Reference Number: UHB 497 **Version Number: 1**	**Date of Next Review: October 2025** **Previous Trust/LHB Reference Number:**

Microguard Lone Worker Device Procedure

Introduction

Authoritative bodies have increasingly recognised that the risk of injury to NHS staff, not just lone workers, from members of the public has substantially increased in recent years, often due to the raised level of aggression shown by the public at large. Other risks faced by lone workers include illness, accidents and vehicle breakdowns, which are increased due to their remoteness.

Aim

The aim of this procedure is to provide a structure for the administration and management of the Peoplesafe lone worker alert system.

Objectives

- To ensure that all staff who been identified as high-risk lone workers has effective means of calling for assistance and where identified will receive a Peoplesafe Microguard lone worker alert device.
- To ensure all staff are trained appropriately in its use.

Scope

This procedure relates to all employees identified as high-risk lone workers, working or acting directly or indirectly for or on behalf of the organisation. For ease of this procedure these groups will be referred to as staff.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has not been completed for this Procedure as an EHIA has been completed for the Lone Worker Procedure.
Documents to read alongside this Procedure	Lone Worker Policy Violent Warning Marker Procedure Health and Safety Policy Care of Adult Patients with Capacity who are Violent or Abusive Procedure
Approved by	Operational Health and Safety Group

Accountable Executive or Clinical Board Director	Executive Director of People and Culture
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
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1. INTRODUCTION

Health and safety legislation currently in force does not prohibit lone working, except in a few specific circumstances for example working in confined spaces. Under Section 2(1) of the Health and Safety at Work etc Act 1974 employers have a duty, as far as is reasonably practicable, to ensure the health, safety and welfare of employees at work. The Management of Health and Safety at Work Regulations 1999 require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks. A risk assessment should be carried out on any perceived work-related hazard. The risk assessment needs to consider options to remove, substitute or control a hazard in order to decrease the degree of risk, as far as is reasonably practicable. Further, the assessment needs to consider the suitability of the member of staff who is required to undertake lone worker duties.

The Lone Worker Alert System is supplied by Peoplesafe and is managed by them in conjunction with the Health Boards Health, Safety and Environment Unit.

The Peoplesafe Microguard Lone Worker device is a discreet two-way communication device. When the SOS button is activated an alarm containing the device's location is sent to the Incident Management Centre. Trained controllers listen to the call and determine the appropriate action to take, including the deployment of emergency services if needed. In addition to this, audio evidence can be secured and used in cases that are progressed through the criminal justice system.

British Standard BS8484 for Lone Working came into effect on the 30th September 2009 with a major revision taking place in 2016. The standard comprises of several sections concerning lone worker safety service provision as a whole, not only the supplier's capabilities, but also the devices, applications, monitoring centre, training and response services. To gain accreditation, providers must successfully pass a strict external audit to demonstrate their compliance in all of these areas. The Peoplesafe lone worker system is fully compliant and has been successfully audited in accordance with this standard.

Lone worker protection devices will not stop incidents from occurring, nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

2. AIM

The aim of this procedure is to provide a structure for the administration and management of the Peoplesafe lone worker alert system.

3. OBJECTIVE

The main objective is to ensure that all staff that have been identified as high-risk lone workers has effective means of calling for assistance and where identified will receive a Microguard lone worker device and are trained appropriately in its use. This document provides procedures and guidance on the processes that need to be adhered to for the effective operation and management of the device.

4. SCOPE

This procedure relates to all employees identified as high-risk lone workers, working or acting directly or indirectly for or on behalf of the organisation. For ease of this procedure these groups will be referred to as staff.

5. ROLES AND RESPONSIBILITES

The **Chief Executive** is ultimately responsible for ensuring compliance with the Health & Safety at Work Act 1974 and associated legislation, and that this procedure is implemented and effective within the UHB.

The **Executive Director for People and Culture** is the Health Board Champion for violence and aggression and lone working and has board level responsibility for health and safety.

The **Clinical Board Directors, Clinical Board Nurses and Head of Operations and Delivery** are responsible for ensuring that relevant staff within their Board are briefed on their individual and collective responsibilities for the Peoplesafe lone worker system.

Clinical Directors, Lead Nurses and Directorate Managers are responsible for ensuring that relevant staff within their Directorate/Specialty are briefed on their individual and collective responsibilities for the Peoplesafe lone worker alert system.

Department/Line Managers are responsible for cascading this procedure to staff ensuring that they are fully conversant with the process to be followed for the effective operation of the lone worker device or have by risk assessment put in place suitable alternative arrangements.

All employees who are issued with a lone worker device are responsible for properly utilising their lone worker device which has been provided for their own personal safety and ensuring that they are trained in the use of the equipment and associated support services. All incidents, even those considered to be minor, should be reported to enable appropriate follow up action to be taken.

6. PEOPLESAFE LONE WORKER ALERT SYSTEM

It is essential to recognise that the Microguard lone worker protection devices will not prevent incidents from occurring. They will not make staff invincible, nor should they be used in a way that could be seen to intimidate, harass or coerce someone. However, if used correctly in conjunction with robust procedures, they will enhance the protection of lone workers. Lone workers should still exercise caution and continue to undertake dynamic (on the spot) risk assessments. All staff should refer to the UHB Lone Worker Policy and adhere to local lone worker management arrangements that are in place to protect lone workers prior to a visit taking place.

The Microguard device is a discreet two-way communication device. Prior to their visit to a patient/client, the lone worker manually updates their GPS position and records the details of their location (Voice Memo'). If they feel at risk whilst undertaking the visit, the lone worker activates the device (SOS/Alarm), which opens a two-way communication channel to the Peoplesafe Alarm Receiving Centre (ARC).
Trained controllers listen to the call, and undertake a location fix on the lone worker using the voice memo and GPS location. The ARC controller then determines the appropriate action to take, which may be contacting the lone worker, alerting the agreed UHB escalation contact, and/or alerting the police. The ARC's BS 8484:2016 certification provides the highest level of police response via a Unique Reference Number (URN). They hold a full list of URNs for all UK police forces, providing direct access to police control rooms, without the need for a 999 call. This the fastest possible response in an emergency.

6.1 Data protection Act

Staff should only activate the lone worker recording device if they feel under threat. It should not be activated where there is only a perceived potential threat. Personal data recording held following genuine alarms for any purpose shall not be kept for longer than is necessary.
Peoplesafe have Data Retention processes in place for the secure destruction of data and hardware that has reached the retention period. In line with GDPR Peoplesafe will retain the data during the life of the contract and for up to six years, or until data is requested and authorised to be deleted, per the retention schedule.

The UHB can initiate data deletion requests at any time from the portal. The request will be processed to delete the data immediately.

The audit trail of deletion of data is retained within the Peoplesafe Portal and is reportable, and Peoplesafe maintain audit trails of deletion/destruction of data within its IT systems in accordance it's IS Policy, GDPR/DPA and ISO 27001.

Personal data provided by the customer is only made available to our Alarm Controllers in the event of an emergency.

6.2 Identification of high-risk lone workers

The criteria for identifying high-risk lone workers are:

Those staff who work alone in the community or away from their hospital/clinic base and have regular direct patient/client contact where the level of incidents demonstrates a continued need to control the risk of violent and aggressive attacks or based on risk assessment AND any of the following:

- *Visit patients without prior knowledge of the patient or venue e.g. first visits*
- *Visit patients/families with a history of violence, drug or alcohol abuse or clinical conditions which may heighten the risk*
- *Work alone in darkness hours*
- *Visit areas of social deprivation or that are geographically isolated*
- *Unplanned visits Wales wide*

The information on high-risk lone workers is held centrally on the Peoplesafe Portal. Department Line Managers/Identified SPOC for LW devices are responsible for ensuring that details of all their staff who meet the above criteria are submitted to the Health and Safety department.
Department/Line Managers must inform the H&S Department of the following:

- Changes to user name e.g. married

- Change of location/base
- Details of departmental line management changes – Escalation Detail changes.
- Details of any staff who join or leave the department
- Any devices that are no longer required
- When a device is passed onto another member of staff.

6.3 Lone Worker Device

Lone worker devices will not stop incidents from occurring, nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

Cardiff and Vale have rented the Microguard lone worker device (Click here for the product information sheet).

Cardiff and Vale UHB will issue a Microguard device to identified staff who have a contract of employment with the Health Board. Where appropriate, devices may be shared between staff. Devices are based on mobile phone technology and use a SIM card. Devices issued are classed as safety equipment in support of providing a safe working environment. The Health Board has introduced the device to meet it statutory obligations to the Health and Safety at Work etc Act 1974. Under Section 7b of the Act it is a requirement that "where duties or requirements are imposed on an employer under the act the employee must co-operate with the employer as far as is necessary to enable the duty to be carried out".

Staff who have been identified as high-risk and issued with a device have a legal obligation to use the device as instructed and take all due care to maintain the device in good working order. Instruction on use, care and maintenance is given during the training. See Appendix 1 for brief user guide.

Once a device has been dedicated to an individual (or individuals in the case of shared users) it cannot be used by any other member of staff – devices are set up using the individual staff details.

6.3.1 Faulty Devices/Poor Signal

If a device becomes faulty or frequently has no signal, the individual user should report this to Peoplesafe Customer Support on 0800 990 3563. Initial diagnostic tests will be undertaken to establish the cause of a fault/lack of signal and if necessary, further diagnostics will be carried out.

If they can't fix it over the air, they'll arrange a replacement device. The end user should give a delivery address where they'll receive the new unit and instructions on how to return the faulty device.
Failure to return the device within 7 days of receiving the new device may result in incurred charges which will be payable by local departments.

Should the user not return the faulty device the department will be invoiced £100+VAT for an un-returned replacement unit.

6.3.2 Lost/Stolen Devices

For lost or stolen devices, the user should contact the Police to report the loss or theft of the device and obtain a crime/incident reference number. The user should then report to the Health and Safety department using the Replacement Request Form found on the lone worker intranet pages. Local departments will incur the cost of replacement devices which is £100 plus VAT.

6.4 User Information

Prior to training the users Manager must submit the users details on the User Upload Form to the Health and Safety Lone Worker Administrator. If this form is not completed then the user will not be able to complete the training session as the device must be set up for each individual before allocation. The sections of the form listed as mandatory must be provided. Other information provided, including the 'Personal' and 'red flag' information, will help the Peoplesafe ARC to provide a rapid response and provide accurate information to the emergency services. The more information provided, the better the response.

It is the individual users responsibility to update any personal information e.g. name, mobile phone number, car registration; with the Health and Safety department. Contact information can be found on the Health and Safety Lone Worker Intranet Pages.

6.5 Escalation Contacts

Escalation contacts are established on an individual basis for each service/team to ensure that any response is supported by local knowledge of the staff member and/or patient. Devices will not be issued until escalation details have been submitted using the User Upload Form **by the line manager or nominated representative** for the individual user. Escalation contacts must be staff that are in a position to:

- make decisions in relation to the appropriate response

- initiate action accordingly.

Three escalation contacts are required.

- Escalation contact 1 should be someone with knowledge of the member of staff and should know where they are i.e. if a member of staff out in the community had a problem, who would they contact?
- Escalation contact 2 should be someone who has knowledge of the member of staff (as above) and can be contacted if escalation 1 is not available.
- Escalation contact 3 needs to be contactable 24/7 should something happen out of hours or if either of the above cannot be contacted. A third contact must be provided even if the service is Monday-Friday, 9am-5pm. It is acceptable that the third contact be the same as the first or second.

Persons nominated as an escalation contact have a number of responsibilities to ensure that they are able to support lone workers in the event that an SOS/ alarm is raised which requires escalation either in normal working hours or out of hours.
An alarm may be raised in a number of scenarios:

- By the user in the event of an incident
- By the user in response to a known threat
- By the user in error (false alarm)

The escalation contact will be contacted by the ARC in the event of any of the following:

- Following a genuine SOS/ alarm being raised by a lone worker and if the user's location is not known as the user has failed to leave a voice memo stating their location details or updating their GPS position.
- Following a genuine SOS/ alarm being raised by a lone worker and if the emergency services are required to attend the incident
- Following a false alarm being raised and contact is not able to be made with the user to confirm they are safe and close down the call safely.

In the event that an escalation contact is contacted in response to an alarm or false alarm being raised, they will be required to provide the ARC controller with:

- Information on the users expected location
- An understanding of whether the user is 'safe' and the call can be closed.

Staff named as escalation contacts must be informed and advised of their roles and responsibilities. Careful consideration should be given to staff/roles that are named as escalation contacts. At least one of the contacts should be available during the times that the service operates. Escalation contacts

details can either be assigned to individuals or to a job function e.g. admin team or duty worker.
It is the responsibility of local teams and departments to inform the Health and Safety department of any change in escalation contacts who will in turn update the user information this includes for short term, temporary changes e.g. annual leave, short term sick leave.

It is of upmost importance that escalation contacts are up to date as problems and delays could be encountered if an SOS/Alarm is raised and the escalation contact is incorrect.

6.6 SOS/Alarms / Alarm Receiving Centre Response

The procedure that the Alarm Receiving Centre Response (ARC) follow when an alarm is received:

- The alarm is received by the ARC, they will listen in, to assess whether it is safe to speak to the user.
- If it is NOT declared safe to talk to the user at this point, the emergency services will be called if required.
- If it IS declared safe, the ARC will 'beep' the device and try and speak to the user.
- If the user speaks with the ARC – the situation will be addressed there and then.
- If the user does not respond to the ARC, the ARC will try and contact the user on the number that is stored on the portal.
- If the user does not answer this phone call, the escalation contacts on the portal will then be contacted to gather more information. This information can be the whereabouts of the user or any additional numbers that could be called that are not on the portal.
- The ARC cannot escalate straight to the emergency services if they have not spoken to the user as they need to establish whether it is an emergency.
- The escalation contacts will only be contacted if the ARC have not been able to speak to the user.

Appendix 2 details some questions/actions that the escalation contact should consider when contacted by the ARC.

The Police (or emergency services) cannot be contacted if there is no positive confirmation that a threat exists. Escalation to the Police can only be initiated where the following incidents occur:

a) Assault
b) Potential assault about to take place
c) User in distress
d) User asks for Police

6.7 Training for the Microguard Device

Staff are required to complete the online training via the link:

https://peoplesafetraining.typeform.com/to/px823gpH

The Health and Safety department will receive regular reports on:

- those staff who have completed the training.
- staff that identify further training is required.
- those staff who scored less than 8 on the quiz.

Staff who identified further training is required or do not reach the required pass mark of 8 will be contacted by the Health and Safety department. Completion of the online training will be updated on the Electronic Staff Record for the user as 'completed' the lone worker online training.

6.8 Shared Devices

It is possible to link up a number of users to one device. If staff job share or do not undertake home/community visits at the same time or infrequently, but undertake similar roles, then a shared device should be considered. This should be discussed with the Health and Safety department.
Requests for shared devices must be submitted on the User Upload Form following the guidance provided on the form.

6.9 Staff Changes/Rotational Staff

Devices cannot simply be taken off one member of staff and given to another as the device will not be set up for them.

If a staff members role changes and they no longer meet the criteria for requiring a lone worker device, the Health and Safety department should be informed and the device must be returned to the H&S department in the box with the battery charger. It will then be re-allocated to another member of staff. This also applies to staff who leave their position or the UHB. If you have a member of staff ready to take over the device arrangements can be made to reallocate the device immediately by contacting the Health and Safety Department.

The Health and Safety Department must be informed of any new starters who meet the criteria of a high-risk lone worker and arrangements for training and allocation of a device will be made.

Managers of rotational staff, or staff who move from their team to another, must liaise with the Health and Safety Department to arrange for user details to be updated and devices to be exchanged.

Although devices are set up for individuals, they have been allocated to positions so staff should not take a device with them to their new role unless this has been agreed with the Health and Safety Department. There are several ways in which changes can be managed so this should be discussed with the Health and Safety Department.

The Health and Safety Department should be informed immediately of any staff that are on long term sick, maternity leave, secondment or career break. If cover has been organised then arrangements can be made for the user's device to be temporarily re-allocated to the staff member covering their absence. Alternatively, if no cover is organised then the device must be returned and can be re-allocated to another member of staff in the organisation and a replacement device issued to the member of staff on leave upon their return.

6.10 Review and monitoring of device usage

Bi-monthly the Health and Safety Department will cascade to managers information on individual usage for review. Non-usage must be investigated locally. If it transpires that the user's role has changed and they no longer require the device then the device will be taken back and re-allocated.

Utilisation of devices within each clinical board should be reported at their health and safety meeting. This will be reviewed at regular intervals at the UHB Operational Health and Safety Group.

Devices that have not been used for a period of 3 months will be brought to knowledge of the manager, who will be required the take action or put alternative suitable lone worker arrangements in place prior to the device being returned.

If the device is required but is not being used, this must be dealt with through the line manager. If a role has been identified as high-risk then use of a device is mandatory unless suitable alternative lone worker arrangements are put in place. Staff cannot sign a disclaimer, whilst staff may sign civil liability away the Health Board cannot, and staff cannot be excluded from their

Statutory duties, as an Organisation the Board would be corporately liable. If staff refuse to use a device and this cannot be resolved by the line manager then the H&S department will meet with them to discuss their issues. Ultimately, if the device continues to be refused then disciplinary action will be considered.

7. RESOURCES

The UHB has agreed to centrally fund the revenue costs over the 3 year contract period. User training is delivered online and administered by the Health and Safety Department.
The coordination and management of the lone worker alert system is being undertaken within the Health and Safety Department and no additional resource is required.

8. TRAINING

User training is delivered online and administered by the Health and Safety Department. Face to face training will be provided on request and where the user identifies the need for additional training.

9. IMPLEMENTATION

The implementation of the lone worker alert system will be coordinated by the Health and Safety Department. The Clinical Board Directors, Clinical Board Nurses and Head of Operations and Delivery are responsible for ensuring that relevant staff within their Board are briefed on their individual and collective responsibilities for the Peoplesafe Microguard lone worker device and will therefore ensure that this procedure is available to all relevant staff.

10. EQUALITY

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we will not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender reassignment, disability, race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service delivery standards and our Strategic Equality Plan. We believe that all staff should have fair and equal access to training as highlighted in both the Equality Act 2010 and the1999 Human Rights Act. The responsibility for

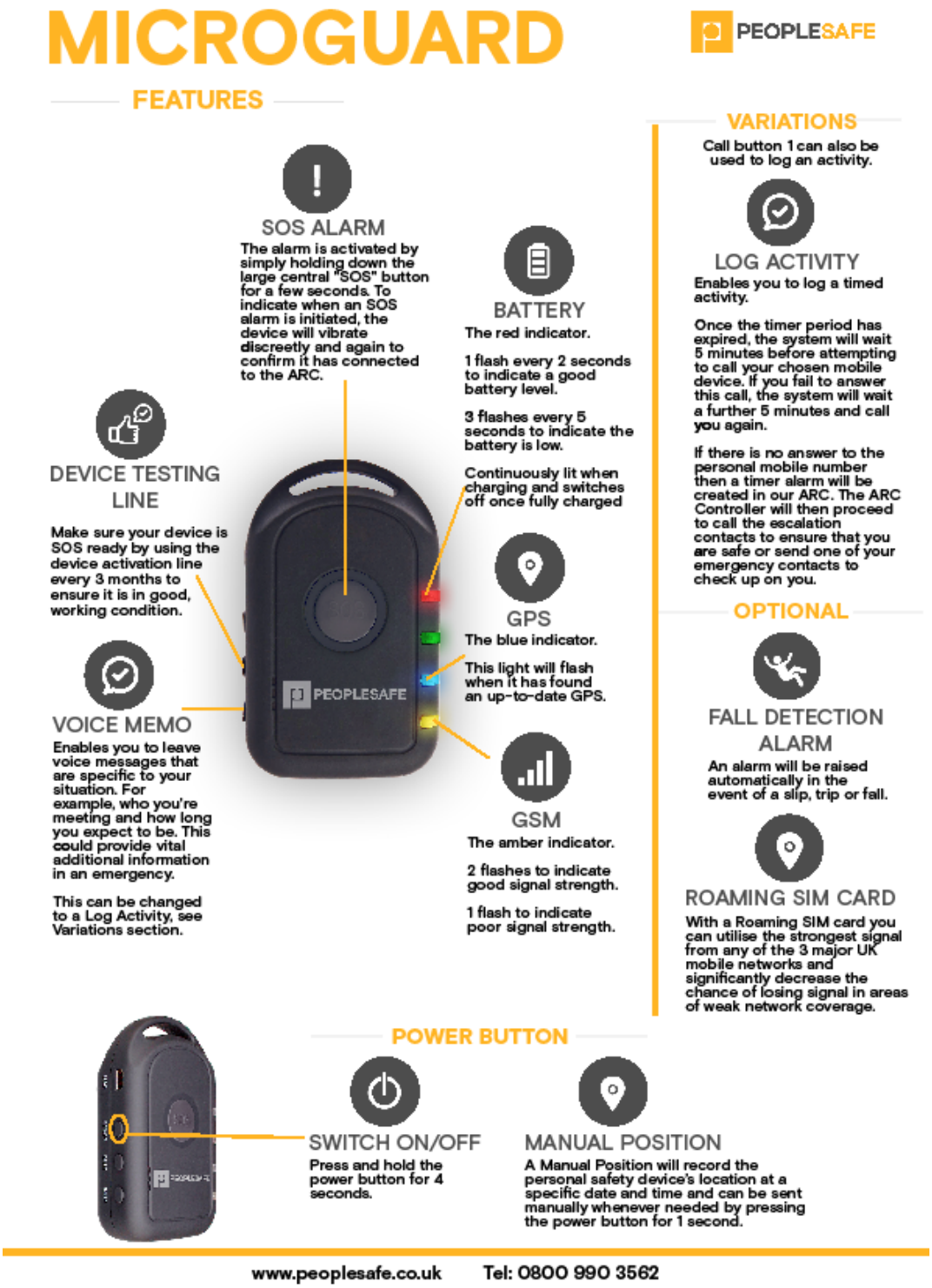
implementing our policies and plans falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

We are committed to supporting and promoting respect and dignity at work by creating an inclusive and safe working environment. We believe that staff should be able to fulfil their potential and undertake their work in a workplace and environments free from discrimination, victimisation and harassment where diverse skills, perspectives and backgrounds are valued. With this in mind we continually monitor this procedure by collecting, storing and analysing any appropriate data to ensure that it is effective.

11 REVIEW

This procedure will be reviewed in 3 years in line with the contract renewal.

Appendix 1



For online copy please follow this link.

Appendix 2

Questions/Actions to Consider When Contacted by the ARC:

- **Is the member of staff safe?**
  - Is the staff member in a 'place of safety'? Do they need transport? Are they in a fit state to drive or are they injured / emotionally traumatised?
  - Does someone from the Health Board need to attend – colleague/manager?

- **Are they physically injured and receiving treatment?**
  - Where are they? Have family been informed?

- **Has the member of staff [and if necessary their family] been contacted by the Health Board?**
  - We have a moral duty to demonstrate a level of compassion and care.
  - Do staff involved know what is expected of them? Reporting etc?
  - What other immediate assistance do we need to provide as a caring employer?
  - Are processes in place to protect the psychological welfare of the staff member? Debriefing / 'defusing'1 etc

- **Do I need to escalate this to anyone else in the organisation?**
  - Any red alerts out of hours should be handed over to the staff members line management.

- **Have the Police been involved? Have they attended?**
  - Do we have a contact within the Police who we are dealing with? PC Number? Police Occurrence Number?
  - What information do they require?
  - Are they taking a statement from the 'victim'?
  - Has our V & A Case Manager been informed? How urgently?
  - If the Police are not willing to take action, does the V & A Case Manager need to collect any evidence? Physical evidence? Written statements?

- **What evidence do we need to collect?**
  - Has the staff member been asked to write a short description of the incident **before** they talk to anyone about it and preferably within an hour or two of the incident? This needs to be dated, signed and **kept** – even if written up later.
  - Have appropriate incident forms been completed? Appropriate timescale?

- Does this need to be reported to the HSE as a RIDDOR incident?

[1] **Defusing** is done the day of the incident before the person(s) has a chance to sleep. Designed to assure the person/people involved that their feelings are normal, it tells them what symptoms to watch for over the short term and to offer them a lifeline in the form of a telephone number where they can reach someone who they can talk to. Defusing's are limited only to individuals directly involved in the incident and are often done informally, sometimes at the scene. They are designed to assist individuals in coping in the short term and address immediate needs.

Debriefing are usually the second level of intervention for those directly affected by the incident and often the first for those not directly involved. Normally done within 72 hours of the incident, it gives the individual or group the opportunity to talk about their experience, how it has affected them, brainstorm coping mechanisms, identify individuals at risk, and inform the individual or group about services available to them in their community. The final step is to follow up with them the day after the debriefing to ensure that they are safe and coping well or to refer the individual for professional counselling.