# **Appendix 4**

**Template - Establishment Lone Working Risk Assessment**

**Officer(s):**

**Date of assessment:**

**Review date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity & Hazards | Risk rating **L x S = R** | Current Risk Controls | Additional Risk Controls | New Risk Rating **L x S = R** |
| 1. Working in office/premises alone:

Fire |  |  |  | Fire detection systemFire alarm call pointsExtinguishersFire exits kept clearPlanned inspectionsHazard reporting andcorrectionAdequate cleaning/waste disposalElectrical safety incPAT testingNo smoking, orcontrolled smokingenvironment | Cheshire East Council BSO to oversee safe evacuationReturn to office only when BSO has given the all clear |  |  |  |
| 1. Working in office/premises alone:

Intruder |  |  |  | On-site security (BSO)Challenging unknownvisitors where safe orreporting/requestingassistance from BSOAccess to phoneKeep valuables locked up or out of sight | Alert BSO of lone working and request no visitors are sent to the office without first placing a phone call |  |  |  |
| 1. Illness or injury/accident:
 |  |  |  | Alert team members if ableAccess to phoneTake medication as directed or as neededPlanned inspections ofworkplaceAvoid high riskactivities (e.g. working at height)Report faults and repair processProvision of first aidequipmentTrained first aiderElectrical safety | Contact ambulance service |  |  |  |
| 1. Contact with public:

Assault Verbal abuse Threats |  |  |  | Conflict awareness training Avoid conflict – use non - threatening body language Withdraw politely from situations which become inflamed Staff briefings and sharing information Awareness of risks | Call BSO for assistance |  |  |  |
| 1. Manual handling

Back injury Slip, trip or fall |  |  |  | Minimise manual handling Do not attempt alone if beyond capabilitiesWear appropriate footwear Assess floor conditions (slippery, wet, rugs etc) | Use lifting aidsDon’t lift if in doubt |  |  |  |
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| **Assessor’s Name:** | **Signature:** | **Date:** |
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| **Clerk’s Name:** | **Signature:** | **Date:** |
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| **Likelihood** | **Severity** |
| 1 | Very unlikely (5 years or more) | 1 | Very minor injury / Very limited property damage/loss |
| 2 | Unlikely (1-5 years) | 2 | More serious injury <3 days offwork/incapacity (sprains, moreserious cuts, bruising. Injury needingmedical attention. Slight property damage/loss |
| 3 | Likely (6-12 months) | 3 | RIDDOR reportable (to HSE)injury/sickness (except fatality). More than 3 days off school. Significantproperty damage/loss |
| 4 | Very likely (1-6 months) | 4 | RIDDOR reportable (to HSE)injury/sickness affecting more than one person (excluding fatality). Major property damage/loss. |
| 5 | Certain (more than 1 per month | 5 | Single or multiple staff fatality.Catastrophic property damage/loss. |