**LONE WORKING POLICY**

**PERSONAL SAFETY - RISK ASSESSMENT**

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| --- |
| Job Holder Name: Work Location or Area: Care Group and service:  |
| Job/Role Being Assessed: Assessor (manager): Date:  |
| **PART B** |
| **A****Ref No** | **B****Main Hazard** | **c****Is this a Risk?****Yes/No** | **d****Consequence x Likelihood (see below)** | **e****Risk Rating** |
| 1. | Working alone (including on call) |  |  |  |
| 2. | Working outside normal office hours |  |  |  |
| 3. | Meeting clients/patients in isolated locations |  |  |  |
| 4. | Working with people who have a history of violence and/or aggression |  |  |  |
| 5. | Carrying out first visits without full information of service users possible behaviour |  |  |  |
| 6. | Working with people who have a history of challenging behaviour |  |  |  |
| 7. | Working with people who are under the influence of drugs or drink |  |  |  |
| 8. | Handling / transporting medications/cash or other valuables |  |  |  |
| 9. | Working in a non- secure building with uncontrolled access  |  |  |  |
| 10. | Working in an area where a specific security risk assessment is in place |  |  |  |
| 11. | Spending time alone driving between clients/meetings |  |  |  |
| 12. | Accessing Basements or Duct Ways or loft spaces or voids |  |  |  |

**Consequence scoring (how bad will it be) –**

 1 - Negligible 2 - Minor 3 - Moderate 4 - Major 5 - Catastrophic

**Likelihood scoring (how often will it happen) –**

 1 - Rare 2 - Unlikely 3 - Possible 4 - Likely 5 - Almost certain

**WHEN COMPLETED, A PAPER COPY OF THIS ASSESSMENT MUST BE SENT**

**TO THE SAFETY TEAM**

**PART C**

**PERSONAL SAFETY RISK ASSESSMENT FOR: Division:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a) Ref No. from main assessment** | **b) Person at risk** | **c) Nature of Hazard** | **d) Existing Control Measures** | **e) Result (A or N – See below)** |
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| **A = Adequately controlled****N = Not adequately controlled** | **If Not adequately controlled complete Part D**Discuss possible actions with staff group concerned.Provide copy for Safety Team |

**PART D**

**PERSONAL SAFETY RISK ASSESSMENT FOR: Division:**

|  |  |  |
| --- | --- | --- |
| **a) Ref No. from main assessment** | **b) Details of additional action required to control the hazard****IF NOT CONTROLLED CONSULT HEALTH & SAFETY TEAM** | **c) Results****(A or N)** |
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| **Assessed by** | **Managers Name**  **Date**  | **Re-assessment due date** |

**GUIDANCE ON COMPLETING THE RISK ASSESSMENT FORM**

The assessment is for an individual, who will be working alone, to identify any hazards and the risk they present while at work. Although it is an individual assessment and one form is required for each person, in some circumstances it could be applied to a role where the individuals in that role have the same work pattern and so the same hazards and risks.

The result will not only be to assess whether the lone worker has adequate risk control measures in place, but also if they require further measures.

The form is reasonably straight forward, but if required further assistance can be obtained from the Safety Team on 03000 213 000.

**PART A**

Enter the personal details of the subject of the assessment. This assessment is required every 12 months or when the role changes.

**PART B**

Look at the normal, expected, work that the person does and consider if the hazard mentioned exists for that person. Enter a Yes or No in column C.

If the hazard does exist, then consider the likelihood of the hazard occurring, and the probable consequence of the hazard occurring. Using the guide at the bottom of the page, give the consequence and likelihood a score and multiply them together to give a total score, enter this in column D.

In Column E, enter the Risk Rating, use this table to calculate the risk rating.

|  |  |
| --- | --- |
| **RISK RATING** | **Likelihood** |
| **Consequence** | **1** | **2** | **3** | **4** | **5** |
|  | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **5 Catastrophic** | 5 | 10 | 15 | 20 | 25 |
| **4 Major** | 4 | 8 | 12 | 16 | 20 |
| **3 Moderate** | 3 | 6 | 9 | 12 | 15 |
| **2 Minor** | 2 | 4 | 6 | 8 | 10 |
| **1 Negligible** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 – 3 | Low risk |  | 8-12 | High Risk |
| 4 – 6 | Moderate risk |  | 15-25 | Extreme Risk |

**PART C**

This form looks at what measures are already in place to remove / reduce the risks identified in part B.

Enter the person’s details at the top.

For each of the identified hazards which present a moderate of above risk, enter the hazard number and who it will affect (a hazard may affect others as well as the person being assessed).

Outline the hazard, provide further information if suitable, and detail the existing control measures in place. In the final column report whether the existing measures are effective (or are perceived to be adequate) in removing or reducing the risk to an acceptable level.

**PART D**

Where a hazard or risk are not adequately controlled, then further measures will be required to remove or adequately reduce the risk. These extra controls are detailed in Part D of the assessment. If required, take advice from the Safety Team when completing this section.

**Once completed, a paper copy of the assessment is to be sent to the Safety Team.**