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| **Lone Working Risk Assessment** | | | | | | | |
| **Name of team/section/unit/school: Ormiston Rivers School** | | | | | **Date of assessment:** | | |
| **Name of Lone Worker: Rachel Milburn** | | | | | | | |
| **Lone working tasks/activities E.g. home visits and driving. (List below)** | | **Lone working risk category (Violence and aggression related only)** | | | | **Foreseeable hazards involved. (E.g. violence, falls from height, manual handling injuries, etc)** | |
| Tuition at Ormiston Rivers Academy | |  | | | |  | |
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| **Is the person carrying out lone working tasks medically fit to work alone? Yes / No**  If no, disucss with the individual concerned and record separately to maintain confidentiality and make any adjustments for their work that are necessary. | | | | | | | |
| **Are there any other specific considerations for the individual lone worker? Yes / No**  (Examples include pregnant worker, a young person, a new employee | | | | | | | |
| **Non employees who might be affected by the activities:** | | | | | | | |
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| **CONTROL MEASURES** | | | | | | | |
| **Possible control measures** | | | **Detail actions/existing controls in place** | | | | **Further actions/controls required** |
| Written instructions/procedures/information which is specific to the lone working activity. | | |  | | | |  |
| Details of prohibited lone working (E.g. work at height in adverse weather, home visits to people with known history of violence, etc) | | |  | | | |  |
| Information, Instruction and training. | | |  | | | |  |
| Additional arrangements for new members of staff who will be lone working or young person (As a minimum cover the lone working procedure at induction). | | |  | | | |  |
| Available information checked (for example, previous incidents relating to a similar activity, risk of violence is indicated. | | |  | | | |  |
| Arrangements in place for supervising lone workers (E.g. Periodically accompanying lone workers). | | |  | | | |  |
| Arrangements are in place for tracking lone workers? (E.g. periodic visits to lone worker, calling into the base by the lone worker). | | |  | | | |  |
| Fixed or portable alarms which can be used. | | |  | | | |  |
| **Other lone working issues**  Please use this space provided below to list any other lone working issues and control measures not covered above | | | | | | | |
| **Lone working issues** | | | | **Further actions/controls** | | | |
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| **Foreseeable emergencies during lone working**  (Refer back to lone working activities listed earlier. E.g. lone worker fails to return from site, lone worker is attacked, lone worker sets off an emergency alarm etc.). | | | | **Action to be taken/emergency procedure** For example, buddy arrangements to response to an emergency. | | | |
| **Additional controls that will be put in place for tasks/activities that are unsafe to be carried out by a lone worker E.g. working in pairs** | | | | | | | |
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| **Name of assessor:** | **Signature:** | | | | | | **Date / /** |
| **Manager/Director must sign below to accept the assessment and ensure that remedial actions are implemented.** | | | | | | | |
| **Mangers/Director name:** | **Signature:** | | | | | | **Date / /** |