Lone Working Policy

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Consultation Groups	Operational Leads
Approved by (Sponsor Group)	Health, Safety and Security Committee
Ratified by:	Quality Committee
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Services	Applicable
Trustwide	x
Mental Health and LD	
Community Health Services	
Primarycare	

Version Control Summary

Version	Date	Author	Status	Comment
1.0	July 2001	Launa Rolf	Final	New policy
2.0	July 2002	Launa Rolf	Final	Existing policies across three localities reviewed to produce one document.
3.0	April 2005	Launa Rolf	Final	To reflect use of identicare system.
4.0	March 2012	Launa Rolf	Final	To reflect updated procedures across the trust.
5.0	October 2012	Launa Rolf	Final	Updated to incorporate local procedures.
6.0	May 2016	Richard Harwin	Final	Updated to incorporate Skyguard loneworker devices.
6.1	July 2020	Richard Harwin	Final	Updated to incorporate Skyguard loneworker smartphone app.
6.2	January 2021	Joanne Sims	Draft	Updated to reflect recommendations from internal audit and Primary Care

Contents

Executive Summary

The Policy recognises that all staff working alone are potentially at risk and these risks must be minimised as far as reasonably practicable.

'Lone Working' may be described as any situation or location where one works without a colleague nearby.

This Policy is aimed at those responsible for managing community services and Lone Workers both on and off Trust premises.

The Policy also gives guidance to Lone Workers and highlights their own responsibilities within this role.

It must be noted that visits often take place in 'pairs'. For the purpose of this document consideration is given to the potential isolation of the workers whilst conducting the visit and the Policy should therefore have relevance to their situation.

The guidance given within the Policy is based upon the Security Management Services (Now NHS Protect) document – 'Not Alone' – A Guide for the Better Protection of Lone Workers within the NHS.

The policy also strives to give examples of best practice to those staff who work alone either within Trust Premises or in the Community.

1.0   Introduction

During 2016/17 it was estimated that there were 56,500 incidents of violence against NHS staff. Although it is not known what proportion related to attacks on Lone Workers, it is widely recognised that this group of staff may face increased risks, because they do not have the immediate support of colleagues or others if an incident occurs. For example, they may not be able to easily *escape* from a situation, particularly if they are in someone's home, or working at night or away from a main building. Additionally, they may be in possession of equipment or drugs that may be attractive to others and would use violence to obtain them.

NHS Staff have highlighted varying situations where they are concerned as to their safety.

 These include:

- Harassment, bullying and violence (in all forms) by service users/carers/ members of the public
- Safety on the streets and using public transport
- Car and bicycle safety
- Infection control
- Working after dark/out of hours
- Working alone on Trust premises
- Potential threat of 'sexual acts'
Working alone in the community

The NHS document *'Not Alone – A guide for better protection of Lone Workers in the NHS'* provides clear guidance to help protect staff that work alone and do not always have access to immediate support from colleagues or others.

The Trust has a comprehensive Policy and reporting system for Incidents (Datix) and endeavours to investigate and relevant occurrences and to monitor themes, actions and recommendations

This policy aims to clarify the roles and responsibilities of the Trust and its employees for the safety of staff working alone in the community and lone workers within Trust premises. It also outlines some of the working practices that can be incorporated into local procedures so that a safe working environment can be achieved.

2.0   Purpose of the Policy

This policy is aimed at those responsible for managing community services and Lone workers, both on and off Trust premises. It is intended to minimise risks to staff as is reasonably practicable.

Lone Workers may be described as *any* staff member in *any situation, or location who works without a colleague nearby or is out of 'earshot'/sight of another colleague*. This could be outside of a hospital or Trust Unit or, internally, where staff care for patients or service users on their own.

Those who may fall into the category of lone workers include (this list is not exclusive):

- Community Nurses
- District Nurses
- Health Visitors
- Outreach staff
- Medical secretaries
- Receptionists
- Security staff
- Pharmacists
- Psychologist
- Psychotherapists
- Occupational Therapists
- Support Workers
- General Practitioners

The Health and Safety at work Act (1974) Section 7(a) stipulates the following:

'It shall be the duty of every employee while at work to take reasonable care for the H&S of himself and of other persons who may be affected by his acts OR omissions at work'

Related Trust Policies and Guidelines

- Risk Management Framework
- Incident Policy
- Health and Safety Policy
- Security Policy
- Dignity at Work Policy and Procedure
- Policy on the use of Physical Hold Skills
- Complaints Policy
- Equality Diversity and Human Rights Policy
- Infection prevention and Control Policy Manual
- Skyguard Guidance

3.0   Duties and Responsibilities

The Trust's Risk Management Framework outlines the responsibilities of the Board and Executive Team who have overall responsibility to take decisions on the priorities of corporate risk issues. The Risk Management Framework and Health and Safety Policy also covers the organisational arrangements and roles of the Quality Committee and Local and Trust Wide Health and Safety groups and the role of local Risk Facilitators and Risk Officers.

The Trust recognises that there are situations where staff work alone. There is no general legal prohibition on working alone, but the broad duties of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 still apply.

Establishing safe working for Lone Workers is no different from organising the safety of employees in any other situation. That is, that all hazards are identified, risks assessed and measures put in place to avoid or control the risk

3.1   Trust Board

The Trust Board is responsible for ensuring the Trust meets its legal obligations under Health & Safety legislation including the provision of safe systems of work for lone workers.

The Trust Board will ensure, so far as is reasonably practicable, that there are suitable and sufficient funds and resources to meet the requirements of legislation and minimise any potential risk to staff and visitors to the Trust.

3.2   Chief Executive

The Chief Executive will retain overall responsibility for the management of the health, safety and welfare of all staff including lone workers.

3.3   Chief Nurse

The Chief Nurse is the Executive Director with responsibility for health & safety. She has overall responsibility for all matters relating to the health, safety and welfare of lone workers. She will advise the Executive on all matters concerning lone working and ensure that awareness of this policy is maintained throughout the organisation via the Health, Safety & Security Committee.

3.4   Senior Management Responsibilities

Senior Managers are responsible for the implementation of this policy within their service.

They are responsible for: -

- Ensuring that staff are made aware that lone working should be avoided where reasonably practical, and that certain working activities are prohibited in the Trust
- Ensuring that lone working is justified
- Monitoring that all areas within their responsibility have undertaken a check as to whether lone working takes place

- Ensuring that the implications for lone working are considered in the risk assessment for the activity or area.
- Ensuring that all members of staff are made aware of the possible risks of working alone and the control measures to be implemented to reduce those risks.
- Ensuring that the lone worker is competent in the work technique, use of control measures and is conversant with emergency procedures.
- Checking that all control measures are used by the relevant Lone Worker by using the checklist in Appendix A every six months.
- Ensuring that appropriate equipment is available and provided for use by lone workers.
- Ensuring that there are communication guidelines in place for lone worker(s) to communicate with the work place.
- Ensuring that incidents and accidents involving lone working are investigated and reported in accordance with Trust Incident Reporting policy.

3.5 Responsibilities of Line Managers

Line Managers in all areas of the Trust who have responsibility for any 'lone workers' must ensure the following are in place:

- A comprehensive data base of all staff details is maintained and updated as appropriate
- Team based logging of staff whereabouts while working alone in the community
- Team based emergency code and routine
- Team based check-in routine for the end of the working day
- Briefing system, involving management and team members in assessing risk prior home visits
- Local guidance for 'out of hours' visits' is understood and adhered to
- Availability of lone worker alarm devices for those identified as requiring them.

Managers will ensure that methods of communication are provided for all lone workers irrespective of task or location. Such methods must allow for routine and emergency communication.

Managers will ensure that lone workers have a recognised contact point to enable them to report developments throughout their working hours. In addition, it is essential that lone workers in the community report when they start and finish their visits.

Managers must establish appropriate emergency plans to be activated if a lone worker fails to make a scheduled communication contact and/or keep a scheduled appointment.

3.6 All Staff

All staff have a duty to co-operate with the Trust to enable it to comply with the legislative requirements.

Community Lone Working staff are responsible for taking all reasonable steps to ensure their own safety working in the community. Their specific responsibilities include the following actions:

- Ensuring that alternatives to lone working have been considered
- Informing his or her manager if they have a health condition, are taking medication or have a disability that may increase risk from lone working
- Taking reasonable care of their own health and safety and of other persons who may be affected by their acts and omissions.
- Keeping others, including managers and colleagues, informed of work schedules and potential hazards such as manual handling, aggressive persons or other health and safety risks.
- Remaining in contact with others in accordance with local arrangements for lone working.
- Complying with all relevant local policies & procedures.
- Ensuring that the identified control measures are followed in practice.
- Ensuring that they understand the emergency response procedures.
- Keeping within the scope of the agreed work and work area.
- Ensuring they use and maintain lone worker alarm devices when carrying out lone worker duties
- To abide by all procedures and systems of working established to ensure their personal safety.

3.7 Responsibilities of Lone Workers on Trust premises

Staff working alone on Trust premises should familiarise themselves with any devises or equipment which can be used as a deterrent and enable a response to an incident including:

- Internal alert systems that are activated from static panic buttons in treatment rooms, with clear procedures on what should happen, by whom and when they are to be activated
- Internal alert systems that are activated from fobs and used by individual workers
- Fixed panic buttons and personal attack alarms (including pin point)

3.8 Responsibilities of Health and Safety Team and the Training Department

- To provide appropriate training courses which cover the management of violence and aggression, assessing risk, personal safety and practical break away techniques;
- To monitor incidents related to Lone Working.
- To offer to support to staff and to investigate any relevant incidents
- Examine trends in occurrence so that remedial and longer term action can be taken
- To provide individual advice on safe working practices

3.9   Risk Escalation

Each directorate/department will devise their own local risk management assessment programme and associated plan(s) for lone working using the checklist at appendix a, which reflect the improvements that need to be made locally to treat and control risk. The checklist should be reviewed every six months or when working arrangements change.

Local risk management plans may be developed in conjunction with one or a number of local teams including local health and safety groups. Any outstanding issues with risk management activity may be escalated to the local Health and Safety Committee, DMT, or the Corporate Health and Safety Committee where appropriate. These risks should be recorded on the Trust Risk Registers including local and team risk registers, directorate level risk registers and where necessary escalation to the Corporate Risk Register as appropriate.

4.0   Guidance and Procedures for Lone worker Safety

4.1   Preventative Measures to Reduce Risk Factors

Control Measures may include:

- Instruction and training, including trust agreed conflict resolution training and breakaway training as per trust direction
- Staff supervision or buddy systems with other departments/staff members
- Changes of working patterns where safe and practicable to do so
- Participation at local induction (as stipulated by the training department as mandatory)

Where a risk assessment reveals that action required has a financial implication, this needs to be passed on in writing to the relevant Line Manager and through to relevant director of service/directorate

4.2   Guidance to Maximise Safety of Home Visiting

- The worker should feel confident in their ability to recognise potentially unsafe situations, both via comprehensive proactive risk assessment and personal awareness, skills and competencies
- Use of appropriate skills in defusing potentially unsafe situations
- Use of evasion and break-away techniques to resist attempted physical assault
- Reflection, analyse and use of experience to improve/consolidate services and practices
- The staff member should also have access to Safety Alert Systems which may include mobile phone and loneworker alarm devices – Appendix B and C
- Where these are supplied by the service it is the responsibility of the individual staff member, with support of the team, to maintain them in good working order.
- It is essential to note that Lone Working devices will not prevent incidents from occurring and should be utilised in conjunction with correct procedures, thus enhancing the protection of Lone Workers.
- Lone Workers will be able to access training on the use of the relevant alert systems and become familiar with the local and trust wide agreed procedures, systems and devices before using them in everyday work

4.3   Procedures to Enhance Safe Systems of Work for Lone Working Staff

It is vital the following systems are implemented to maximise staff safety whilst at work:

- Mental Health Service users subject to CPA/ HR20 must have up to date risk assessments available to all staff conducting visits
- Any person not subject to CPA will still require a risk assessment when planning an initial/first visit (see local procedures and guidance). These should be regularly reviewed and updated.
- Risk may identify the requirement for a home visit to be undertaken in pairs

- Any concerns during any visit must be discussed with the team members, an assessment of risk carried out and a management plan should be formulated
- A code word/phrase can be agreed within the Team to be used when staff might be able to phone back to base but feel they are encountering difficulties.
- Unplanned visits must be reported in advance via local practice/procedures to colleagues/manager.
- Information sheets of each individual staff member needs to be retained by the local team. These will include personal details such as a physical description of person, contact details (home telephone number and address). This will be kept confidentially by the manager and only accessed in emergency situations. See Appendix D.
- Movement sheets / diaries must be completed by staff and be available for managers in the event of loss of contact. These should include destination of visits, expected time of return or call back times. This is so that attempts can be made to locate a member of staff if he/she becomes absent.
- A copy list of names and addresses of clients to be visited should be available at the staff base or held on an accessible database.
- Details of vehicles used by Lone Workers should also be left with a colleague
- Clear lines of reporting must be produced within the team so that someone has clear responsibility for monitoring the whereabouts of staff and taking action when necessary.

An agreed time to report back to 'base' must be agreed by the Team and if this is breached the following guidance must be followed:

- Try to contact the staff member by telephoning the client's number/community location/mobile phone.
- Try to contact other professionals involved with the client's care and/or who may know the whereabouts of the staff member and/or client.
- Contact home telephone numbers/home address.
- If there is evidence to believe that there is cause for concern, based on the information gathered, such a higher risk service user then the police should be contacted.
- Out of hours, staff will inform manager of the visit and telephone when visit is completed.

Additionally:

- Lone Workers should always carry an ID badge and be prepared to identify themselves
- Students must not visit clients alone
- Managers should ensure that all staff should regularly receive training updates regarding general management of violence and aggression that would include de-escalation training along with practical breakaway techniques and CRT.
- Additional Information to Enhance Lone Working Safety can be found in Appendix E.

5.0   References

NHS Executive / RCN Guide "Safer Working in the Community", *Royal College of Nursing.* (September 1998)

Protocol on Home Visits (Safety), protocol reference Number, LT.HO1 of City and Hackney Community Services NHS Trust and London Borough of Hackney; Reviewed June 2001.

Safety in the community Guidelines Adult Mental Health Service, October 1998, of Tower Hamlets Healthcare NHS Trust; reviewed October 2001.

'Working Alone in Safety' *Health & Safety Executive*

'Lone Working' *LHC Fact sheet* (2000)

'Not Alone' – A guide for the Better Protection of Lone Workers in the NHS *Security Management Services* (2005)

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Appendix A

LONE WORKING CHECKLIST

Spot checks of Lone Working arrangements should be carried out on a **six monthly basis**. The purpose of the spot check is to ensure that arrangements put in place to protect people in lone worker situations are being implemented.

You will need to talk to staff to establish if controls identified as part of the risk assessment are being implemented appropriately. Please ensure that spot checks include night/out of hours arrangements, where relevant.

The Trust's Health, Safety and Security Team will support you in completing the spot check or in making changes to procedures, if needed.

Department	
Title of Activity:	
Location(s) of work:	
Brief Description of Work:	

TRAINING:	YES	NO	N/A
Has necessary information, instruction and training been given?			
Is attendance at training/ instruction documented?			
Are staff identified as potentially at risk able to describe what they are expected to do in lone worker situations?			
Expand and clarify, if necessary.			
ACTIVITIES:	YES	NO	N/A
Are staff working in pairs?			
Are staff appropriately recording their activities/ routes?			

Are staff provided with a mobile telephone or alternative if working in lone worker situations?			
Can staff adequately describe what controls they need to put in place when undertaking lone work activities (ie charging phones, recording home attendance in appropriate place, agreeing time to phone in etc)?			
Can staff adequately describe what to do if they are concerned about their welfare?			
Expand and clarify, if necessary.			

SUPERVISION:	YES	NO	N/A
Is suitable supervision in place?			
Is periodic telephone contact with lone workers being made?			
Are periodic site visits to lone workers being made?			
Is regular contact (telephone, radio, etc) possible?			
Are automatic warning devices e.g. gauges, sensors, being monitored appropriately and is there documented evidence to support this?			
Are manual warning devices e.g. panic alarms, etc being used, if specified in the risk assessment?			
Are procedures for end of task / shift contact clear and being implemented?			
Do staff know what to do if contact is not made in line with agreed procedures?			
Are staff clear who is responsible for taking action if contact is not made?			
Do named individuals identified in a control procedure know what to do if they are contacted?			
During periods of leave, are you able to establish how staff are informed of changes to procedures?			
Other, specify			

Expand and clarify, if necessary.			
WORKING WITH HAZARDOUS SUBSTANCES:	**YES**	**NO**	**N/A**
If individuals are working with hazardous substances, is a COSSH risk assessment readily available?			
Are staff working in the area able to adequately describe controls in place when using/preparing the substance?			
Are staff able to describe what to do if an incident occurs?			
Other, specify			
Expand, and clarify, if necessary:			

Additional Information:

If you have answered 'no' to any of the points above, please document changes made to arrangements. Where serious concerns about non-compliance exist, please discuss the outcomes of the spot check with your line-manager immediately.

1.	
2.	
3.	
4.	
5.	
6.	

Spot-check carried out by:		**Dates:**	
Name:		Date:	
Signature:		Review Date:	

Names of Persons Involved in Lone Work:

Name:	Signature:	Date:

Appendix B

Use of MySOS Device

The Trust has acquired the MySOS Lone Working devices to develop and implement a local safe systems of work. To this end, this document has been developed in support of the Trust's Lone Working Policy.

This procedure applies to all employees of the Trust who have been issued a MySOS Lone Working Device and is applicable to:

- Community Staff that operate in a clinical or non-clinical environment.
- Line managers of lone workers who have issued a MySOS Lone Working Device

Managers

Are responsible for:

- Ensuring that staff is aware of the Lone Working Policy and this SOP for use of the MySOS Lone Working Device.
- 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 from the LSMS.
- Devices are collected in from staff that cease to work at the Trust and are handed back to the LSMS for re-issuing.

Staff must:

Ensure they have all the necessary information, instruction and training to recognise the hazards and risks involved with working alone and be confident they know how to operate the MySOS Lone Working Device.

- 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 Reporting Incident Policy
- Attend MySOS Lone Working Device training.
- Follow safe working procedures including the re-charging of communications equipment and MySOS Lone Working Device
- Ensure you get a GPS Fix prior to setting of for your first assignment.

Press this button for 4 seconds

- Carry out a weekly MySOS device check with the Skyguard Control Centre (reporting "Activation Check"

Hold this button down for 10 seconds

- Know what to do if something goes wrong.

Hold this button down for 10 seconds

- Report any faulty equipment to customer services, your line manager or LSMS for the MySOS Device.

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 or liaising with the LSMS who has access to the MySOS Device dashboard that reveals all movements of the devices.

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.

The LSMS is responsible to monitor MySOS Device usage and provide a report on a quarterly basis to the Quality Committee.

IF AT ANY TIME YOU FEEL YOUR SAFETY IS AT RISK, OR VIOLENCE IS THREATENED IMMEDIATELY ACTIVATE YOUR MySOS DEVICE

Press the SOS Button for 10 Seconds

Home Visits

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.

If you're MySOS Device failed during an Incident, report it immediately to the LSMS and your line manager.

If you used your MySOS Device and it worked, equally feed this back to the LSMS and your line manager.

- 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. You can leave a message on the Device.

Voice Memos

A voice memo can provide vital information to the controller when you are entering an area with poor or no signal or if you entering a block of flats.

A voice memo can be left by pressing the **Call 1 button** for **three seconds.** The GPS light will start to flash to confirm the request. Speaking clearly, leave your voice message when prompted. To end the memo, press the **SOS button**.

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Use of Skyguard App

The Trust has acquired the Skyguard Lonewoker Apps to develop and implement a local safe systems of work. This document has been developed in support of the Trust's Lone Working Policy.

This procedure applies to all employees of the Trust who have been assigned an app and is applicable to:

- Community Staff that operate in a clinical or non-clinical environment.
- Line managers of lone workers who have assigned an app.

Skyguard for Smartphone is a software application which can transform a mobile or into a fully functional personal safety device. the software is ideal for lone workers or other at risk individuals who don't wish to carry a dedicated personal safety alarm.

Simply by pressing the designated alarm button on the user's smartphone, the software will send their GPS location and identity, as well as making a voice call, to Skyguard 24/7 Incident Management Centre (IMC). Action will be taken within seconds by Controllers to assess the incident and follow your emergency procedures.

Managers

Are responsible for:

- Ensuring that all staff are aware of the Lone Working Policy and Skyguard App.
- 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 from the LSMS.

Staff must:

Ensure they have all the necessary information, instruction and training to recognise the hazards and risks involved with working alone and be confident they know how to operate the Skyguard App.

Raising an alarm
The alarm is activated by holding the designated alarm button which will override the handset's keypad and PIN lock. On pressing the alarm button the user's GPS location and identity are transmitted via GPRS for cost-effectiveness to our Incident Management Centre

Bluetooth Smart button

The Bluetooth Smart Button is an optional extra accessory with two main functions – raising an alarm and updating the handset's current location. When the Bluetooth button is connected and paired with the mobile handset, an alarm can be raised remotely, without the need to interact with the mobile handset. Holding the button down for 2 – 10 seconds and then releasing will raise an alarm. It is possible to manually update the handset's current location by pressing the button once.
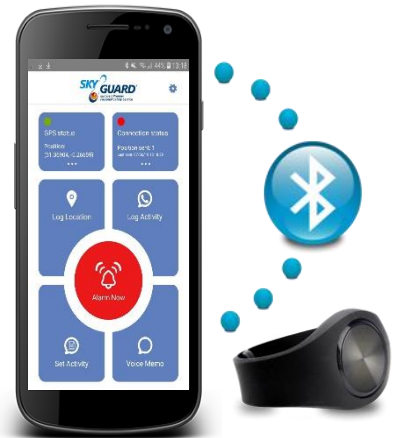
Appendix D

PERSONAL DETAILS – CONFIDENTIAL

Name: **DoB:**

_____

Height: **Stature:**

Hair: **Eye colour / (glasses?):**

Origin:

Home contact details

Address:

Postcode:

Home telephone number:

Mobile telephone number:

Lives with: **Relationship:**

First contact details:

Next of kin details:

Name: **Relationship:**

Phone Number:

Vehicle details:

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Additional Information to Enhance Lone Working Safety

Escorting Service Users/Patients

For the purpose of this section the term 'escort' refers to the staff member acting as a companion in a professional capacity to the Service User.

- Where there are known or potential risks a full risk assessment regarding the necessity for an escort must be made
- Where there are known risks the patient/service user should be looked after by a member of staff who is not the driver
- Lone Workers should ensure their vehicles are suitably insured for business purposes
- Consideration should be given to the most suitable mode of transport
- Lone Workers should not escort the patient/service users if there are any doubts about their safety in doing so

Lone Working and Vehicles (other than escorts)

- Allow plenty of time for the journey ensure the tank is full of petrol/diesel
- Bags, cases etc should never be left visible in the car
- Lone Workers should hold vehicle keys in hand when leaving premises to avoid looking for them outside
- Ensure all doors are locked when travelling
- Lone Workers should always try and park as close as possible to the location they are visiting
- In case of a breakdown, Lone Workers should contact their Manager/buddy immediately
- If the Lone Worker is suspicious they are being followed they should contact the police or drive to a well-lit manned building, such as a petrol station
- Signs such as Doctor or Nurse should not be displayed

Lone Workers and Public Transport

- Lone Workers should wait for transport at a busy stop or station that is well li
- Lone Workers should know the route or be in possession of a timetable and have made their Manager or Buddy aware
- Try and sit near to the driver whenever possible
- Lone Workers should familiarise themselves with the safety procedure
- It threatened by other passengers the Worker should alert the driver or contact the Police

Lone Workers Travelling by Foot

- Lone Workers should walk briskly and if in need of directions should utilise public places such as a petrol station
- Mobile phone use should be avoided whenever possible in public places. If someone does try to steal the phone it should be handed over immediately. Theft of any possession should be reported to the police and an incident form completed as soon as is possible
- Lone Workers should stay on the footpath, be aware of the location and people around the and avoid waste ground and isolated pathways

Lone Working and Taxis

- Whenever possible the taxi should be booked in advance from the company recognised by that Locality
- If a taxi is not booked the Worker should use a recognised Taxi rank
- Mini cabs should not be used if not pre-booked
- Personal information should not be discussed with the driver

Lone Workers and Use of Bicycles

- Workers using bicycles should ensure their bicycle is in good working order
- Access to a mobile phone should be available to all workers using a bike