
- Are risk assessments carried out for all lone working nursing staff? Do they have access to them?
- Are you consulted on the findings of the risk assessment and measures to reduce the risks to lone workers including selection on lone worker devices?
- Do lone workers have an effective means of raising the alarm (be they static or mobile workers)?
- Are lone workers trained in how to use lone worker devices?
- Are lone workers trained in how to carry out a dynamic risk assessment?
- Are lone workers trained in conflict resolution/personal safety and or deescalation skills?
- Are there measures in place to monitor usage of lone worker devices?
- Are steps taken to address poor usage of lone worker devices?
- Does the employer/manager assure staff that their personal safety is a priority and that they will be supported if they acted in good faith and withdraw from a situation where they felt in serious or imminent danger?
- Are there incident reporting procedures in place? Are staff aware that they should report near misses or cases of both verbal and physical abuse when working alone?
- Is immediate and ongoing support available to staff after incidents?

Appendix 3: Checklist for nurse managers of lone workers

- Are your staff trained in appropriate strategies for the prevention and management of violence?
- Have staff received conflict resolution or similar on de-escalation, dynamic risk assessment and personal safety training?
- Have staff been issued with all lone working policies and procedures?
- Have staff been given all the information about the risks of aggressive and violent behaviour by patients/service users and the appropriate measures for controlling these risks?
- Have staff been issued with appropriate lone worker safety devices and the procedures for maintaining them?
- Have staff been trained to confidently use any lone working devices and to understand how the support systems behind it will support them?
- Do managers lead by example and use their own lone working devices?
- Do staff know how to report an incident, and to whom?
- Do staff know how important it is to report all incidents when they occur?
- Are student nurses made aware of lone working policies? Do they know how to report incidents?
- Do staff understand the importance of proper planning before a visit, the need to be aware of the risks and do everything they can in advance to ensure their own safety?
- Do staff always leave an itinerary with you or their colleagues?
- Do staff keep in regular contact?
- Can staff carry out continual dynamic risk assessments during their visits?
- Are staff aware that they should never put themselves or colleagues in danger and that, if they feel threatened, they should withdraw immediately?
- Do staff appreciate the circumstances under which visits should be terminated?
- Do you assure staff that their personal safety is a priority and that they will be supported if they acted in good faith and withdraw from a situation where they felt in serious or imminent danger?
- Do they understand their responsibility for their own safety?
- Do you offer support such as debriefing, help contacting police and signposting to counselling?

References

NHS Protect (2014) *NHS Lone Worker Protection Service User Guide* Available at www.nhsbsa.nhs.uk/4248.aspx (accessed 12 August 2016)

NHS Protect (2015) *Lone Working Estate Mapping Exercise* Available at www.nhsbsa.nhs.uk/4248.aspx (accessed 12 August 2016)

Health and Safety Executive (2013) *Working Alone – health and safety guidance on the risks of lone working* Available at www.hse.gov.uk/toolbox/workers/lone.htm (accessed 12 August 2016)

Further information

NHS Protect www.nhsbsa.nhs.uk/Protect.aspx

Health and Safety Executive www.hse.gov.uk

Health and Safety Executive Northern Ireland www.hseni.gov.uk

Suzy Lamplugh Trust www.suzylamplugh.org Suzy Lamplugh Trust was founded by Diana and Paul Lamplugh following the disappearance of their daughter Suzy, a young estate agent, in 1986. Since then, the Trust has pioneered personal safety as a life skill and a public policy priority. The work of the Trust includes:

- Helping and supporting people – through the provision of free safety tips, managing the National Stalking Helpline; selling targeted resources to help people improve their personal safety
- Education – training of organisations and individuals in personal safety through in-house training and open access courses; publishing guidance; providing workplace support and consultancy
- Campaigning – working in partnership with other charities, private and statutory organisations; raising awareness; influencing policy makers

NHS Staff Council *Health Safety and Wellbeing Partnership Group's guidance for lone workers and managers of lone workers* www.nhsemployers.org

RCN's Healthy Workplace, Healthy You Campaign
www.rcn.org.uk/healthyworkplace



The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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