



Southern Health  
and Social Care Trust

# **LONE WORKING POLICY** **AND PROCEDURE**

**FEBRUARY 2010**

## Lone Working Policy Policy Checklist

Name of Policy:	Lone Working Policy
Purpose of Policy:	<p>This policy aims to ensure:</p> <ul style="list-style-type: none"> <li>• the lone worker has full knowledge of the hazards and risks to which he/she is being exposed.</li> <li>• the lone worker knows what to do if something goes wrong.</li> <li>• someone knows the whereabouts of the lone worker, what he/she is doing and when they are due back and will implement the agreed emergency response.</li> </ul>
Directorate responsible for Policy	Directorate of Human Resources & Organisational Development
Name & Title of Author:	<p>Janet Taylor, Head of Health &amp; Safety          Frances Hughes, SHSCT MAPA Trainer          Margaret Tierney, SHSCT MAPA Trainer          Eamonn Hughes, SHSCT MAPA Trainer          Eamonn Connolly, Staff side (RCN)</p>
Does this meet criteria of a Policy?	<b>Yes/No/Not Applicable</b>
Staff side consultation?	<b>Yes/No/Not Applicable</b>
Equality Screened by:	<p>Frances Hughes, MAPA Trainer/Advisor          Jane Carr, Acting Head of Health and Safety</p>
Date Policy submitted to RM&PC:	1 March 2010
Members of RM&PC in Attendance:	
Policy Approved/Rejected/Amended	Approved ( <i>comments included</i> )
Communication Plan required?	<b>Yes/no/not applicable</b>
Training Plan required?	<b>Yes/no/not applicable</b>
Implementation Plan required?	<b>Yes/no/not applicable</b>
Any other comments:	
Date presented to SMT	
Director Responsible	Director of Human Resources & Organisational Development
SMT Approved/Rejected/Amended	
SMT Comments	
Date returned to Directorate Lead for implementation (Board Secretary)	
Date received by Office Manager (HQ) for database/intranet	
Date for further review	2 year default

<b>POLICY DOCUMENT – VERSION CONTROL SHEET</b>	
<b>Title</b>	Title: Lone Working Policy Version: 1_0 Reference number/document name:
<b>Supersedes</b>	Supersedes: Legacy policies for Craigavon & Banbridge, Craigavon Area Hospital, Newry & Mourne and Armagh & Dungannon Trusts.  Description of Amendments(s)/Previous Policy or Version: Harmonisation of the 4 legacy Trust policies.
<b>Originator</b>	Name of Author: Janet Taylor Title: Head of Health & Safety
<b>RM/Policy Committee &amp; SMT approval</b>	Referred for approval by: Jane Carr, Acting Head of Health & Safety Date of Referral: RM/Policy Committee Approval (Date) - SMT approval (Date) –
<b>Circulation</b>	Issue Date: Circulated By: Janet Taylor Issued To: As per circulation List (details below)
<b>Review</b>	Review Date: Responsibility of (Name): Janet Taylor Title: Head of Health & Safety

### **Circulation List:**

This policy was circulated to the following staff and groups for consultation:

Trust Directors

Staff Side

SHSCT Security Manager

SHSCT Lone Working Sub Group

Anita Carroll – Assistant Director of Acute Services – Functional Support Services

Following SMT and Trust Board approval this Policy Document will be circulated to the following:

All Trust staff

Trust Internet site (for public release under the Freedom of Information Act 2000)

Trust Intranet site

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***SECTION ONE***  
***LONE WORKING***  
***POLICY***

## **LONE WORKING POLICY**

### **1.0 Introduction**

1.1 It is recognised that many people within the Southern Health and Social Care Trust (hereafter called the Trust) by the nature of their job can be required to work alone or can find themselves in such circumstances.

1.2 **Lone working can be described as “*work that is specifically intended to be carried out by unaccompanied persons, without direct supervision or immediate access to another person for assistance*”.**

1.3 Lone working may expose employees/others to additional health and safety risks which do not present themselves in other circumstances. Through a process of risk assessment, significant risks will be identified and controls put in place to eliminate/reduce the risk. To achieve this, the co-operation of all involved is essential and requires all levels of management and individual staff members to work together to develop and implement local safe systems of work.

1.4 To this end, this document has been developed in support of the Trust’s Health & Safety at Work Policy.

### **2.0 Rationale**

This policy is underpinned by health and safety legislation and places a duty on the Trust to provide and maintain a safe working environment.

### **3.0 Policy Aim**

This policy aims to ensure:

- The lone worker has full knowledge of the hazards and risks to which he/she is being exposed.
- The lone worker knows what to do if something goes wrong.
- Someone knows the whereabouts of the lone worker, what he/she is doing and when they are due back and will implement the agreed emergency response.

### **4.0 Policy Statement**

The Trust is committed to ensuring, so far as is reasonably practicable, that staff who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety.

Working alone does not contravene the law, but it can bring additional risks to a work activity. Through the process of risk assessment the Trust will identify activities that have a significant level of risk attached to them. The Trust will, so far as is reasonably practicable, employ controls to reduce the exposure to those risks or eliminate the risk all together.

## **5.0 Scope**

This policy applies to all employees and those undertaking work on behalf of the Trust and refers to all services and activities of the Trust.

It is applicable to:

- All lone workers, as defined, whether in a clinical or non clinical environment.
- Line managers of lone workers.
- Staff who are not routinely defined as lone workers but on occasion are required to work alone as per the definition.
- Those staff who are responsible for providing information which may affect the safety of lone workers.

## **6.0 Responsibilities**

### **6.1 *Trust Board***

The overall responsibility for these arrangements lies with Trust Board.

### **6.2 *Chief Executive***

The Trust Board's responsibility for ensuring implementation is managed through the Chief Executive.

### **6.3 *Director Human Resources & Organisational Development***

The Chief Executive has appointed the Director of Human Resources & Organisational Development as the identified Lead person for Health and Safety within the Trust which includes responsibility for establishing and monitoring the implementation of the Lone Working Policy. This function will be carried out by the Head of Health & Safety.

### **6.4 *Directors***

The Chief Executive requires Directors to establish and monitor the implementation of these arrangements within their area of responsibility.

In collaboration with the Head of Health and Safety, Directors are required to establish local health and safety arrangements to ensure compliance.

### **6.5 *Managers* are responsible for:**

- Ensuring that staff are aware of this policy and understand the methods and timing of reporting incidents.
- Ensuring risk assessments, local policies and procedures are produced and that safe systems of work are adopted including emergency response arrangements.
- Ensuring that any lone working procedures and safe systems of work implemented are subject to regular monitoring and reviewing to ensure effectiveness.
- Ensuring that staff receives appropriate information, instruction, training, supervision and equipment.



## 6.6 **Staff**

If staff hold a post where the nature of the job involves working alone a risk assessment must be carried out with appropriate arrangements put in place to ensure health and safety.

Staff must:

- Ensure they have all the necessary information, instruction and training to recognise the hazards and risks involved with working alone.
- Comply with policy and related procedures and co-operate with supervisors and managers on all health and safety matters.
- Take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions at work.
- Advise line managers of any concerns or risks.
- Report all incidents of violence and aggression in accordance with the Trust Management of Adverse Incidents Policy.
- Attend appropriate training.
- Support colleagues who have been the victim of a violent incident or a witness to it.
- Co-operate fully in any subsequent investigation of an incident.
- Follow safe working procedures including the use of safety/communications equipment.
- Know what to do if something goes wrong.
- Share their schedule in accordance with local arrangements.
- Report any incidents, concerns about working alone, or faulty equipment to their line manager.

## **7.0 Monitoring and Review**

- 7.1** The Trust is committed to ensuring that all policies and procedures are kept under review to ensure that they remain compliant with all relevant legislation and reflect organisational development.
- 7.2** This document will be reviewed by the Director of Human Resources and Organisational Development within two years or earlier if required.
- 7.3** The Trust is committed to regular auditing of lone working arrangements and will also monitor agreed performance indicators as determined by the Trust Board and/or the Lead Director.
- 7.4** Additionally Trade Union Side representatives may also monitor incidents, conduct risk assessments, carry out workplace inspections, etc.

## **8.0 Sources of Advice and Further Information**

- 8.1** Further advice and information regarding lone working can be obtained from the Head of Health & Safety and/or Trade Union Side representatives.
- 8.2** This document should be read in conjunction with related policies and procedures e.g.
- Zero Tolerance on Abuse of Staff Policy, Procedure & Management Strategies
  - Management of Adverse Incidents Policy
  - Health and Safety at Work Policy
  - Risk Management Strategy

## **9.0 Equality and Human Rights Considerations**

- 9.1** This document has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commissions screening criteria, no significant equality implications have been identified. It is therefore not subject to equality impact assessment.
- 9.2** This document has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained in the Act.

## **10.0 Alternative Formats**

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

## **11.0 Records Management**

The supply of information under the Freedom of Information does not give the recipient or organisation that receives it the automatic right to re-use it in any way that would infringe copyright. This includes, for example, making multiple copies, publishing and issuing copies to the public. Permission to re-use the information must be obtained in advance from the Trust.

***SECTION TWO***  
***LONE WORKING PROCEDURE***

## **LONE WORKING PROCEDURE**

### **12.0 Risk Assessment and Safe Systems of Work**

**12.1** Where there is the potential for working alone, a risk assessment is required<sup>2</sup>.

**12.2** Risk assessments should be completed with the individuals who are involved in the task or process being assessed; they are the people who best understand the risks.

Risk Assessment includes:

<b>STEP 1</b>	<b>Identification of individual, environmental and service provision risk factors.</b>
<b>STEP 2</b>	<b>Development of local procedures to implement the outcome of the risk assessment.</b>
<b>STEP 3</b>	<b>Providing information to all staff that are affected.</b>
<b>STEP 4</b>	<b>Regular reviews are necessary at regular intervals and whenever there is reason to suspect they are no longer valid.</b>

**12.3** Please refer to the Trust Risk Management Strategy for guidance on the risk assessment process.

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<sup>2</sup> Ref: The Management of Health and Safety at Work Regulations (N.I) 1992 and amendments

## **13.0 STEP 1 - IDENTIFICATION OF RISK FACTORS**

The **risk assessment** process should take into account the identification of hazards from; for example, means of access and/or egress, equipment, substances, environment, travel/route planning, communication, activity, individuals etc. Particular consideration should be given to: -

### **13.1 *Individual Risk Factors***

#### **Patient/Client/Other Individual:**

- Is the person facing high levels of stress, likely to be drunk or on drugs?
- Does the person have a history of violence?
- Does the person have a history of criminal convictions?
- Does the person suffer from a medical condition which may result in a loss of self control?

#### **Staff:**

- Are staff familiar with relevant Trust policies and local arrangements for lone workers and have they received relevant training?
- Are the staff new to the job, location or caseload?
- What is the staff medical fitness?
- \* Special needs or disabilities of a member of staff may have to be taken account of. This is applicable under general health & safety legislation and the Disability Discrimination Act.

#### **Working with Groups:**

- Is the history of the group/area a factor?
- Have you a planned exit route?
- Are there people attending from other services/agencies?

### **13.2 *Environmental Risk Factors***

- Is the remoteness or isolation of the workplace a factor?
- Are there any problems with communication?
- Is there a possibility of interference, such as violence or criminal activity from other persons?
- Is there a possibility of an animal attack?
- Position within the room?
- Are there offensive weapons present?

### **13.3 *Service Provision Risk Factors***

- Has the person verbally abused a healthcare worker in the past?
- Has the person threatened a healthcare worker with violence in the past?
- Has the person attacked or attempted to attack a healthcare worker in the past?
- Does the person perceive a healthcare worker/professional as a threat to his/her children, their own liberty or themselves?
- Is the work out of hours?
- Does the person have unrealistic expectations of what can be done for them?
- Does the person perceive staff as wilfully unhelpful?

## **14.0 STEP 2 - DEVELOPMENT OF LOCAL PROCEDURES / SAFE SYSTEMS OF WORK**

From the risk assessment it should be possible to identify lone working risk areas or activities. Local procedures need to be written to ensure there is a **safe system of work** for staff working in lone worker risk areas or activities. The emphasis should be to **reduce the risk to as low as is reasonably practicable**. Suggested local procedures/safe systems of work are provided in Section 3.

## **15.0 STEP 3 - COMMUNICATION**

The risk assessment should pay particular attention to the **process of communication**.

### **15.1 *Sharing of Information between services/other agencies***

There should be communication of information about patients/clients/significant others between services/other agencies which may be providing service/treatment/care to the same individual. This should be documented. All relevant disciplines providing treatment/service/care should be informed about the risk, potential for violence and aggression, including trigger points. Managers are responsible for ensuring systems are in place to share such information and concerns.

**Balancing the need to provide information on potential risks in protecting an individual's right to privacy** - Legislation allows for the sharing of confidential information for the protection of health. This must be justified on a case by case basis<sup>3</sup>.

### **15.2 *Local system of communicating with each other (Buddy system)***

It is imperative that the team leader or manager establishes a local system of communicating the whereabouts of individuals and an emergency response system is agreed. All staff must be compelled to use the system once established.

When Suzy Lamplugh, the Estate Agent went missing, the biggest problem the Police had was that they had no idea of where she had gone, who she had gone to see and her colleagues had no idea about when she should have been back. **A local system of communicating with each other** will limit any such incidents for Trust staff.

Following risk assessment methods of communication will be made available, which will facilitate safe working practices, e.g. use of two-way radios, silent alarms linked to switchboard, personal safety alarms etc. Consideration should be given to mobile phone coverage and if assessed as appropriate direct telephone link to the emergency services. This procedure is not prescriptive

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<sup>3</sup> Ref: Human Rights Act 1998, HSW Order NI 1978, The Safety & Health Practitioner, November 2002

about how each team will run a 'buddy system' however, some ideas are described in Section 3.

A communication procedure must be in place in every location/team and be utilised by all staff.

## **16.0 STEP 4 - MONITORING & REVIEW**

Managers must ensure that any lone working procedures and safe systems of work implemented are subject to regular monitoring and reviewing to ensure effectiveness. This may take the form of both informal monitoring on a day to-day basis and more formally via safety inspections.

Risk assessments must be reviewed at regular intervals and whenever there is reason to suspect they are no longer valid.

Staff are responsible for adhering to procedures and should report any incidents or concerns relating to the safety and effectiveness of the working arrangements to their line manager.

### **17.0 Training**

It is the responsibility of the individual and the line manager to identify any training needs and to ensure that these are facilitated, for example:

- Corporate Induction
- Departmental Induction e.g. local lone working arrangements
- Management of Actual or Potential Aggression (MAPA) Training. Training will be available to all staff based upon the level of risk.
- Personal Safety
- Use of equipment e.g. mobile phone, personal alarm
- Instruction in the use of a buddy system etc.

If there are particular issues for local areas or specialist teams it is possible to arrange training to work through these concerns and devise strategies to manage them. The Health and Safety Department can be contacted for further advice.

Managers are responsible for keeping a record of staff training.

### **18.0 Incident Management**

All incidents must be reported and investigated in accordance with the Management of Adverse Incidents Policy.



***SECTION THREE***

***SUGGESTED LOCAL PROCEDURES /***

***SAFE SYSTEMS OF WORK***

***FOR LONE WORKING***

## **19.0 BUDDY SYSTEM**

- Staff member to log on for duty. (Staff may wish to use an office diary/whiteboard to record staff members logging in/out).
- Team up with a work colleague 'buddy' and share details of both your work schedules for the day and your vehicle and travel details i.e. destinations and expected times of arrival/departure.
- Let your 'buddy' know of **any** changes to your schedule even small changes.
- On high risk visits/tasks communicate arrival and departure to 'buddy'.
- Agree a schedule of regular checks on each other throughout the shift even if high risk visits/tasks are not scheduled.
- Confirm with base/'buddy' that you have returned or the visit has ended.
- Arrange for contact/emergency response if your return is overdue.
- This procedure should be followed throughout all shifts.
- Staff member to log off at end of shift.
- Communicate via mobile-phone/telephone to highlight any visit or situation causing concern.
- If no other point of contact available, especially at night, leave messages at home or where this is not possible with a designated member of staff.
- Lone workers such as catering, domestic, office staff etc may wish to inform someone they are working alone and contact them again to confirm they have finished work and left the premises.

## **20.0 HOME VISITS**

### ***Before Leaving Checklist***

- Is the visit to the patient/client in their home necessary?
  - Can they come to you in a Trust facility?
- Will changing the time of the visit reduce risks?
  - Consider arranging visits for particular times of day such as mornings when parents are taking children to school are around and when anti-social or illegal activity should be minimal.
- Have you the knowledge that will allow you to recognise when a situation is becoming dangerous?
- Have you the communication skills to resolve the situation if safe to do so?
- Do you know when to leave and seek assistance?
- Is this to be your first visit to the patient/client?
- Have you read through their notes and records to acquaint yourself with relevant information including possible risks?
- Are you providing cover for another member of staff?
  - Brief colleagues on difficulties.
  - Is a joint visit necessary?

### **Useful information and checklist required by staff member prior to any visit to a patient/client's home may include:**

- Name/Date of Birth.
- Address (obtain clear directions to location of residence).
- Telephone number (make sure patient/client knows you will be visiting unless there are particular reasons for an unannounced visit).
- Diagnosis.
- GP Name.
- Contact number of appropriate person if further help required e.g. Line Manager / PSNI / Colleague.
- Reason for referral.

- Is the individual known to the service or the Trust?
- Specific equipment : carry only what is necessary.
- Are there other occupants in the house or have access to it?
- Are there any perceived or previous problems e.g. patient/relative aggression/known causes of aggression?
- Should this client only be seen in Trust premises?
- Is there any indication of anti-social/ criminal activity in the area?
- Is there indication of need for staff to visit in pairs?
- Is there any indication that you should not use your own car or be easily identifiable as a health/social care worker?
- Consider the need to vary routine or routes.
- How access to the house can be obtained e.g. key to house, isolation of area.
- Aggressive /unusual pets.

It is recognised that some of the above information may not be available prior to a visit. Visits requested with little or scant information should be dealt with as a higher risk visit. **Refer to section 22.0.**

### ***On Arrival***

### **BE ALERT, BE AWARE, BE SAFE**

- Park with care, in such a way as to ensure a quick getaway.
- Be aware of your attitude, body language.
- Keep clear of the doorway after ringing and stand sideways on so you present a narrow, non-threatening but protected stance.
- Introduce yourself and the reason for your visit.
- Always show your Trust ID card.
- Do not enter if the person you are calling to visit is not available.
- Do not enter if met with aggression at the front door or the person appears to be under the influence of alcohol or drugs.

- Only enter when you are invited and you feel safe to do so.
- Follow the occupants in when entering.
- Ask for dogs to be put in another room before you go in.
- Check how the door locks as you go in.
- Be aware of your surroundings and exits.
- Try to sit nearest the door.
- Remain aware of the behaviour of all persons in the house, watching for changes in mood, movements or expressions that may indicate a problem.
- If another person enters the room, reassess, if uncomfortable terminate the visit and leave.
- Never give your home telephone number or address.

**IF AT ANY TIME YOU FEEL YOUR SAFETY IS AT RISK, OR VIOLENCE IS THREATENED LEAVE IMMEDIATELY AND SEEK HELP.<sup>4</sup>**

### ***On Return***

If something has happened during your visit which has caused you concern or has caused you to feel threatened. Inform your line manager and discuss further action.

- Post Incident Support.
- Post Incident Analysis.

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<sup>4</sup> Ref : Suzy Lamplugh Personal Safety at Work: Lone Working 2007/2008

## **21.0 STAFF WHO ARE NOT ROUTINELY DEFINED AS LONE WORKERS E.G. DOMESTIC / CATERING / OFFICE WORKER / ESTATES PERSONNEL / STAFF ON CALL ETC**

If you are working alone and **feel isolated or insecure** you could:

- Inform someone that you are there and arrange for regular contact, e.g. hourly telephone checks.
- If possible lock the external doors to the building for improved security, if not possible lock corridor/kitchen/office doors (leave key on inside of lock for emergency escape in case of fire).
- If you do feel threatened or at risk from a security type incident call the Police.

## **22.0 HIGHER RISK VISITS/LOCATIONS**

Visits assessed as higher risks should only be undertaken if considered essential. More stringent control measures need to be detailed in the local policy and procedure. It may be appropriate to call the point of contact immediately before and immediately after some visits, joint visits or an escort may be necessary, use of local taxis may require consideration etc.

### ***Accompanied visit***

- Do you have a policy on when you request other staff to assist?
- Consider if a security escort e.g. (Police) is necessary/appropriate.

**NB: The Police will try to provide an escort where imminent danger is threatened, subject to resources available. Staff should bear in mind that this could exacerbate the risk given that the Police are not always welcome in certain areas.**

For visits to higher risk locations (for example, areas with high-crime rates, isolated rural areas etc) an assessment of the situation and needs should be made before leaving and any additional checks that may be required should be made. If you have any doubts regarding the location:

- Double check the address, telephone number and consider ringing back to confirm the validity of the location.
- Verify information about previous treatment; ask caller to be visible at house window or door as you arrive and to leave light on/curtains drawn back at night.

## **23.0 SEVERE WEATHER CONDITIONS**

If weather conditions are severe and roads are unsafe, do not put yourself at unnecessary risk.

Staff must communicate with their line managers and colleagues to inform them that they are going on a visit, where, how long, what route etc. If your visit is essential, make sure you are prepared for any eventuality including a means of communication.

## **24.0 EMERGENCIES IN PATIENTS/CLIENTS HOME**

If staff identify an emergency situation in a patient/client's home then contact the appropriate emergency service as soon as possible, **let the experts deal with it.**

## **25.0 CAR SAFETY**

By keeping your motor vehicle in good working order, reporting any faults and carrying out regular servicing you will limit the risk of breaking down. Simple pre driving checks will also help, such things as:

- Fuel in tank
- Extra fuel in a safety-approved can
- Oil level to correct level
- Water in radiator
- Spare tyre is inflated
- Horn & lights working
- Water in washer bottle and washers work.
- Do you know how to change a wheel, where your fuses are in the car? Do you have spare fuses?
- Do you have details of breakdown/rescue organisations?

### ***If Your Car Breaks Down***

- Turn on your hazard warning lights, (notify your 'buddy'/colleague) and summon assistance as appropriate.
- Try to assess whether it is safer to stay in your car, or to get out, take account of how isolated you are and the time of day.
- If you stay inside, sit in the passenger seat to give the impression you are not alone.
- Display a "help" notice if you stay in the car.
- Keep your doors locked and the window open no more than 1.5 inches, if someone stops to offer help, ask him or her to telephone the police. Do not let people who offer to help get into your car.
- If you leave the car, lock it and note its location, if you have a personal alarm, take it and keep it in your hand. If it is dark, or will be soon, take a torch.
- If you have a warning triangle, place it in the direction of on-coming traffic, 30 metres from your car and on the same side of the road.<sup>5</sup>

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<sup>5</sup> Ref : Suzy Lamplugh Personal Safety at Work: Lone Working 2007/2008



## **26.0 PERSONAL SAFETY IN YOUR CAR**

- Make sure you carry your mobile phone with battery fully charged or coins/phone card for an emergency.
- Plan your route before setting off, when you have the choice use main roads.
- Tell someone the route you will be taking and when you expect to arrive.
- Let someone know if you change your journey plans.
- Have the directions and maps in the car so you do not have to stop to ask.
- Try to travel on main well-lit roads.
- Keep aware of the latest police recommendations regarding road rage. For example, if another driver gets annoyed with you. Do not make eye contact or make gestures.
- Do not have valuables visible in the car when driving.
- Stay in the car as much as you can. Keep the doors locked and windows closed, especially in towns where you will be stopping at junctions.
- Keep handbags, briefcases and mobile phones out of reach of open windows in case of snatch thieves.
- When you leave the car, lock personal belongings, equipment, drugs etc in the boot, not on display.
- Lock your car, even if you are only going to pay for petrol on a garage forecourt.
- When parking in daylight, consider what the area will be like in the dark.
- At night, park in a place, which is well lit, and if possible busy. Try to avoid car parks or areas where you and your vehicle are not clearly visible
- Have the keys ready before you get into the car, check the back seat.
- If you see an incident or accident, or someone tries to flag you down seek assistance, ask yourself if it is genuine and if you could really help – it might be best to phone for help or drive to the nearest Police station.
- If a car pulls up in front of you and you have to stop, keep the engine running. Stay calm and ensure all the doors and windows are locked. If the driver leaves the car to approach you, reverse as far as you can while sounding the horn and activating the hazard lights.

- If you think you are being followed, try to alert other drivers with your lights and horn. Phone or pretend to phone the Police and make an obvious note of the car registration number. Keep driving until you reach a busy area or a police/fire or ambulance station or even a garage.
- Never give lifts to strangers.<sup>6</sup>

## **27.0 PERSONAL SAFETY ON FOOT**

- Avoid wearing clothing or accessories that could be used to harm you e.g. scarves, ties, heavy necklaces.
- You are more likely to escape danger wearing clothes you can move in easily and shoes that are comfortable; walking quickly is usually safer than trying to run.
- Valuables, such as wallets should be kept in an inside pocket and secured, or use a body belt or “bum bag”, try to keep both hands free.
- To carry things, use a small bag slung across your body under a jacket or coat, or a shoulder bag with a short strap and secure fastenings, make sure it sits close to your body with the fastening innermost.
- Carry in your pocket coins/phone card and the telephone number to stop all your cheque cards and your keys.
- Whenever possible, avoid walking alone at night or near groups of rowdy people.
- Keep to busy, well-lit roads.
- Do not take short cuts, unless you know they are as safe as the longer route.
- Avoid poorly lit or little used underpasses, waste ground and isolated pathways especially at night.
- Carry a torch.
- Walk facing oncoming traffic.
- At night or in bad weather conditions where visibility is poor ensure you wear a high visibility jacket.
- Have a personal alarm readily at hand (available from Health & Safety).<sup>7</sup>

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<sup>6</sup> Ref : Suzy Lamplugh Personal Safety at Work: Lone Working 2007/2008

<sup>7</sup> Ref : Suzy Lamplugh Personal Safety at Work: Lone Working 2007/2008

## **28.0 MANAGERS CHECKLIST**

In order to manage an effective safe system of work for lone working, managers may wish to utilise one or more of the following:

- Office diary/whiteboard/clocking in-out procedures.
- Mobile phones/speed dial numbers/agreed code words with other staff members.
- Buddy lists.
- Record of staff mobile and personal numbers (with agreement).
- Record of colour/make/registration of staff cars (with agreement).
- Risk assessment and lone working standing agenda items on team meetings.