



Out of site



► **The many workers** whose job involves visiting people's homes often face additional hazards to their office-based colleagues. **Nick Cook** looks at how employers can control these off-site risks and examines what guidance and advice is available to help them do so.

Before he could react, Paul Coleman had a dog clamped to each leg. Their growls filled the air as they dragged all seventeen stone of the six-foot post-man to the ground.

His screams rang through the Sheffield housing estate. A lady came out of a nearby house and bravely hit one of the dogs with a rake until the rake broke. Another resident beat at the dogs with a hammer until the head came off the hammer. Yet another

poured a pan of boiling porridge over them. A colleague tried to dislodge the dogs using his Parcel Force van and a man from an engineering firm up the road hit them with an iron bar. All to no avail.

Paul yanked the collar of one of the dogs. It came away in his hand and the dog sank its teeth further into his flesh and savaged Paul with increased vigour.

Maybe in the end it was the police and ambulance sirens that scared them off. Maybe they just got bored. Either way, by the time help arrived they were running down the road leaving the remains of their traumatised victim.

Six months, a three and a half hour operation and several skin grafts later, Paul still has nightmares, still insists on taking a dog repellent spray with him every time he goes out and still cannot walk on the same side of the road as even the smallest approaching dog. He doesn't wear shorts around the house anymore in case the sight of his mangled legs upsets his four year-old daughter Grace.

Thankfully not all occupational visits to domestic premises end quite so horrifyingly. Nevertheless, a huge range of jobs do ►



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WorkingLife

require home visits and those making the visits can be at potentially greater risk than their workplace based colleagues. All 'home visitors' have the same right to have their risks assessed and controlled as their factory or office-based colleagues. Ensuring those rights, however, might not be so easy.

Hazards

Hazards facing workers visiting domestic premises fall into two groups (*listed in box below*).

The first group contains hazards specific to the work. Examples include electrical hazards and falls from height (eg. to roofers). The risks arising from these hazards are

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exacerbated by the fact that home visitors are frequently lone workers. A district nurse, for example, faced with the need to move a patient will not be able to summon help from colleagues. And probably he or she will not have access to lifting equipment such as hoists.

The second group of hazards is more specific to home visiting itself. These are the hazards associated with the environment through which the worker has to travel (eg. traffic conditions, loose paving stones, weather conditions etc) and the hazards associated with the premises they are visiting (eg. poor maintenance, asbestos, etc).

Home visitors can also find themselves facing the hazards that most of us just watch on TV from the comfort of our sitting rooms. These stem from current social ills. They include crime, gangs of youths, knives, drugs, alcohol, dangerous traffic and dangerous dogs.

It all adds up to a sombre conclusion. When employees leave their offices or factories they are often entering unknown territory. It is territory over which their employers have no control. So as an employer just how do you deal with the risks?

Advice is not easy to come by. There is plenty of guidance on lone working and plenty of advice on violence. And of course this will apply to home visitors, but there does not seem to be much guidance focusing specifically on the full range of risks faced

by home visitors (i.e. health, safety and security).

It is therefore useful to look at how some organisations currently deal with these risks.

Mark Varley is the health and safety manager for the retail business units of the energy company E.ON UK. These units employ three distinct groups of home visitors; meter readers, home energy advisers (salespeople), and thirdly a much smaller group whose purpose is to work with customers challenged by the need to meet payment commitments.

Mark identifies three main hazard areas:

- driving and parking;
- walking the streets; and
- violence (both human and animal).

Linda Wright is one of E.ON's health and safety advisers. An ex-meter reader herself she now advises on their health and safety. She comments: "Driving cannot be eliminated but it can be reduced. Our team co-



Off-site hazards

Hazards specific to the work

- electricity
- lifting
- equipment

Violence

- dangerous areas, eg. gang violence
- knives
- drugs and alcohol
- animals (most commonly, dogs)

Slips, trips and falls

- damaged paving stones
- damaged steps
- slip hazards
- ice, snow and wet
- falls from roofs

Ergonomic

- working in cramped spaces
- bump hazards, eg. low ceilings

Driving hazards

- road rage
- defective vehicles
- temptation to answer mobile while driving

Weather

- thermal – heat cold
- exposure – rain

Substances

- asbestos in older buildings, eg. older 'artex' ceilings
- unhygienic environments
- micro-organisms



Gaps in knowledge

- 1) An agreed definition of a "home visitor". Should the term be confined to those who enter somebody's home or should it include those who simply set foot on the land (eg. delivery personnel, window cleaners and gardeners).
- 2) A full scale literature survey to identify guidance on home visiting already produced but buried in other publications, eg. specific examples of home worker guidance contained in NHS SMS, HSE and union publications on violence and lone working. Specific advice on dynamic risk assessment contained in Fire Brigade and NHS SMS publications.
- 3) A survey to assess the range of occupations with a home visiting element. This must include SMEs.
- 4) Statistics on injuries and near misses in order to gauge the scale of the problem.
- 5) Benchmarking with other organisations to identify good practices. This should include SMEs with limited resources.
- 6) A survey to identify the full range of hazards faced by home visitors.
- 7) Specific guidance on home visiting. At the moment such guidance tends to be a subset of the guidance available on violence or lone working. Home visitor guidance should include:
 - ❖ the steps needed to protect home visitors;
 - ❖ advice on extending co-operation from police etc to all home visitors (including those from the smallest companies);
 - ❖ advice on adopting an holistic approach i.e. it should include health, safety and security;
 - ❖ training requirements;
 - ❖ specific guidance on dynamic risk assessment; and
 - ❖ guidance on alarm and monitoring technology and systems for its integration into the health and safety and security system.

ordinators plan each meter reader's work schedule to ensure calls are as close as possible to their home."

The way a vehicle is parked can also help to reduce risk. David Irving is assistant chief officer of Northampton and County Age Concern. He advises: "If the area looks too dangerous, our advice is don't park there. Abandon the visit. And in any case, parking should always be done with care whatever the area. For example, you should always reverse into your parking space. If you park in a cul-de-sac make sure your vehicle is pointing towards the entrance. A hasty exit is easier if you can drive straight out."

On leaving their vehicles home visitors then have to contend with other hazards. Not surprisingly slips, trips and falls feature strongly. This is especially the case for meter readers, home energy advisers and postmen.

"Staff have to contend with broken paving slabs and slippery grass," says Mark. "Our people have slipped on crisp packets, chips and even, on one occasion, a slug. People have sprained their ankles on kerbs."

"We give new staff a video highlighting the dangers of slips, trips and falls," adds Linda. "All incidents are reviewed and communicated at our bi-monthly staff meetings.

If staff are willing, we even video them describing their incident and discussing any learning points. These videos are shown to other workers. At our autumn meeting we remind staff about the forthcoming hazards from wet leaves and ice.

"We continually review the latest non-slip technology. For example, at the moment we are looking at shoes with composite toecaps and heels. These are much lighter and more comfortable. We always involve our meter readers in these reviews, getting them to trial the shoes for a period and acting on their comments."

A key part of the training is the attention given to behavioural aspects of the job. For example, meter readers and home energy advisers can find it very tempting to enter data on their recording devices as they walk along the road. This is firmly forbidden.

"The distraction can make them more likely to fall or even walk into things," says H&S adviser Linda.

Work pressures may cause this particular behaviour. For meter readers these can include targets for the number of meters read per day; for energy advisers the pressure can come from sales targets. For postal workers the "Job and Finish" scheme encourages them

to hurry so that they can go home earlier.

E.ON tries to make targets for its workforce realistic. For example, co-ordinators who tend to be ex-meter readers themselves set meter-reading targets. Because they know the job these targets are realistic and reflect the nature of the geographical area.

Animals

"I was bitten twice when I was a meter reader," says Linda Wright. "Don't worry he won't bite you' the owners told me in both cases. In both cases they did."

Now, before entering domestic premises, meter readers must insist customers lock their dogs away. But of course they can still encounter dogs out on the street. To meet this threat E.ON issues its employees with a spray.

"It smells like peppermint," says Linda Wright. "And deters the dogs without harming them in any way."

A major problem with sprays is that the dog owners often object to their use. "On one occasion an owner asked if he could see the spray that had just been used on his dog," says Mark Varley. "When the meter reader handed it over he promptly sprayed it into the meter reader's face." ➤



NHS Security Management Service (NHS SMS) model for combating violence to NHS Staff

The model includes the following elements:

- A central organisation to provide the expertise, training, and a management strategy to control the risks of violence to staff. In the NHS, this organisation is the NHS Security Management Service (NHS SMS). It is part of the NHS Counter Fraud and Security Service (NHS CFS).
- Commitment from the top. Each NHS trust has a security management director (SMD) whose role is to champion security at board level.
- Front line expertise at ground level. Each trust has a team of trained Local Security Management Specialists. These are NHS staff who carry out this role in addition to their other jobs. They lead local security management, for example, leading investigations into assault.
- Liaison between the LSMs and the trusts. This is provided by four NHS SMS Area Security Management Specialists (ASMS)
- Effective liaison with the police and the Crown Prosecution Service (enshrined in Memoranda of Understanding).
- A legal protection unit (LPU) whose function is to provide advice to trusts, particularly with regard to prosecution of those assaulting NHS staff.
- A national reporting system for incidents.



The other piece of equipment issued by E.ON is a "post-peg". Meter readers use this to push a card through the letterbox when the customer is out.

"This has saved quite a few fingers," comments Linda.

A high frequency screech from an ultra-sonic alarm can also be used to repel dogs. However, a major drawback is that many dogs are deaf and unable to hear them.

Bites that do occur are thoroughly investigated. "Where appropriate we report them to the police," says Linda.

"Our message is 'the incident may not have harmed you but the next person might not be so lucky'."

Richard Hampton disagrees with the first two reasons: "Getting injured should never be part of anybody's job," he says. "And if nothing is reported nothing can be done about it."

As far as the third reason is concerned, Richard Hampton accepts that there may be a conflict between making reporting user-friendly and the need for comprehensive data. However, the current NHS paper-based physical assault reporting system (PARS) will soon be reinforced by an electronic security information management system (SIMS).

These systems will ensure consistent reporting right across the NHS and provide high quality analysis of the data collected. Importantly they will provide figures for the number of assaults carried out during home visits, something the present system does not provide.

E.ON also value reporting. It has striven to make the process as painless as possible.

"One of our meter readers designed a card on which staff could report incidents. They carry these with them. They are much more

Violence

Home visitors in the NHS include midwives district nurses, mental health nurses working in the community, ambulance workers and of course GPs. Violence is a major issue, both for home visitors and those working on NHS premises. To meet this challenge the NHS has developed a model, which may prove useful for other large organisations (see box above).

One of the elements of the model is a system for reporting incidents. Richard Hampton, head of the NHS Security Management Service (NHS SMS) attaches great importance to this element. According to the 2007 Healthcare Commission NHS staff survey, over 30% of all violent incidents on NHS staff do not get reported.

According to the survey, reasons given for not reporting include:

- "it's all part of the job"
- "nothing gets done about it anyway"
- "the reporting system is too cumbersome"





user-friendly than the paper forms they replaced," says Linda Wright.

Encouragement to report extends to near miss incidents. So keen are E.ON to attack the base of the 'Bird accident triangle' they reward reporting with prize draws.

"Our message is 'the incident may not have harmed you but the next person might not be so lucky'," says Linda.

E.ON, Age Concern and the NHS all use their incident reports to identify potentially risky areas and addresses. These concerns are then automatically flagged up when visits are scheduled.

Training

A recent study by the Health and Safety Laboratory identified training as one of the most important tools for dealing with lone worker violence (see box on right for details, and also for details of other control measures applicable to home visitors).

For example, the NHS programme of conflict resolution training helps staff plan for a visit, make sure that they have a clear escape route and to recognise the warning signs of violence in a patient's behaviour.

Training often emphasises the importance of "dynamic risk assessment" (see page 29). Effectively this is risk assessment 'on the hoof'. For home visitors this is potentially a very useful tool. The ability to continually match assessment and preventative measures to a constantly changing situation could prove crucial. Unfortunately, there does not appear to be a great deal of generally available guidance on it. HSE has no specific publications and its *Five Steps to Risk Assessment* guidance does not even mention dynamic risk assessment.

Guidance can only be found by digging deep into documentation for specific occupations. The NHS publication, *Prevention and Management of Violence where withdrawal of treatment is not an option*, for example, provides a definition of dynamic risk assessment together with an outline of its use (see box on page 29).

But the main message for staff who work off-site is always not to put yourself at risk. "We tell staff to hand over whatever is being demanded rather than argue," says Linda Wright.

"Flight is always better than fight," adds Age Concern's David Irving.

Prosecution

While prevention is always better than cure, prosecution always sends a powerful message both as a warning to would be attackers and a reassurance to victims that

the organisation does care.

In this particular area, the NHS Security Management Service can claim success.

"In 2002/03 (just before NHS SMS was formed) there were only 51 prosecutions brought against people committing violence against [NHS] staff," says Richard Hampton. "In 2006/07 this number had risen to 869."

This dramatic increase is put down to a policy decision not to tolerate violence to staff. It was facilitated through co-operation between NHS SMS and the police and the Crown Prosecution Service (CPS). Additionally, the NHS SMS has its own Legal Protection Unit which will consider prosecution if the police and CPS decide not to take the case further.

"We have prosecuted 30 cases ourselves," says Richard Hampton.

Personal safety

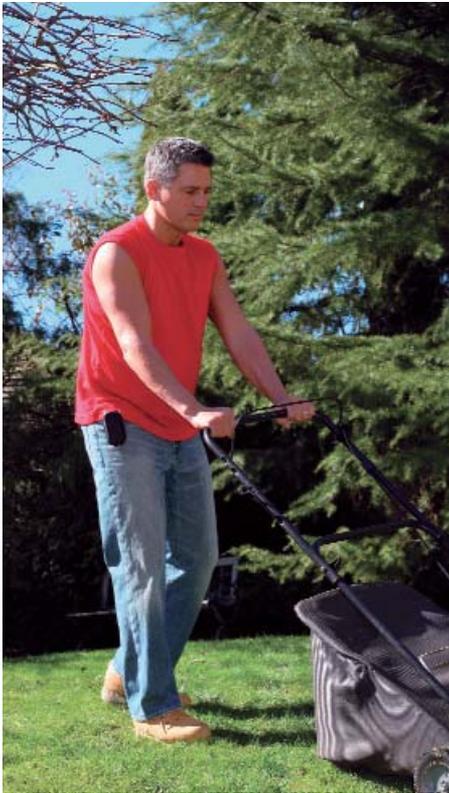
Last July, for the first time, The Suzy Lamplugh Trust advised men as well as women to carry personal alarms, a sign of the rising concerns about violence and personal safety. ➤



Measures for dealing with lone worker violence

- **Training and information**
 - ❖ risk assessments
 - ❖ personal safety training, eg. conflict resolution techniques
 - ❖ be aware of surroundings
 - ❖ if feel threatened leave
- **Communication**
 - ❖ liaison with police
 - ❖ letting others know where you are
 - ❖ share experiences and concerns inside and between organisations
- **Report all incidents**
- **Talk about concerns and incidents**
- **Early warning system to flag problems**, eg. houses where incidents have occurred
- **Talk about concerns**
- **Report all incidents**
- **Company communications**, eg. newsletters
- **Work equipment**
 - ❖ PPE, eg. anti-slip shoes
 - ❖ communication and alarm devices
 - ❖ personal alarms
- **Work environment**
 - ❖ although the employer has no control over the street and domestic environment in some cases they can change the venue to the employers own premises, eg. problematic patients can be asked to come into a day centre or the GP surgery rather than be visited at home
- **Less successful measures**
 - ❖ teaching staff self-defence
 - ❖ wearing security style uniforms
 - ❖ use of 'hotlines' to the police

Source: Work-related violence – lone worker case study. Health and Safety Laboratory. Although aimed specifically at lone workers, many of the case studies developed by HSL for the Health and Safety Executive contain examples of work carried out by home visitors. The study can be found at: www.hse.gov.uk/violence/loneworkcase.htm



Dynamic risk assessment

Dynamic risk assessment can be defined as a continuous process of identifying hazards and risks and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. It involves:

- Being alert to warning signs (as covered in conflict resolution training).
- Carrying out a '10-second risk assessment'; if staff feel there is a risk of harm to themselves, they should leave immediately.
- Placing yourself in a position to make a good escape.
- Making a judgement as to the best possible course of action – for example, whether to continue working or withdraw. At no point should you place yourself in physical danger.
- Utilising appropriate physical security measures, e.g. triggering panic buttons to call assistance.
- Ensuring that when you enter a confined area or room, you make sure you can operate the door lock in case you need leave quickly.
- Avoid positioning yourself in a corner or in a situation where it may be difficult to escape.
- Avoid walking in front of the client.
- Remaining calm and focused during an incident in order to make rational judgements.
- Be aware of your body language as there is a risk of exacerbating the situation by sending out the wrong signals.

Adapted from Prevention and management of violence where withdrawal of treatment is not an option (page 20). NHS Business Services Authority, Security Management Service Division. www.cfsms.nhs.uk/doc/sms.general/prev_man_violence.pdf

There are many personal alarms on the market which target off-site workers. These range from screech alarms that basically just emit a piercing sound which alarms the attacker and gives the victim time to escape, to GPS devices linked to call centres. Many of which can obtain live recordings of the incident for use in court.

However, personal alarms should never be used as stand-alone devices. "They can lead to a false sense of security," says Robert Baughan, national health and safety policy officer for Unison. "To be effective they must be part of an organisational process able to provide effective back-up."

Some organisations, such as those mentioned in this article, have gone a long way towards protecting employees who make home visits. There are, however, considerable gaps. For example, smaller or single employee enterprises are extremely vulnerable. They do not have access to the resources available to larger organisations, nor are they as easily able to emulate the success of the NHS SMS in negotiating co-operation from the police and CPS.

Guidance, benchmarking for good practice, and statistics specific to home visitors are also lacking (see box on page 25). Rising levels of violence and danger in the world beyond the factory gate make it all the more important to address these gaps.

"While prevention is always better than cure, prosecution always sends a powerful message."

