



**LoneALERT**

**LONE WORKER PROTECTION SYSTEMS**

IMPLEMENTATION GUIDE EXTRACT

*“Appendix A - Lone Working Survey Tool”*

[WWW.LONEALERT.CO.UK](http://WWW.LONEALERT.CO.UK)

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## Appendix A - Lone Working Survey Tool

### Task

- |  |       |
|--|-------|
| 1. Do you work alone at anytime?   | Y / N |
| 2. Is there a potential risk of violence and or aggression to you at any time? | Y / N |
| 3. Is there a potential risk of slips, trips or falls at anytime?              | Y / N |
| 4. Do you travel as part of your work?   | Y / N |
| 5. Do you deal in cash at anytime?   | Y / N |
| 6. Do you conduct 1:1 meetings?  | Y / N |
| 7. Do you work out of hours at all?  | Y / N |
| 8. Do you work with electricity at all?  | Y / N |
| 9. Do you work with heavy or dangerous plant or machinery?                     | Y / N |
| 10. Do you work at heights   | Y / N |

### Environment

- |  |       |
|--|-------|
| 1. Do you work in other people's homes?                              | Y / N |
| 2. Do you work alone in an office at anytime?                        | Y / N |
| 3. Do you work in isolated areas?                                    | Y / N |
| 4. Do you work alone on site?  | Y / N |
| 5. Do you work alone off site?                                       | Y / N |
| 6. Do you work near water?   | Y / N |
| 7. Do you work in confined spaces?                                   | Y / N |
| 8. Do you often work in areas where there is no mobile phone signal? | Y / N |

### People

- |   |       |
|---|-------|
| 9. Do you work alone with members of the public?  | Y / N |
| 10. Does your work involve a high medium or low risk of aggression/violence?  | H/M/L |
| 11. Do you ever have contact with people who may be under the influence of drink or drugs?  | Y / N |
| 12. Do you ever have contact with people who may have a mental health problem   | Y / N |
| 13. Do you ever have contact with people who are on medication or have an illness that could cause them to be aggressive or violent | Y / N |
| 14. Do you work with people in emotive or highly tense situations?  | Y / N |

### Safety Management

- |   |       |
|---|-------|
| 15. If you were to have an incident whilst working alone and were unable to raise an alarm, would someone realize and be able to get help to you quickly? | Y / N |
| 16. Have you ever been verbally abused or threatened whilst working alone?  | Y / N |
| 17. Have you ever been physically assaulted whilst working alone?   | Y / N |
| 18. Do you feel safe whilst working alone?  | Y / N |
| 19. Have you attended lone worker training in the last 24 months?   | Y / N |
| 20. Do your colleagues know where to start looking should you not return to base on time  | Y / N |
| 21. Do you have a system to raise the alarm discreetly/covertly in case of emergency  | Y / N |
| 22. Do you have a clear procedure in case someone does not return when expected   | Y / N |
| 23. Are you confident that an appropriate person will pick up the phone if you call in an emergency   | Y / N |
| 24. If you decide to change your plans during the day someone would be aware of this.   | Y / N |
| 25. Do you have a system to monitor your whereabouts when lone working out of office hours  | Y / N |
| 26. Does your manager have your next of kin contact details should you fail to return from an appointment   | Y / N |
| 27. Does your next of kin have contact details of a colleague should you fail to return, even after office hours.   | Y / N |
| 28. If you don't follow your team's tracking system, will there be consequences and do you know what these are.   | Y / N |