#  lone working risk assessment

**Lone working definition**

For the purposes of this policy, a lone worker is an individual who spends some or all of their working hours working alone. Lone working is not where individuals experience transient situations in which they find themselves alone, but where individuals are knowingly and foreseeably placed in circumstances in which they undertake work activities without direct or close supervision.

In practical terms, persons are considered to be working alone if they have neither visual nor audible communication with someone who can summon assistance in the event of an accident or illness.

**Responsibility**

Under the Health and Safety at Work etc. Act 1974, [employer’s name] as an employer has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all its employee/volunteers. There is also contained in the legislation a general duty of care to protect students and members of the public. These requirements are applicable to all work situations, including where staff (and others) are working alone or outside normal working hours.

**Employee/volunteer responsibility**

All employee/volunteers have a responsibility to take care of their own safety and to cooperate with [employer’s name] procedures. Employee/volunteers should not knowingly place themselves in situations which expose them to additional risk by working alone.

If a person finds that they are placed in a situation, which may be considered to be that of a ‘lone worker’, then they should ensure that their line manager is made aware of the circumstances at the earliest opportunity and then assist in the process of identifying the steps needed to either prevent the lone worker situation from arising, or, if this is not possible, assist in developing the precautions necessary to ensure their own safety.

Lone workers have a responsibility to inform their line manager if they have any concerns over the effectiveness and efficiency of the agreed arrangements and also if there are any reasons why they would not be able to work alone or to continue to work alone in safety.

**Identification of risks in relation to lone working**

* assessment of the risks to lone workers
* implementation of measures required to reduce the risks to lone workers, including appropriate staff training to minimise these risks
* evaluation of the control measures to ensure that risks to lone workers are appropriately managed.

**Control measures**

* safe systems of work
* use two or more people if required (buddy system)
* provide staff with appropriate training, supervision and support
* first aid or emergency first aid at work training/provision of travelling first aid kits
* ensure staff are fully trained for the task and provide adequate information, instruction, supervision and training
* provide staff with mobile phones, walkie talkies
* the health of lone workers; have they medical conditions and/or disability which would make it unsuitable and/or unsafe for working alone?
* arrangements for dealing with emergencies
* arrangements for dealing with threats of violence.

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| **GENERIC RISK ASSESSMENT LONE WORKING**  |
| This risk assessment covers general activities which are of low risk, being undertaken at the convenience and discretion of the individual. It does not cover work with any hazardous machinery and/or substances, or the lifting/handling of loads that could cause injury, which should be subject to a specific risk assessment  |
| **People covered by this assessment** | All fully trained support staff and volunteers |
| **Location of lone working** | Trips out, visiting studios, forest school, off site exhibition spaces – meetings with members in community settings i.e benefits offices  |
| **Likely reasons for lone working** | One to one support in tribunals / visits to other services. Out of hours appointments off site (rare)  |
| **Periods when lone working will occur** |  9-5 Monday to Friday – occasionally out of hours on longer trips out. |
| **ASSESSMENT OF OVERALL RISK** |
| **Provided the control measures listed below are applied, risks will be adequately controlled**  |
| **Name of line manager** |  Bob Malpiedi  |
| **Signature of line manager** |   |
| **Date** |   |
| **HAZARD** | **CONTROL MEASURE**  |
| **Individual** |
| **Medical fitness.** Is the employee/volunteer subject to any medical condition that may place them at increased risk when working alone?  | The employee or volunteer must ensure that any medical conditions which might be relevant to their working alone are fully discussed with their line manager and, if necessary, Occupational Health and own GP. Individuals must not work alone if any such condition is assessed as placing them at increased risk. Any person who requires assistance to get out of the building in an emergency must not work alone. |
| **Supervision** What arrangements are in place to maintain contact with the employee/volunteer? | The employee/volunteer must comply with the out-of-hours log-in/out arrangements in operation within the building. Set up contact arrangements with staff and family members. |
| **Training & competency:** Has necessary information, instruction and training been given to the employee/volunteer, and is the employee/volunteer competent to carry out the work alone? | Any person authorised to be in the building outside normal hours must be fully competent to carry out the work safely and be fully conversant with emergency procedures. |
| **Location & premises** |
| **Building security.** Is the building secure? | Access to the building is restricted to authorised personnel outside normal hours. In the event that the employee/volunteer has concerns about security or suspects there is an intruder in the building they must contact centre manager or reception staff Do not confront the intruder.  |
| **Access:** Is there a safe means of access/egress for the employee/volunteer [consider lighting, personal security issues and means of escape in emergency] | Entrances in the vicinity of the building and car park are well lit. The employee/volunteer should plan how to get to car/public transport after leaving, taking account of potential personal safety issues. Employee/volunteer should consider use of a personal attack alarm. |
| **Emergencies:** Does the employee/volunteer have access to emergency warning devices to raise the alarm in event of emergency eg fire alarm, motion sensors /manual device [panic alarms] | The employee/volunteer must know local arrangements on how to respond in event of fire or other emergency. |
| **First aid:** Are there arrangements in place to deal with a situation where the employee/volunteer becomes ill or has an accident? [access to First aiders and facilities]  | First aiders are unlikely to be present. First aid boxes are available and contents checked regularly. In the event of an employee/volunteer feeling unwell they should if possible return home or contact the identified on call support person for assistance.Travel 1st aid kits will be issued to staff on trips. |
| **Welfare facilities**. Is there adequate heating, lighting, access to drinking water and toilets? | The employee/volunteer should be aware that heating/cooling in the area may be much reduced unless the business need for after-hours working has been established. |
| **Process/work activity** |
| Use of computers and general office equipment | The employee/volunteer should ensure their work station complies, and is set up in accordance with the standards for display screen equipment (DSE) and has undergone a DSE assessment. Employee/volunteer should take regular breaks from DSE work. |
| Slip/trips/falls | Regular inspection of site to ensure that any trip hazards [torn carpets, uneven flooring, trailing cables, etc.] receive prompt attention. Individuals with temporarily impaired mobility must not work alone. |
| Electrical equipment | Ensure all equipment is electrically tested in accordance with recognised procedures. Electrical cables and plugs visually inspected for damage. Do not interfere with plugs or power supply.  |
| Work with hazardous substances and or machinery | Not permitted/specific risk assessment and procedures to be in place |
| Single-handed lifting or handling of any load that is of such a weight as to cause injury | Not permitted/specific risk assessment and procedures to be in place |
| Handling cash  | Not permitted/specific risk assessment and procedures to be in place |

Staff and volunteers to complete this form for excursions and events which might incur lone working.

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| **HAZARD(s)** | **RISK LOW (L), MEDIUM (M) OR HIGH (H)** | **CONTROL MEASURES** | **RISK AFTER CONTROL** **L / M / H** |
| **INDIVIDUAL:** Identify any hazards specific to the individual, which may create particular risks for lone workers eg medical conditions, gender, age, vulnerabilities inexperience, etc. |  |  |  |
| **LOCATION AND PREMISES:**Identify any hazard specific to the workplace /environment, which may create particular risks for lone workers. |  |  |  |
| **PROCESS:** Identify any hazards specific to the work process, which may create particular risks for lone workers. |  |  |  |
| **WORK ACTIVITY:**Consider how the lone worker's work activity integrates with those of other workers, in terms of both time and geography. |  |  |  |
| **EQUIPMENT:** Identify any hazards specific to the work equipment, which may create particular risks for lone workers eg working at height. |  |  |  |
| **VIOLENCE:** Identify the potential risk of violence /security/intruders. |  |  |  |
| **TRAINING:** Identify necessary information, instruction and training. |  |  |  |
| **OTHER:** Please specify |  |  |  |

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| **ADDITIONAL CONTROL MEASURES TO BE APPLIED TO REDUCE RISKS** |
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| **Date:** | **Policy/activity:** | **Assessor:** |

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| No | Protected characteristics | Concerns | Details of concerns | Recommendations |
| 1 | **Disability** | Description: C:\Users\alc.MONTGOMERY\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\NC6YIXUQ\MC900434713[1].wmf | Information accessibility  | Make a range of accessibility tools available eg ‘text to audio’, large text, etc. |
|  | Example: physical disabilities, learning difficulties or medical needs | Description: C:\Users\alc.MONTGOMERY\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\NC6YIXUQ\MC900434713[1].wmf | Accessibility | Keep accessibility arrangements under review |
|  | Young carer/carer |  |  |  |
| 2 | **Gender** |  |  |  |
|  | Females/males |  |  |  |
| 3 | **Sexual orientation** |  |  |  |
|  | Example: gay, lesbian |  |  |  |
| 4 | **Gender reassignment** |  |  |  |
|  | Gender reassignment |  |  |  |
| 5 | **Race/ethnic Group** |  |  |  |
|  | Example: Black, Asian, etc |  |  |  |
| 6 | **Pregnancy/maternity** |  |  |  |
|  | Pregnancy or maternity/paternity |  |  |  |
| 7 | **Marriage/civil partnership** |  |  |  |
|  | Marriage/civil partnership |  |  |  |
| 8 | **Religion or beliefs** |  |  |  |
|  | Example: Jewish, Muslim, Christian, etc. |  |  |  |
| 9 | **Age** |  |  |  |
|  | Age |  |  |  |