Mid Essex Hospital Services NHS

NHS Trust

Lone Worker Policy	Policy Register No 08078 Status: Public

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Consulted With	Post/Committee/Group	Date
Ryan Curtis	Health & Safety Manager	Oct 2014
Eric Carter	Security/Porters Manager	Oct 2014
Jim Dorrian	Hotel Services Manager	Oct 2014
Helen Clarke	Clinical Audit Lead/ NHSLA	Oct 2014
Professionally Approved By	Health & Safety Group	Nov 2014

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Author/Contact for Information	Doug Smale Local Security Management Specialist
Policy to be followed by (target staff)	All staff
Distribution Method	Intranet & Website
Related Trust Policies (to be read in conjunction with)	Risk Management Strategy and Policy Violence and Antisocial Behaviour Policy Security Policy Mandatory Training Policy (Training Needs Analysis) Supporting staff involved in a traumatic incident, complaint or claim Incident Policy Serious Incident Requiring Investigation Policy CCTV policy Health and Safety Policy First Aid Policy Control of Contractors Policy

Document Review History

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1.0	Neil Paull	25 September 2008
2.0	Leanne Wilson	August 2011
3.0	Doug Smale	October 2014
3.1	Doug Smale – extension request, review pending CCTV audit	25 February 2018
3.2	Jo Mitchell – 6 month extension request due MSB standardisation	6th November 2018
3.3	Jo Mitchell – 4 month extension request due MSB standardisation	29th May 2019

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1. Purpose

1.1 Lone working has been identified as a possible risk to NHS workers; the purpose of this policy is to set out good practice guidance for those who work alone

2. Policy Statement

2.1 The Trust will ensure, so far as is reasonably practicable, that staff who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety. Measures will also be adopted to protect anyone else affected by lone working for the Trust or on the Trust's premises

3. Introduction

3.1 The Trust provides care to many service users in the community and works from many locations, in order to do this there may be instances when employees need to work alone.

3.2 Lone workers are those who work by themselves without close or direct supervision and can apply to some situations where staff are working remotely (out of earshot or sight of colleagues). This exposes staff to particular hazards. The Trust's intention is, to entirely remove the risk from these hazards or, where complete elimination is not practicable, to reduce the risk as far as reasonably practicable.

4. Aim

4.1 This policy aims to ensure that staff are protected from harm or potential risk and to provide a framework to ensure that the Trust complies with the current relevant health & safety legal requirements. It also offers guidance on conducting risk assessments and the implementation of appropriate support for employees. This policy should be read in conjunction with the Trust's Risk Management Strategy and Policy and the Violence and Antisocial Behaviour Policy.

4.2. Health and safety legislation currently in force does not prohibit lone working, however in a few specific circumstances e.g. working in confined spaces, working at or near exposed live electricity conductors or working with unpredictable patient behaviour it is likely that a risk assessment would highlight a supervisor may need to be present, along with someone dedicated to the rescue role

. The employer has a general duty under Section 2(1) of the Health and Safety at Work etc. Act, 1974, to ensure so far as is reasonably practicable the health, safety and welfare at work of employees.

4.3 The Management of Health and Safety at Work Regulations, 1999, requires that work activities are risk assessed. The risk assessment needs to consider options to eliminate or control a hazard in order to decrease the degree of risk to as low as is reasonably practicable. The assessment should consider the suitability of the member of staff to undertake lone worker duties.

5.   Scope

5.1   The policy covers all Trust employees (including temporary/agency staff and volunteers) when they are working alone in connection with their duties outside of the Trust's premises or in an area isolated from colleagues. This includes;

5.1.1 Trust Premises

- Reception staff manning desks out of hours for late clinics or over the weekend
- Staff working outside standard working hours on stand-by duty or on call such as Radiology, Pathology, Theatres, Junior Doctors, Pharmacy, Chaplains
- Departments where staff work an extended day or week therefore few staff are present in the premises e.g. Library, Pharmacy
- Staff working autonomously in clinical areas
- Staff who are as part of their duties, are expected to work alone e.g. security staff patrolling the Trust premises
- Where the nature of the work requires the individual to work in isolated/remote/confined areas e.g. maintenance staff in plant areas.

5.1.2 Non Trust Premises

- Community based staff working autonomously at other premises e.g. community dieticians/assistants;
- Staff who visit patient homes e.g. Midwifery, Therapist, Dieticians, Chaplains, Emergency Care practitioners, etc;

6.   Key Principles

6.1   From the results of the risk assessment the manager/supervisor must establish clear procedures to set limits of what can and cannot be done while working alone. Where any doubt exists, supervisory authorisation should be sought.

6.2   Employees who regularly work in the community, in conjunction with their manager, must develop and implement local systems and procedures to meet the needs of lone workers.

6.3   Before working alone with service users outside of Trust premises a risk assessment must be undertaken by the individual and their manager.

6.4   The assessment should take into account all foreseeable risks, including the member of staff becoming ill, travel routes, communication arrangements and the environment in which they will be working.

6.5   Employees must take reasonable care to protect themselves and to implement all guidance, policy and practice relating to risks arising from lone working.

6.6   When working alone with service users, employees must record the location, approximate time-scales of visits and an agreed time to report back with a nominated individual at the Trust.

6.7   In situations where the potential risk is thought to be high, arrangements must be made to undertake the initial visit with another member of staff. If it is thought this would not reduce the risk to an acceptable level, arrangements should be made for the person to attend the Trust's facilities.

7.   Roles and Responsibilities

7.1   **The Director of Estates & Facilities Management** is the executive lead for Health and Safety and is responsible for reporting and acting on behalf of the Board in respect of Trust wide Lone Working compliance within their management responsibility, this includes;

- Ensuring there are arrangements for identifying, evaluating and managing risks associated with lone working
- Ensuring that resources are put into place for the policy to be used in practice
- Ensure that there are arrangements in place for monitoring incidents linked to lone working and that there is regular reviews of the effectiveness of this policy

7.2   **Senior Managers/Direct Line Managers** are responsible for ensuring that:

- All staff are aware of the policy and systems in place to support lone workers
- They identify areas of risk and ensure risk assessments are undertaken and implement safe working systems in relation to lone working to avoid or to control risk so far as is reasonably practical (see appendix 1)
- They provide appropriate alternative arrangements or additional control measures when it is unsafe for staff to work alone
- Systems are in place for staff to be traced and that these systems are regularly checked
- Staff groups identified at risk are given appropriate information, instruction and training, including induction training, updates and refresher training in accordance with the risk
- Any incidents or near misses relating to lone working are investigated fully to ensure measures in place for proactive prevention are maintained , so far as is reasonably practicable, and lessons learned are shared
- Support is given to any staff involved in an incident.

7.3   **Employees** are required to take reasonable care of themselves and others affected by their work and to co-operate with the Trust in meeting their legal obligations. When working alone they must ensure;

- That they follow the procedures in place for safe working; by complying with risk assessment recommendations and any local lone working procedures laid down
- Report any dangers or potential dangers they identify in respect of lone working to their line manager and the Local Security Management Specialist, through risk event reporting in accordance with the Incident Policy (Datix);

- That they comply with lone worker management systems (i.e. phoning –in any changes to visiting plans) and inform their manager if they are not maintaining their usual schedule.

7.4   The **Occupational Health Department** will provide health assessments and advice and support with respect to health issues as they affect the ability to carry out lone work, where required. Where lone working is identified as a requirement of a post at the pre-employment stage, health assessment will be carried out.

7.5   The **Health and Safety Manager** will provide advice and support to Management and Employees with regard to this policy. They will ensure that areas of lone working are proactively identified and that assessments are in place and advice on completion of risk assessments, current best practice controls and relevant training needs to support the compliance with this policy.

7.6   The **Local Security Management Specialist (LSMS)** will support the Risk Assessment procedures and provide advice on safe working procedures, investigate untoward incidents or where staff may feel vulnerable in relation to lone working or in connection with the Violence and Antisocial Behaviour Policy:

- Monitoring accident and incident reports
- Providing awareness at induction and mandatory training sessions
- Working with internal and external security specialist to provide up to date information on risks to staff, agency and contractors within the Trust
- They will liaise with Estates Management, Managers and Union or Employee representatives to ensure the adequate provision of lone worker management systems and appropriate training programmes.

8.   Risk Assessment

8.1.   All departments must consider lone working as part of their security risk assessments which must be reviewed annually as a minimum (refer to Security and Violence and Antisocial Behaviour Policies).

8.2   Risk Assessments must take account of both normal work and foreseeable emergencies such as fire, illness and accidents. The following should be taken into consideration as a minimum:
- Does the workplace present a special risk to the lone worker?
- Is there a risk of violence?
- Is the person medically fit and suitable to work alone? Check that lone workers have no medical conditions which make them unsuitable for working alone. Seek medical advice if necessary.
- Consider both routine work and foreseeable emergencies which may impose additional physical and mental burdens on the individual.
- What training is required to ensure competency in safety matters?

8.3   Off-site lone working risk assessment

8.3.1   Managers and or individual who is going to be working alone should conduct a written risk assessment for each service user using the staff safety checklist - visits not on trust premises (appendix 3) when required to undertake a visit in the community. As part of the assessment they should identify any specific

hazards the employee could encounter while working and what measures need to be put in place to eliminate, reduce or appropriately control the residual risks.

8.3.2   New referrals should be the subject of rigorous risk assessment before a home visit is agreed, or a one - to - one meeting held on Trust premises. This should take into account other people living at the address, who may present a risk.

8.3.3   To enable a thorough risk assessment of this type to be undertaken, referrers should be asked specifically about such information as:-

- known history;
- family circumstances ;
- living arrangements;
- concerns considered relevant by the referrer.

8.3.4   For service users already known to the Trust, if there is any perceived risk, reference should be made to case notes and recent risk assessment / review documentation before a home visit is undertaken. A risk assessment for community workers is located in Appendix 3

8.4   On-site lone working risk assessment

8.4.1   For Lone working within Trust buildings, managers must ensure that adequate risk assessments are undertaken taking into consideration the risk of the departments for staff working alone during hours and out of hours. A risk assessment for internal workers is listed in Appendix 4

8.4.2   Copies of all incidents must be sent to the Health and Safety Manager.

9.   Safeguards and Control Measures

9.1   If potential risks are identified in respect of patients, relatives or location, suitable safeguards must be put in place before contact is made with the service user. It is essential for the employee's safety that when they are working in the community they can be located by their colleagues and that there are reporting systems to ensure that their whereabouts are known. The precise nature of the safeguards and control measures that are put in place may vary and will depend on the situation (Appendix 2).

9.2   Employees must ensure that they maintain their own safety, should they feel unwell or at risk in any situation they should contact their line manager immediately.

9.3   There may be circumstances where, even after the implementation of available control measures, serious concern for the safety or well being of employees remains. In this case the appropriate action may be to withdraw the service and make alterative arrangements, informing your line manager when safe to do so

9.4   The Trust recognises that the use of panic alarms is one type of control measure along with the other pre check and assessment systems in place. Where the risk identifies the need for panic alarms these will be dealt with under the specific procedures relevant to the suppliers' instructions. Line

Managers/Supervisors are responsible for ensuring all their employees understand the procedures in place.

9.5 **Lone working devices**

9.5.1 Lone worker devices may be provided to identified departments providing services within the community setting. These devices utilise technology which once the member of staff activated the device and external monitor provider will automatically call the police who will attend the location the alert was activated and also notify the Trusts security desk. Trust security on receiving the alert notification will intern notify the relevant department in line with local alert communication plans.

9.5.2 Some staff may also be issued with personnel panic alarms, these will be issued as necessary according to lone worker risks and mitigation needs as Identified on service or area security risk assessments.

10. Incident Reporting

10.1 In order to maintain an appropriate record of incidents involving lone workers it is essential that all incidents be reported through the risk event form (Datix) the Trust's incident reporting system. Employees must ensure that they report all incidents or 'near misses' were they feel 'unsafe' or vulnerable whilst lone working. For further details on reporting events refer to the Incident Policy.

11. Training

11.1 Mandatory Risk Management Training includes lone working awareness, the level of information given is kept relative to the attendees. This is delivered on induction and in two yearly mandatory health and safety updates .

11.2 Line managers are required to make adequate arrangements to ensure that staff attend the appropriate courses and that training is regularly updated as required in accordance with the TNA.

11.3 Conflict Resolution Training is available and should be attended by all front line public facing staff.

12. Support for Staff following an Event

12.1 Any member of staff involved in an event as a consequence of working alone can obtain immediate advice and support from their line manager or the Risk Management team. For further information on supporting staff refer to the Supporting Staff involved in a traumatic incident, compliant or claim policy.

12.2 Staff affected by any incident May be referred to Occupational Health for psychotherapy and counselling support following any incident.

13. Monitoring & Audit

13.1 The effectiveness of the policy will be tested through risk assessments , incident reporting systems and LSMS reports a, recommendations will be reported back to the Health and Safety Group by the Local Security Manager Specialist .

13.2 In line with the Trust risk assessment compliance system, lone working risk assessment are monitored with updates given to each Directorate via Governance reports and to the Health and Safety Group in both the bi monthly and annual report. : The reports will establish compliance on whether -

- all areas where on-site lone working occurs have undertaken appropriate risk assessments for the areas / individuals involved and developed actions accordingly;
- All areas where community-based lone working occurs have undertaken appropriate risk assessments for visits to each service user.

14. Review

14.1 This policy will be reviewed every two years, unless significant changes in practice or legislation are brought to the Health and Safety Committee's attention requiring immediate policy review.

15. Communication

15.1 The policy will be made available on the Trust's intranet and website. The Health and Safety Manager will be responsible for issuing copies to all senior managers, general managers and ward sisters for dissemination within their departments.

15.2 The approved policy will be notified in the Trust's Staff Focus that is sent via e-mail to all staff.

16. References

1. Health & Safety at Work etc Act 1974
2. HSE Manual Handling Operations 1992: Manual Handling in the Health Service
3. Health and safety guidance on the risks of lone working INDG 73
4. National Patient Safety Agency (NPSA) Being open
5. The Management of Health and Safety at Work Regulations, 1999

Lone Worker Risk Assessment Guidance

1. Introduction

1.1 Managers must identify all employees in their team classified as lone workers; this may include individuals who are working alone in a health centre, clinic, school, surgery, or patient's home.

1.2 They should identify any specific hazards the employee could encounter while working e.g.;

- Being away from the Trust's main site without their whereabouts being known.
- Visiting patients for the first time without an adequate referral.
- Working with aggressive patients and their families.
- Being out of contact with the rest of their team for long periods.
- Being in possession of equipment attractive to thieves, - medical equipment, pharmaceuticals, etc.
- Working late shifts – evening and night service.
- Working in areas known to have high incident rates of crime/assault.
- Returning form extended sick leave

2. Recording

2.1 A written record should be made of any hazards which could create a serious risk to the employee before the safeguards were in place

2.2 Managers must check if any procedures are already in place and to what extent these will reduce the risk. If the procedures are thought to be adequate then no further action is required.

2.3 If the existing procedures are inadequate and it is thought there is immediate risk to staff, action must be taken straight away, possibly withdrawing staff form the activity/location to ensure safety. Then the manager must record , in detail, what further measures need to be put in place to eliminate the identified risks or to reduce them to the lowest level so far as is reasonably practicable, before undertaking/ continuing with the task.

2.4 There must be a regular review of any procedures that are in place and these should be adapted or modified when necessary, particularly if there is an incident or near miss.

3. Use of Mobile Phones / Lone working devices

3.1 Where lone working staff are issued with mobile phones or a lone working device they must be given sufficient information and instruction in their use and familiarise themselves with any facilities. All staff using mobile phones or device must establish the numbers to call should they need to contact a colleague, lone working device emergency centre or the emergency services. Where a call for assistance needs to be made to a colleague, it is always a good idea to agree code words or phrases to be used to alert them of the situation. For example " can I speak to Nurse Black" would trigger a response without letting any potential assailant know that you are calling for help.

4.   Lone Worker Details

4.1   The following information should be readily available or easily retrieved for all employees who are lone workers in the community:

- Staff member's full name and title
- General description of staff member
- Mobile phone number (where issued)
- Home address and telephone number
- Next of kin and any alternative contact phone number (e.g. work)
- Car make and registration number
- Last client address or last location visited (from caseload itinerary)
- Last seen or spoken to

5.   People at Risk

5.1   "People at risk" doesn't just mean the lone worker - security or other core services could be involved, along with contractors, students and visitors. Identify hazards to all people who may be at risk, as well as hazards faced by the lone worker. The following factors all point to increased risk:
- Medical conditions
- Disabilities
- Gender
- Expectant mothers Age
- Inexperience

5.2   It is important that these individuals are made aware of the outcome of the risk assessment and informed of all necessary control measures. It is a requirement for everyone undertaking lone working activity to be assessed for suitability and fitness for the task. The HSE has identified several vulnerable groups and states that employers must identify vulnerable employees who may be particularly at risk. These vulnerable groups include:

5.3   These considerations are just a guide and are not exhaustive.

Group	Additional considerations for lone workers
New and expectant mothers	The Trust's duty of care extends to the unborn child as well as risks to the mother herself. Therefore **assessments must include the risk to any unborn child or child who is still breast-feeding**. Consideration must also be given to: • Impaired mobility may make the mother more prone to slips, trips and falls (especially in the later stages of pregnancy). • Impaired ability to carry out physically strenuous work • Increased likelihood of back injuries. • Entitlement to more rest breaks. • Risk of early labour or miscarriage.

Group	Additional considerations for lone workers
Young people aged under 18	• Lack of experience and immaturity. • Inability to concentrate for long periods. • Entitled to more frequent rest breaks.
Disabled people	• Mobility problems and visual impairment may make unassisted evacuation difficult. • Potential difficulties in raising the alarm when assistance is required. • Unable to hear alarms.
Contractors	**Contractors must be given the same level of consideration as Trust employees when carrying out a risk assessment.** Contractors are at additional risk because they are unfamiliar with aspects of the Trust, including: • Layout and environment • Emergency procedures • Adjacent activities and hazards

Safeguards & Control Measures

If potential risks are identified in respect of patients, relatives or location, suitable safeguards must be put in place before contact is made with the service user.

The precise nature of the safeguards will depend on the situation, but any of the following may be appropriate:

- Arrange for meetings to be held on the Trust site or other suitable premises, rather than at the service user's home.

- Allocate two members of staff to make the visit.

- Arrange for a reliable relative to be present, if, for example, an employee might be vulnerable to sexual harassment or allegations of it.

- If the presence of relatives is problematic, ask the patient to arrange for them not to be present.

- For persistent, low-level problems, agree a contract with the service user or relative which, if broken, would result in the withdrawal of home care.

- In the case of severe problems, home care should be withdrawn and the individual concerned be identified as unsuitable for home visits.

It is essential for employee's safety that when they are working in the community they can be located by their colleagues. Managers must have a reporting system to ensure that the individual's whereabouts are known, this could be as simple as keeping copies of the lone workers diary pages.

There must be a procedure for checking in and out, which should include an agreed return and/or ring-in times. If employees expect to finish outside normal office hours, arrangements for checking in should be negotiated with an agreed contact.

If there is any change in arrangements the employee must inform their manager, or a person nominated within the team.

If the employee does not report back as agreed the manager or the nominated person must attempt to make contact.

If contact cannot be established with the employee, the service user should be contacted to confirm the visit and last known whereabouts. If the employee can still not be contacted, the line manager must take further action agreed within the procedure of the assessment dependent on the level of risk.

When established via risk assessment a mobile phone or lone working device should be available to each team, pre-programmed with a contact telephone number so that in emergencies only one or two buttons need to be pressed and in the case of a lone working device staff must be trained in its use.. Code words might be agreed where open communication is difficult.

LONE WORKING RISK ASSESSMENT - VISITS NOT ON TRUST PREMISES (Community)

PATIENT NAME/ ADDRESS ....

DATE OF BIRTH: ....….....…........... GP: ....………...

STAFF NAME: ……………………………...........……..SIGNATURE:………………………………...........

Add total score at the end for the risk level, enter 0 if not applicable:

		YES (1)	NO (0)	
1	**UNPREDICTABLE BEHAVIOUR OR VIOLENCE/AGGRESSION - PATIENT** Does the patient have a known history of unpredictable behaviour or violence and aggression?	YES (1)	NO (0)	
1A	**UNPREDICTABLE BEHAVIOUR OR VIOLENCE/AGGRESSION – OTHERS -** Has any member of staff felt threatened, intimidated or harassed by any member of the household?	YES (1)	NO (0)	
2	**PETS/ANIMALS -** Is there a known problem with any animals in the house or on the property?	YES (1)	NO (0)	
3	**JOURNEY TO NONE TRUST PREMISES –** is the vehicle used to get to the premises in poor condition not serviced and road worthy?	YES (1)	NO (0)	
3A	**-** Is the property not easy to locate have you not obtained direction or access to sat nav system	YES (1)	NO (0)	
3B	Is the property to be visited more then 5 minutes walking from where the car can be parked?	YES (1)	NO (0)	
3C	Is their no off road parking available?	YES (1)	NO (0)	
3D	Are there any areas along the route from your car to the premises that have poor lighting or are secluded?	YES (1)	NO (0)	
4	**ACCESS / EGRESS TO THE PROPERTY -** Are any areas used for entry/exit to and from the building poorly lit?	YES (1)	NO (0)	
4A	Is entry to the building not visible from the road?	YES (1)	NO (0)	
4B	Are any external stairways and lifts in poor condition and/or with bad lighting?	YES (1)	NO (0)	
4C	Are doors locked whilst staff are in the house and therefore "quick" exits barred?	YES (1)	NO (0)	
5	**SLIPS/TRIPS AND FALLS WITHIN THE PREMISES -** Are floor surfaces, including stairs, within the home in poor condition?	YES (1)	NO (0)	
5A	Are there excessively high tripping / slipping hazards within the premises e.g. wires, objects, rugs, leaky pipes or slipping hazards etc?	YES (1)	NO (0)	
6	**MANUAL HANDLING -** Has an individual patient handling assessment not been completed?	YES (1)	NO (0)	
6a	Is there not adequate and appropriate lifting equipment in situ in the house?	YES (1)	NO (0)	
6b	Is the manual handling equipment not maintained? (Please check for servcing and LOLER records /sticker. If the LOLER is more then 6 months old then report this to your line manager and document in care plan. Your line manger will then arrange with the appropriate equipment suppliers for inspection and services of the equipment.)	YES (1)	NO (0)	
6c	Does the amount of, or layout of, furniture increase the handling risk? (e.g. limits manoeuvrability, causes excessive stretching etc)	YES (1)	NO (0)	

7	**ELECTRICAL SAFETY -** Is electrical equipment that staff may come into contact with in poor condition (visually check for frayed leads, damaged plugs or sockets)	YES (1)	NO (0)	
8	**FIRE SAFETY –** are there any obvious signs of a fire hazard (consider the triangle of fire - fuel , oxygen and source of ignition)	YES (1)	NO (0)	
9	**Communication / procedures –** Is there no system in place so that the off site staff worker is monitored during thier visit either continually of by checking in/ out via mobile?	YES (1)	NO (0)	
9A	Is the offsite worker unaware of emergency procedures and contact names numbers	YES (1)	NO (0)	

Additional Details/ Comments:

Total Score:

Sum of scores	Risk	Action	Review Dates
0 to 3	Low	No action required	Review within 6 months
3 to 10	Medium	Reduce risks if reasonably practicable	Review within a minimum of within 3 months
Over 10	High	Action must be taken IMMEDIATELY	Review within a minimum of 1 month

Risk Reduction Actions:

Shaded boxes highlight a risk - Refer to control measures and implement acti

Signed: …………………………………Position: …………………………….Date: …………………

Print Name:……………………………………………Review Date: …………………………………….

Mid Essex Hospital Services NHS
NHS Trust

LONE WORKING RISK ASSESSMENT FOR INTERNAL LONE WORKING

PATIENT NAME/ ADDRESS (IF APPLICABLE)

....…………….……………….................

DATE OF BIRTH: ....….....……............. GP: ....…………….............................

STAFF NAME: …………………………............…….SIGNATURE:…………………………………………...........

Add total score at the end for the risk level; enter 0 if not applicable:

1	**UNPREDICTABLE BEHAVIOUR OR VIOLENCE/AGGRESSION - PATIENT** Does the patient have a known history of unpredictable behaviour or violence and aggression?	YES (1)	NO (0)	
1a	**UNPREDICTABLE BEHAVIOUR OR VIOLENCE/AGGRESSION – OTHERS -** Has any member of staff felt threatened, intimidated or harassed by any member of the public whilst undertaking these lone working tasks?	YES (1)	NO (0)	
2	**ACCESS / EGRESS TO THE PROPERTY -** Are there areas where lone working will be undertaken that has poor lighting?	YES (1)	NO (0)	
2a	Are any stairways, lifts and means of entry in poor condition?	YES (1)	NO (0)	
2b	Are any additional hazards relating to access to the building, please detailed overleaf?	YES (1)	NO (0)	
2c	Are doors locked whilst staff are inside the workplace and therefore "quick" exit routes barred?	YES (1)	NO (0)	
3	**SLIPS/TRIPS AND FALLS WITHIN THE WORKPLACE** Are floor surfaces, including stairs, within the workplace in poor condition?	YES (1)	NO (0)	
3a	Are there excessively high tripping / slipping hazards e.g. wires, objects, rugs, leaky pipes or slipping hazards etc?	YES (1)	NO (0)	
4	**MANUAL HANDLING -** Has an individual patient handling assessment not been completed?	YES (1)	NO (0)	
4a	Is there not adequate and appropriate lifting equipment in situ?	YES (1)	NO (0)	
4b	Is the manual handling equipment not maintained? (Please check for servicing and LOLER records /sticker. If the LOLER is more then 6 months old then report this to your line manager and if appropriate document in care plan. Your line manger will then arrange with the equipment suppliers for inspection and services of the equipment.)	YES (1)	NO (0)	
4c	Does the layout of, the area increase the handling risk? (e.g. limits manoeuvrability, causes excessive stretching etc)	YES (1)	NO (0)	
5	**ELECTRICAL SAFETY -** Is electrical equipment that staff may come into contact with in poor condition (visually check for frayed leads, damaged plugs or sockets)	YES (1)	NO (0)	
6	**FIRE SAFETY –** are there any obvious signs of a fire hazard (consider the triangle of fire - fuel , oxygen and source of ignition)	YES (1)	NO (0)	
7	**AT RISK GROUP:** Would the lone worker be considered particularly at risk in certain situations i.e.: severe weather conditions either heat wave or extreme cold weather, because of their health, environment or support received?	YES (1)	NO (0)	
8	**HIGH RISK ACTIVITIES –** would this person operate machinery or equipment that could give rise to serious injury or fire? e.g.; Cooking, lathe ,	YES (1)	NO (0)	

	lifting equipment or milling machine.			
9	**Communication / procedures –** Is there no system in place so that the lone worker is monitored during thier activities either continually of by checking in/out via mobile, lone working device etc?	YES (1)	NO (0)	
	Is the offsite worker unaware of emergency procedures and contact names numbers	YES (1)	NO (0)	
10	**HAVE OTHER RISKS BEEN IDENTIFIED? IF SO DETAIL OVERLEAF**	YES (1)	NO (0)	

Additional Details/ Comments:

Total Score:

Sum of scores	Risk	Action	Review Dates
0 to 3	Low	No action required	Review within 6 months
3 to 10	Medium	Reduce risks if reasonably practicable	Review within a minimum of within 3 months
Over 10	High	Action must be taken IMMEDIATELY	Review within a minimum of 1 month

Risk Reduction Actions:

Shaded boxes highlight a risk - Refer to control measures and implement acti

Signed: …………………………………Position: …………………………………Date: …………………

Print Name:……………………………………………Review Date: …………………………………….