**NHS**
**Great Western Hospitals**
NHS Foundation Trust

# Lone Worker Policy and Guidance

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| **Document No** | HR - 00019 | **Version No** | 2.0 |
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| **Status** | LIVE | | |

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| **Target Audience-** who does the document apply to and <u>who should be using it</u>. - The target audience has the responsibility to ensure their compliance with this document by:<br>• Ensuring any training required is attended and kept up to date.<br>• Ensuring any competencies required are maintained.<br>• Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. | All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract).  It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy |

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| **Special Cases** | N/A | |
| **Accountable Director** | | Director of Finance |
| **Author/originator** – Any Comments on this document should be addressed to the author | | Head of Health, Safety, Fire & Security |
| **Division and Department** | | Corporate, Health & Safety |
| **Implementation Lead** | | SAFE on behalf of Head of Health, Safety, Fire & Security |
| **If developed in partnership with another agency ratification details of the relevant agency** | | N/A |
| **Regulatory Position** | | Health & Safety at Work, etc. Act 1974 (Ref 13). The Management of Health & Safety at Work Regulations 1999 (Ref 9). |

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| **Review period**. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified. |

Service Teamwork Ambition Respect

# Contents

# 1 Introduction & Purpose

## 1.1 Introduction & Purpose

The Health & Safety at Work etc. Act 1974 (Ref 8) places a statutory duty on the Great Western Hospitals NHS Foundation Trust (the Trust) to manage the risks of lone working. This document describes the responsibilities and the Trust's arrangements for managing the risks of lone working.

## 1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

| CQC | Care Quality Commission |
|---|---|
| **Dynamic Risk Assessment** | A visual and mental assessment of risk to support decisions about safety. A dynamic risk assessment should be repeated as situations and scenarios change or develop |
| **EIA** | Equality Impact Assessment |
| **HSE** | Health & Safety Executive |
| **IP&C** | Infection Prevention and Control |
| **Lone Worker** | Anyone working without a colleague nearby and/or out of eyesight and/or earshot of colleagues |
| **LSMS** | Local Security Management Specialist |
| **NHS** | National Health Service |
| **SAFE** | Security and Fraud Experts |

# 2 Main Document Requirements

## 2.1 Managing the Risks for Lone Workers

The Health & Safety etc. at Work Act 1974 (Ref 8) and The Management of Health & Safety at Work Regulations 1999 (Ref 9) require the Trust to proactively manage foreseeable risks to employees. Lone working is recognised as being one of those risks and the Trust is committed to managing the risks to personal safety arising from lone working for all employees.

A lone worker is anyone who works without a colleague nearby; or anyone working out of sight or earshot of another colleague
Wherever possible lone working will be avoided. Where lone working is necessary a Risk Assessment will be completed to minimise the risks.

Risk Assessments and local arrangements for lone workers will acknowledge that lone workers may be more vulnerable:

- In an emergency situation (e.g. fire).
- In the event of an accident.
- To aggression and violence.

And will describe the measures agreed to minimise these risks.

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## 2.2        Identifying Lone Worker Risks

Lone working can happen in lots of different ways and managers must identify the lone working risks for their teams and in their places of work.

Managers should consider situations in which employees are:

- Travelling alone.
- Working alone on site (remote parts of the site or early/late at night).
- Working alone with patients/relatives/carers.
- Working alone in patients' homes (potentially at night).
- Working alone in community settings.

Managers must demonstrate that they have considered the risks for lone working in all situations that may arise for their teams and in their places of work.

## 2.3        Risk Assessment

Managers of departments where individuals may work alone must have completed a Department Lone Worker Risk Assessment (Ref 12) identifying lone worker risks and outlining how those risks are going to be managed.  Managers are responsible for ensuring that the Risk Assessment is completed, these need to be current, bespoke and reviewed annually.

The Department Lone Worker Risk Assessments should be agreed in consultation with lone workers to ensure the measures agreed are practicable.

Where employees are working in patients' homes or in a community setting, the LSMS is available to advise and support, a dynamic risk assessment of the environment must be completed at first visit to help identify any specific and significant health & safety hazards.  It is essential that any significant risks identified are documented and managed.  An example health & safety risk tool is available on the intranet (Ref 7).

Managers must ensure that all Department Lone Worker Risk Assessments are reviewed at least annually or at any time if there:-

- Has been any incident or near miss involving a lone worker.
- Is a change to the local arrangements for lone workers.
- Are new risks for the lone worker.

## 2.4        Local Arrangements for Lone Workers

Every team that has identified risks related to lone working must demonstrate that they have arrangements in place to manage those risks.  These arrangements should be documented in a Department Lone Worker Protocol (see Appendix C & D).

At a minimum a protocol for lone working must describe arrangements:

- To ensure an agreed individual is aware that the lone working is happening and where it is happening.
- For 'checking out' with an agreed individual when the lone working has ended.
- For the lone worker to raise the alarm if they need assistance.
- For response once the alarm has been raised.

Where local arrangements for lone workers are agreed they must be reviewed at least annually as part of the risk assessment or sooner, if the working arrangements are adjusted Managers must

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demonstrate a commitment to local arrangements for lone workers by leading by example and following the arrangements they have agreed with their teams. Individuals have a personal responsibility for their safety but managers must create the systems and conditions in which individuals are able to work safely and this must be evidenced.

Individuals are required to follow local arrangements for lone workers in their day to day work. Local Arrangements agreed are safe systems of work and all employees are required to follow safe systems of work for safety of themselves and others.

Guidelines on best practice for lone working are outlined in Appendix B, C & D.

## 2.5 Getting to a Safe Place

The safety of all employees is a priority for the Trust. Local arrangements for lone workers should always consider how individuals will get to a safe place should they need to or at any time when they consider their personal safety to be at risk.

The local arrangements for lone workers should include identification of a 'safe place'. On site this should be a place that can be secured and where the individual employee can call for assistance (so should have access to a telephone). For employees working in patients' homes and in the community this may be their vehicle.

## 2.6 Support Following an Incident

All accidents, incidents and near misses involving a lone worker must be reported on an incident notification form. Lone Worker Risk Assessments and Local Arrangements for lone workers should be reviewed following an incident involving a Lone Worker.

Managers must ensure that individuals receive support following any incident or near miss and should access specialist services where appropriate, the LSMS is available to support and advise.

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# 3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

| Measurable policy objectives | Monitoring or audit method | Monitoring responsibility (individual, group or committee) | Frequency of monitoring | Reporting arrangements (committee or group the monitoring results is presented to) | What action will be taken if gaps are identified |
|---|---|---|---|---|---|
| Risk assessments are completed for ensuring the safety of lone workers. | Health & Safety Audit (Lone Worker risk assessment) | Health & Safety Department | Annually | Health & Safety Committee | Recommendations and action plan for Departments from audit. Review of action plan. |

# 4 Duties and Responsibilities of Individuals and Groups

## 4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

## 4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

## 4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

## 4.4 Local Security Management Specialist

The Local Security Management Specialist is responsible for providing advice and guidance to managers and individuals to manage lone worker safety and risks to personal safety across the Trust.

## 4.5 Line Managers' Responsibilities

It is the responsibility of Line Managers to:

- Avoid lone working on the team wherever possible.
- Where it is not possible to avoid lone working to complete a risk assessment detailing the risks and outlining the measures agreed to manage those risks.
- Identify situations in which employees work alone in the team and place of work.
- Involve employees who work alone in completing the risk assessment to ensure local arrangements are practicable.

- Ensure environmental risks are identified; documented and managed by lone workers in the community.
- Review the risk assessment at least annually.
- Agree local arrangements for lone workers.
- Ensure all employees including new and temporary employees understand and use the local arrangements for lone workers.
- Lead by example using the local arrangements for lone workers in their day to day work.
- Take action if lone workers on their team fail to use the agreed local arrangements.
- Identify a 'safe place' in their work areas.
- Report all incidents or near misses.
- Ensure employees are offered appropriate support following an incident or near miss.

### 4.6 Lone Workers

It is Lone Workers responsibility to.

- To avoid lone working wherever possible.
- Be involved in conversations about lone working and contribute to the development of agreed local arrangements.
- To be aware of and use agreed local arrangements for lone workers.
- Use equipment provided for their safety when Lone Working
- To be aware of and use best practice guidelines outlined in Appendix B.
- Inform Managers of any concerns regarding working on their own and any reasons why it may be less safe for them to do so.

# 5 Further Reading, Consultation and Glossary

### 5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

| Ref. No. | Document Title | Document Location |
|---|---|---|
| 1 | Health and Safety Policy | T:\Trust-wide Documents |
| 2 | Driving at Work Policy | T:\Trust-wide Documents |
| 3 | Incident Management (including Serious Incidents) Policy | T:\Trust-wide Documents |
| 4 | How to Assess Risk Procedural Document | T:\Trust-wide Documents |
| 5 | Minimising Violence and Aggression in the Workplace Policy | T:\Trust-wide Documents |
| 6 | Training Needs Analysis | Intranet |
| 7 | Health & Safety Risk Tool | Intranet |
| 8 | The Health & Safety at Work etc. Act 1974 | *hse.gov.uk* |
| 9 | The Management of Health & Safety at Work Regulations 1999. | *hse.gov.uk* |
| 11 | Driving at Work Policy | T:\Trust-wide Documents |

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| Ref. No. | Document Title | Document Location |
|----------|----------------|-------------------|
| 12 | Department Lone Worker Risk Assessment examples | *Intranet* |
| 13 | Health & Safety at Work, etc. Act 1974. | https://www.gov.uk |

## 5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

| Job Title / Department | Date Consultee Agreed Document Contents |
|------------------------|------------------------------------------|
| Local Security Management Specialist | 06/07/20 |
| Director of Estates and facilities management | 31/07/20 |
| Occupational health specialist nurse | 12/08/20 |
| GWH Health, Safety, Fire & Security Manager | 06/07/20 |

# 6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

## Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

| | At this stage, the following questions need to be considered: | | |
|---|---|---|---|
| 1 | What is the name of the policy, strategy or project? <br> Lone Worker Policy and Guidance | | |
| 2. | Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? <br> The Health & Safety at Work etc. Act 1974 (Ref 8) places a statutory duty on the Great Western Hospitals NHS Foundation Trust (the Trust) to manage the risks of lone working. This document describes the responsibilities and the Trust's arrangements for managing the risks of lone working. | | |
| 3. | Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)? | | **No** |
| 4. | Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups? | | **No** |
| 5. | Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address? | | **No** |

| | |
|---|---|
| Signed by the manager undertaking the assessment | Sarah Barbieri |
| Date completed | 14/08/2020 |
| Job Title | Health and Safety Officer /Manual Handling Advisor |

**On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment**

## Equality Impact Assessment

### Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

### Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.

**9 Protected Characteristics**

- Age
- Disability
- Gender Re-assignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race - including Nationality & Ethnicity
- Religion or Belief
- Sex
- Sexual Orientation

### Trust Equality and Diversity Objectives

| Better health outcomes for all | Improved patient access & experience | Empowered engaged & included staff | Inclusive leadership at all levels |
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# Appendix B - Lone Worker Guidelines & Best Practice

The following information is for the guidance of managers, individuals and teams.  There is no expectation that local arrangements for Lone workers will include all the measures described here.  However, the measures outlined can be considered best practice and should support managers, individuals and teams to develop robust, appropriate and successful local arrangements for lone workers.

**Travelling Alone:**

- Maintain a diary that others can access
- Ensure someone is aware that you are travelling alone
- Ensure all employees travelling alone have access to a mobile phone
- Complete a Personal Details form (car information, contact numbers, alternative contacts and next of kin information) that is available to colleagues if needed
- Be familiar with the Driving for Work Policy (Ref 11)
- Ensure your car is well maintained
- Always check the car has sufficient fuel to complete the journey
- Only carry in that car that which is absolutely necessary but ensure you have some basic equipment for emergencies (for example high visibility jacket, water, phone charger, blanket, torch)
- When walking to or from the car, keep the keys in your pocket and, if you carry one, have your personal alarm in your hand or easily accessible
- Keep bags etc out of sight when driving, especially if the windows are open
- Get into the habit of locking the doors when driving the car, especially in town -Check there is no one in the car before you get into it
- Wherever possible, park the car in an open, well lit and well used public area at street level
- Avoid parking in multi-storey car parks, back streets, cul-de-sacs or open country areas
- Carry bags close to you with the opening inwards.
- If you use a lift to exit the building stand near the controls and face the door.  If in doubt use the stairs.
- Never leave anything of value on view in the vehicle
- Wherever possible reverse into car parking spaces.  This will enable you to drive straight out to make safe exit.
- Avoid leaving any documentation containing patients' details locked in your vehicle or on open display.
- If items of equipment required for assessment or issue are carried in your own vehicle, ensure that they are securely restrained so that they cannot move and cause injury or damage to your car.  If you cannot safely restrain the items make alternative arrangements for delivery.
- Park as close as possible to where you are working.
- All accidents, incidents and near misses in your car must be reported.
- On foot, walk towards traffic, and be aware of public places that you could go to for safety
- Do not highlight that you are a clinical employee by putting a notice in your car

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**Working Alone in Patients Home:**

- All employees must maintain a diary that others can access
- Information about visits must be held centrally should they be needed in an emergency
- Employees must know what they need to about the patient before their visit. Before first visit information should be gathered from available sources to ensure employees are not at risk.
- A pre-visit call before first visit should be made to gather information about safe parking, access arrangements and as an opportunity to assess foreseeable risk.
- An environmental risk assessment must be completed on first visit to identify any specific environmental risks.
- Information about risks identified or concerns must be shared across the team. There must be regular opportunities for this information to be shared. Risks should be documented appropriately.
- When there is no-one in the office (out of normal office hours) there is a 'buddy' arrangement in place so that employees can check in at agreed intervals.
- There is an arrangement for employees to 'sign-off' at the end of the working day if they do not intend to return to the office.
- All employees have access to a mobile phone
- The team have a good understanding of locations where mobile phones may not be able to be used and alternative arrangements for contact are made (e.g. an agreed call back later)
- There is an agreed discrete code for employees if they require police assistance
- All employees know the agreed discrete code and what to do if it is used
- Employees politely request that patients leave keys in the front door during their visit so that they have safe exit should they need it
- Employees should not enter a property if the person you had arranged to see is not there.
- Carry and use a personal alarm
- Employees should follow, not lead, when they enter someone's home
- Employees should keep their car keys and a phone on their person at all times so that they can get to safety and/or raise the alarm should they need to
- Employees can request dogs or other animals be removed to another area for the duration of their visit. If this request is refused and you have concerns, leave the premises.
- Consider arranging a pre-arranged call from a colleague if you assess that it may be necessary
- Where there is a known risk of working with a patient alone, consider two person working or alternative ways of delivering care

**Working Alone On-Site:**

- Ensure someone is aware that you are working alone
- Be aware of exits and 'blind alleys' for rapid escape routes
- Employees must have access to a telephone
- Avoid giving out personal information, e.g. "I am here on my own"
- Ensure doors and windows are locked, close curtains or blinds
- Carry a bleep and/or mobile phone at all times when moving about the site
- Activate any keypad, digital or swipe locks to limit access to the work area
- Keep handbags, wallets, keys and other valuables locked away

- At the end of the day, conduct a quick security check: Check windows, doors and toilets
- Don't invite unknown people into the workplace when working alone
- If mobile phones are part of the call-for-help system ensure they can be used in areas of work
- Any alarm systems used as part of the local arrangements for lone workers must be regularly tested

## Working Alone with Patients/Relatives and Carer

Ensure:-
- Colleagues know that you are alone with the patient/relative/carer
- The room is arranged to ensure employees have positive exit if necessary
- Consideration is given to the likelihood of violence and aggression before working alone with the patient /relative/carer and this informs the arrangements made (taking into account employees may be delivering bad news)
- Consider two person working if the levels of risk are uncertain
- Employees have a means of raising the alarm
- All employees understand the agreed system for raising the alarm and know what to do when it is used
- Any alarm systems used as part of the local arrangements for lone workers must be regularly tested

## Working Alone in Community Setting and On Third Party Sites
Ensure:-

- Local Arrangements for lone worker are agreed and in place
- Employees have access to a telephone and know how to dial out
- Employees have been given information about security procedures for the building
- Employees have information on security alarms, systems and procedures
- Fire arrangements have been explained and the individual has a clear understanding of what to do in the event of a fire
- Employees are clear on exit options to enable them to leave the building safely
- There is information available about any substances hazardous to health in the work area
- Employees have telephone numbers to raise concerns about building issues
- Employees have contact details for colleagues available

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# Appendix C – Lone Worker Guidelines for Community Teams (example Protocol)

**Before Lone Working:**

- Complete a Personal Details Information Form and this should be available to colleagues in an emergency (this should include a recent photo and car details)
- Ensure you have key contact information programmed into your telephone and written down for emergencies
- Ensure key work contact information (e.g. Out of Hours, On-Call Manager) is shared with friends or family so they can raise the alarm if necessary
- Maintain a diary for each day of work that can be accessed by colleagues
- Ensure someone is aware of your whereabouts Out of Hours. In general, employees should not attend a patients home without arrangements for checking in first (at the beginning of the day) or checking out afterwards (at the end of the day)
- There must be agreed Department arrangements for check-in and check-out during the working day (first thing, lunch time, end of working day) and agreed arrangements for raising the alarm if a colleague does not check-in as expected
- Always check patient records (paper and electronic) and referral papers before your first visit to the patient to ensure you are aware of any alerts or potential hazards and risks
- The patient's address and location should be checked to establish if it is in a known no- mobile-phone-signal zone – even in a no-mobile-signal zone you can contact the Emergency Services by dialling 112
- Consider working in pairs to visit unknown patients or for first visits
- Where possible plan your day to visit new patients before dark

**On arrival at Patients Home**

- Always park in the direction of exit and have your car keys readily available when visiting a patient's home to ensure you can leave quickly should you need to
- Log your arrival on systemone if available to you – this ensures colleagues can track your movements if necessary

**During the Visit**

- Always ensure you are able to make safe exit from the patient's home. If the door is locked during your visit politely ask that the key be left in the door so you can pop out to your car if you need to
- Try to follow into rooms rather than lead in a patient's home so you can maintain safe exit
- If you experience verbal aggression during a visit use your Conflict Resolution Training to de-escalate.
- If you begin to feel unsafe OR if there is a threat of violence then you should leave the premises as quickly as you can. Make a professional excuse if necessary but make your way to the safety of their car and drive away.

- If you are unable to leave the premises for any reason create a safe space between you and the aggressor. Ensure you have your phone and make your way to a safe place in the property (a bathroom or toilet is likely to have a lock on the door) and telephone the police for assistance.
- If other people are vulnerable to harm once you have left the property drive a safe distance away and contact the police.
- Report the incident to your team and to the Police once you are at a place of safety. Don't forget to fill in an incident reporting form at the earliest opportunity and seek advice from the LSMS Andy Wells on 07557 150308.

**If you are prevented from leaving the property**

- If you are prevented from leaving the property you should find a place of safety (e.g. bathroom or toilet with a lock on the door) to call the Police for assistance
- If considered useful a covert alert could be agreed within the Team (e.g. "I'm at [location] and I'm unable to find the Red Folder") but this should only be used as a last resort – getting to a place of safety should be the priority.
- The covert alert should initiate only one action which is for the Police to be called. Details of the procedure and where to gather information should be documented next to the telephones in the office.
- If you are able to dial the Police covertly but are unable to speak to them – you can press 55 on your phone and that will indicate to the call receiver that you need assistance – they will reprioritise your call as a silent call.
- The common law on self-defence allows you to take action to get yourself to a place of safety and away from imminent danger as long as the action you take is proportionate to the risk.

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# Appendix D – Lone Working on Community Site (example Protocol)

Each Department is responsible for ensuring that they have an agreed Lone Worker Protocol in place for safe lone working on site.

Where agreed, Site Services may support Departments and individuals in the following ways (with prior agreement):-

**In a medical emergency:**

- The Department calls for an ambulance.
- The Department contacts Reception on extension **** or goes to Reception and states " I have a medical emergency in [location]"
- Reception contacts other clinical Departments by telephone requesting medical emergency assistance in the location.
- Reception makes arrangements for medical emergency equipment to be taken to the location.
- Reception greets the ambulance service and directs them to the location

**If a patient falls:**

- If a patient falls then our Falls Protocol requires clinical assessment before a patient gets up.
- The Department calls for an ambulance for a clinical assessment of fallen patient if necessary.
- The Department contacts Reception on extension **** or goes to Reception and states "I have a fallen patient in [location]"
- Reception greets the ambulance service and directs them to the location

**Violence and/or aggression: Safe Place:**

- If a employee experiences verbal aggression they should use their Conflict Resolution Training to de-escalate. Departments must ensure all frontline employees have completed face to face conflict resolution training (refresh every three years).
- Every Department must identify a 'safe place'. A 'safe place' should be behind a locked door and there should be access to a telephone to raise the alarm.
- If a employee begins to feel unsafe or is unable to de-escalate the situation or if there is a threat of violence then they should make their way to the pre-agreed safe place.
- The Department calls for the police for assistance with an aggressive patient.
- The Department contacts Reception on extension **** and states "I have contacted the police as I have an aggressive patient in [location]. I am in a safe place which is [location]"
- Reception is on alert and may raise the alarm with other Departments on site if appropriate.
- Reception greets the police service and directs them to the location of the patient and the safe place.

**Violence and/or aggression: Discrete Alert:**

- In general use of the Safe Place protocol (described above) is expected.
- If the employees is unable to get to a safe place or if their concern is for the safety of the patient rather than themselves then a covert alert code can be used.
- The Department contacts Reception on extension **** and states "I am unable to locate the RED FOLDER in [location]"
- On use of the RED FOLDER alert Reception contact the Police stating that they have received a covert alert from a employee and police assistance is required at [location].
- Reception greets the police service and directs them to the location where assistance was requested