NHS protection of lone working health professionals

In 2007/08, there were 55,993 reported incidents of physical assault against NHS staff – an increase of 284 on the previous year. The NHS Security Management Service (NHS SMS) has conducted research into this issue, with specific focus on lone working health professionals.

In collaboration with staff and their managers, the NHS SMS explored problems faced by NHS lone workers across a range of disciplines. Although staff felt generally supported in their work by management, they also felt that more could be done to address the risks, particularly in terms of providing systems to signal discreetly for assistance if they feel vulnerable or distressed when working alone.

Having identified the need for a lone worker alarm system, the NHS SMS set about finding a solution that would help protect NHS staff from violence or abuse and allow action to be taken against those who assault them. Guidance from the Association of Chief Police Officers (ACPO) explicitly rules out using mobile phones for this purpose, as the system needed to be easy to operate discreetly as well as meet the stringent standards of Secured by Design.

As well as providing reassurance for those who have to work alone – regularly or occasionally – the ideal system would encourage lone workers to engage in dynamic risk assessment, thereby assuming responsibility for their personal safety. There was also a requirement for the device to capture credible audio evidence that would be admissible in criminal and civil proceedings and/or used to take local sanctions against alleged offenders. Health bodies would, of course, continue to take any necessary steps to safeguard patient confidentiality and recordings would only be retained where incidents occurred.

One solution that met the various security and practical requirements was Identicom, a technologically advanced lone worker protection device that looks like a normal ID holder but is equipped with discreet mobile phone technology. Allowing the user to check network coverage and battery status quickly and easily, it encourages the key NHS objective of dynamic risk assessment by its lone working professionals.

Reducing the number of false alerts

Key benefits of the Identicom device include alert features in line with the ACPO guidelines which stipulate a reduction of false alarms:

**Amber Alert:**
This allows the user to notify the alarm receiving centre (ARC) when entering a potentially risky environment. The amber alert is a quick and easy way of recording details of known risks – for example, a walk across a dark car park – enabling the user to conduct a quick and simple habitual risk assessment.

**Red Alert:**
Should the user experience actual difficulty, they can discreetly activate the red alert button. This starts a voice call to an accredited (BS5979 Cat II) ARC while covertly notifying the lone worker that the alarm has been triggered and is active. In the event of a verbal or physical confrontation, the ARC is able to capture an audio recording of the incident for future action. This can include immediate escalation to the police if the situation warrants such a response.
Facilitating appropriate police response

From a police perspective, the credible management of lone worker alarms is a critical factor in ensuring they are best placed to respond as and when necessary. The Identicom solution adopted by the NHS ensures:

- the correct handling of an alarm
- the effective filtering of real versus false alarms
- credible evidence is captured to assist with prosecution
- response to an incident can be dynamically altered in real time should the incident severity increases or decreases
- police resources are able to listen in to an incident via the ARC should the need arise.

All of this ensures the user’s expectations of the police’s involvement in incident handling is well managed.

The NHS solution for lone worker protection

In 2004, the then Secretary of State for Health, Dr. John Reid, announced an extensive trial of Identicom. Twenty-four NHS health bodies and one GP out-of-hours service were selected to take part, representing the full range of services provided by the NHS to capture as many different lone working environments as possible.

Feedback from the 24 test sites indicated that a high number of NHS staff wanted to utilise this solution and, as a result, would feel more secure when undertaking their day-to-day work.

One of the strongest themes emerging from the trial was the need for appropriate and comprehensive lone worker training and a good support mechanism to be in place, prior to the device being used and protocols on monitoring services operated.

Co-operation with NHS Local Security Management Specialists (LSMSs) has proven to be an essential part of the success of the Identicom scheme. LSMSs are trained and accredited professionals who have been appointed in health bodies across England to tackle security issues locally and provide a single point of contact.

'The Trust has been using the Identicom device since mid 2007 in a controlled pilot as part of our ongoing work and due diligence in the area of lone working' says Anita Shaw, project manager for a PCT in the North West. 'Our overarching objectives with the pilot were to determine whether staff would adopt the Identicom as part of the daily routine of working out in the community, help promote the dynamic risk assessment approach and provide a discreet and effective alarm when staff felt at risk'.

In May 2009, following a due diligence process to ensure the system was appropriate for both lone workers and the NHS, the Department of Health announced its decision to purchase Identicom lone worker alarms.

With a total of 30,000 i750 Identicom lone worker alarms now being rolled out by Reliance Security Group, the NHS is benefitting from a lone worker protection package for less than 33p per day.

*Due to the success of the pilot this Trust is now currently implementing Identicom lone worker alarms, via Reliance Security Group, across the Trust. 'Feedback from users on the pilot was excellent, the key messages coming back from staff was that it did indeed encourage users to think more about the risks faced and just having the Identicoms made staff feel more secure and protected.'*
Since the introduction of Identicom, a number of genuine incidents have been recorded. In each case, the lone worker has reported feeling better protected as a result of being able to use the device.

A few examples are given below (names of individuals and health bodies have been removed for data protection reasons):

1. Health Visitor (HV), NHS Trust in the North West, June 2007
The HV was visiting a family three days after a domestic violence incident, at a time when it was thought the perpetrator would not be in the house. She was worried because the perpetrator had intimidated her on a previous visit and she would only be able to confirm his absence on entering the house.

From her car outside the house, the HV adopted a dynamic risk assessment approach with a textbook amber alert message, giving her name, location and background to the risks associated with the visit. The potential for raising a red alert and the knowledge that all perceived risks have been communicated reassured the HV when entering the house.

**Duration:**
Alarm open for 2 minutes.

**Benefits:**
Proactive dynamic risk assessment approach.
Reassurance of being monitored in risky situation.
Discreet alarm closure.

2. Community Staff Nurse (CSN), Out Of Hours Service, NHS Trust in the North West, May 2009
The CSN was visiting an elderly couple and did not leave an amber alert. The man was upset about the lack of information being given to him on his wife’s condition. Both became increasingly emotional, culminating in the man threatening to kill himself and his wife. When he left the house, the CSN needed to stay with the patient and called the police to get support for the husband. The alarm is opened whilst this situation builds up.

**Duration:**
Alarm open for 15 minutes.

**Benefits:**
Reassurance of being monitored during a situation that had developed unexpected risk.

The CN left an amber alert stating her name and the address details, as well as a request to be monitored as she was visiting a woman who needed to be sectioned. The patient, who had learning difficulties, appeared to be under the influence of drugs and/or alcohol. Her partner had died recently and the CN was concerned that she couldn’t take care of herself. However, she did not want to go to hospital and became increasingly aggressive. The CN called the Crisis Team to take over.

**Duration:**
The alarm was open for 110 minutes whilst the operator monitors the situation.

**Benefits:**
Reassurance of being monitored in potentially risky situation.