**LONE WORKING / OUT OF HOURS WORKING RISK ASSESSMENT FORM**

(QM\_HS\_018\_July 2019)

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| School / Institute / Directorate Risk Assessment Reference Number: |  |
| Title of Work (Experiment / Activity / Task / Process / Operation): |  |
| Location(s) of Work: |  |
| Brief Description of Work : | |

**Associated Documents:**

**QMUL Health and Safety Policy and Guidance for Lone Working / Out of Hours Working** (HSD\_025)

<http://www.hsd.qmul.ac.uk/a-z/lone-working/>

**HSE on Lone Working:** http://www.hse.gov.uk/toolbox/workers/lone.htm

**Prohibited work activities for Lone Workers and/or Out of Hours Workers include the following:**

Entry alone into confined spaces where ventilation is inadequate / oxygen can be depleted, use of unsecured ladders alone, erecting / dismantling scaffolding alone, use of certain dangerous machinery under certain specified conditions alone, work on or near live electrical conductors alone *(see section 7.1.1 of above Policy for full list and explanation/guidance)*

1. **Hazard identification and risk evaluation:**

Identify all hazards specific to the lone working / out of hours activity; evaluate the initial risks in terms of the likelihood of the event x the consequence (severity) (low, L / medium, M / high, H); describe existing control measures and identify any further control measures required. The residual risk should **not** remain **high**; such work must not proceed and alternative safer methods of work should be investigated.

**Low, L** = where the likelihood and consequence of an adverse incident are low;

**Medium, M** = where the likelihood is possible and consequence of an adverse incident is of medium risk (e.g. ill health can be easily treated, minor cut or bruise injury sustained);

**High, H** = where the likelihood is probable and the consequence of an adverse incident are of high risk e.g. a severe/serious injury, ill health or fatality may occur;

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| **Hazard Categories** | **Hazard Identification** | **Initial Risk Evaluation: *Likelihood x Consequence***  **(L / M / H)** | **Existing H&S Control Measures and**  **Cross Reference to other Applicable Risk Assessment/s (e.g. COSHH Risk Assessment, Working at Height Risk Assessment)** | **Further H&S Control Measures required for H&S during Lone Working / Out of Hours Working (e.g alternative work methods or patterns, PPE, protective devices, warning and alarm devices)** | **Residual Risk After H&S Control Measures Implemented: *Likelihood x Consequence***  **(L / M / H)** |
| **Workplace Environment :** Identify hazard/s specific to the workplace  *(e.g. segregated / restricted area, room containing hazardous substances, location open to inclement weather, remote location on campus)*. |  |  |  |  |  |
| **Process and Equipment:** Identify any hazards specific to the work process and equipment. (*e.g. manual handling of equipment, operation of a lathe, handling a hazardous substance in the laboratory, working at heights, work during hours of darkness – lack of light).* |  |  |  |  |  |
| **Violence / Aggression towards the lone / out of hours worker:** Identify the potential risk of violence/aggression towards the lone / out of hours worker during their work.(*e.g. handling cash in areas of risk, security patrols in areas of risk, encountering unpredictable / violent persons)* |  |  |  |  |  |
| **Specific Individual Conditions**  Specific conditions / circumstances that may increase the risks to the lone / out of hours worker*. (For guidance on when disclosure may be appropriate, for health conditions, consult QMUL Occupational Health Service (OHS) and for disabilities, the Disability and Dyslexia Service (DDS).)* |  |  |  |  |  |
| **Work times / Locations:** Identify whether the lone / out of hours worker's intended work times and location would increase risk and/or create additional risks*.(e.g. shift work scheduled from 1 am – 7 am in an area of significant risk)* |  |  |  |  |  |
| **Other identified hazards:** Please specify. |  |  |  |  |  |

1. **Identify those at Risk from Lone or Out of Hours Work** *(complete A* ***or*** *B)*

**A) Persons at Risk** *(Applicable when assessing Lone Working and/or Out of Hours Risks for a Group or Team)***:**

Identify all those who may be at risk. It is important that all those identified are made aware of the findings of the risk assessment and understand the necessary control measures. Where individual conditions and/or circumstances create additional risks, an individual risk assessment should be completed.

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| **Category** | **Name/s** | **Category** | **Name/s** |
| Staff |  | Student |  |
| Others (e.g. Contractor, Service Engineer) |  | Visitors |  |

**B) Specific Individual at Risk** *(Applicable when using this template for an Individual at Risk from Lone Working and/or Out of Hours Work)***:**

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| **Name** | **Position** | **Category** | **Summary of Specific Risk/s *(risk control measures must be identified in section 1)*** |
|  |  | **Staff / Student / Visitor / Other:** |  |

1. **Training and Monitoring / Supervision:**

Identify the level of training and extent of training required, taking into account the nature of the lone and/or out of hours activity. Consider the knowledge and experience of individuals, particularly young or new workers. Lone and Out of Hours workers should also understand when and where to seek guidance or assistance from others.

The extent of the monitoring and supervision during lone and/or out of hours work will depend upon the level of risk involved and the ability and experience of the lone or out of hours worker.

Examples of supervisory measures:

* Periodic telephone contact with the lone worker / out of hours worker
* Periodic site visits
* Regular contact (e.g. responsive or reaction requiring methods – telephone / mobile, skype / facetime)
* Automatic warning devices (e.g. motion sensor)
* Manual warning devices (e.g. panic alarm)

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| **Training and Supervision:** | **Yes** | **No** | **N/A (explain if N/A)** | **Detail** |
| Has the necessary information, instruction and training been given to the lone / out of hours worker/s? |  |  |  |  |
| Are suitable supervision and monitoring procedures in place for the lone working or out of hours worker/s? |  |  |  |  |

1. **Emergency Procedures and First Aid / Medical Assistance for the Lone / Out of Hours Worker:**

Identify that the emergency procedure and first aid / medical assistance arrangements relevant to the lone or out of hours working person and activity have been put in place AND ensure the person knows the arrangements (*e.g. an emergency, procedure, experimental protocol or method statement with emergency procedure detail can be inserted / added to the detail column).*

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| **Emergency Procedures / First Aid or Medical Assistance:** | **Yes** | **No** | **N/A (explain if N/A)** | **Detail** |
| Has the emergency procedure and first aid / medical assistance arrangements relevant to the lone or out of hours working person and activity been put in place AND the person knows the arrangements? (*e.g. an emergency, procedure, experimental protocol or method statement with emergency procedure detail can be inserted / added to the detail column).* |  |  |  |  |

1. **Additional Information:**

Identify any other information relevant to the lone or out of hours working activity

(*e.g. an appropriate arrangement document, procedure, experimental protocol, method statement can be inserted / added below).*

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1. **Assessment carried out by:**

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| **Assessment carried out by:** |  |  |  |
| **Name:**  *(Line Manager/ Supervisor or other Competent Person)*  **Position:** |  | Date of Assessment: |  |
| Signature: |  | Next Review Date: |  |
| **Further Approval for Significant Risk Tasks / Activities** | | | |
| **Name:**  *(Head of Dept / Directorate / School / Centre – Institute)*  **Position:** |  | Date of Approval: |  |
| Signature |  |

1. **Names of Person/s Involved in Lone Work / Out of Hours Work (when section 2A is completed):**

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| **Name:** | **I have read and understood the risk assessment and understand the applicable H&S controls measures.**  **Signature:** | **Date:** |
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