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| **School Name:** |  |
| **Activity Description:** | **Lone working** |
| **Person Completing:** |  |
| **Hazards** | **Who is at risk?** | **L** | **S** | **Risk****(L\*S)** | **Current Control Measures** | **L** | **S** | **Risk****(L\*S)** | **Additional Requirements** | **Timescale** |
| Injury through accident or illness. | **Staff** |  |  |  | Lone working should be avoided where possible.High-risk activities will not be undertaken while lone working (working at height, working with electricity, meeting with members of the public.)Reception, or a “buddy”, will be made aware if lone working does have to take place in any part of the school.A written lone working procedure is in place, which details the check in system and communication system for lone working.Staff who are pregnant, or who have certain underlying health conditions identified in individual risk assessments, are to avoid lone working. |  |  |  | Look at the feasibility of using a lone working app. |  |
| Lone working with pupils. | **Staff****Pupils** |  |  |  | Lone working (1 on 1) with pupils should be avoided where possible. Where not possible, school procedure for lone working will be followed.Searches must be carried out by a member of staff of the same sex as the student and must be witnessed by another member of staff.Administering of medicines must be witnessed by another member of staff. |  |  |  |  |  |
| Injury through violence. | **Staff** |  |  |  | Where meetings with upset or angry parents must take place, another member of staff will be present.Staff will avoid undertaking home visits to deal with upset of angry parents.The school’s policy on home visits includes the process for monitoring staff safety. This includes:* Managers/buddies being aware of schedule.
* Regular check-ins
* Use of a lone working app

Staff will avoid leaving the premises on their own if they are concerned about their welfare.Sufficient lighting is provided in car parking areas.Staff will avoid lingering in the carpark/pickup area on their own, especially during winter months where there is limited daylight. |  |  |  |  |  |

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| Initial AssessmentReview Date | **Risk Assessment assessed, reviewed by the following competent person:** | **Tasks and control measures reviewed by the Governing Body:** |
| Name(PRINT) |  | Name (PRINT): |
| Signature: |  | Signature:Date: |
| Next Review Date:  | Your workplace will change over time. You are likely to bring in new equipment, substances and procedures. There may be advances in technology. You may have an accident or a case of ill health. You should review your risk assessment:* if it is no longer valid
* if there has been a significant change
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