

Your Logo would look nice here



# How safe are you?

|               |  |
|---------------|--|
| Name of Carer |  |
|---------------|--|

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**This Checklist is to be completed by every Carer employed by the Agency working as a Lone Worker. It is important that each item is completed accurately and truthfully, as a failure to do so might increase the risks to your personal safety. Please pass this form to your Supervisor or the Agency Manager after completion.**

| Question  | Tick as appropriate |    | Comment/Observation by the Carer | Action needed (to be completed by Supervisor or Agency Manager) |
|---|---------------------|----|----------------------------------|---|
|   | Yes                 | No |                                  |   |
| Have you received training in relation to Lone working? If yes, comment on the quality of the training, for example do you think it was sufficient?   |                     |    |                                  |   |
| Do you feel equipped, personally, to work alone, in the Community? If No, please identify what can be done to increase your confidence?               |                     |    |                                  |   |
| Does working in the Community make life stressful for you? If yes, how do you think your stress levels can be reduced?                                |                     |    |                                  |   |
| Have you read the Policy on Lone Working? If yes, do you have any questions relating to this policy statement? If yes, use comment box.               |                     |    |                                  |   |
| Have you read the Policy on dealing with Violence and Aggression? If yes, do you have any questions relating to this policy? If yes, use comment box. |                     |    |                                  |   |

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| Question   | Tick as appropriate |  | Comment/Observation by the Carer | Action needed (to be completed by Supervisor or Agency Manager) |
|--|---------------------|--|----------------------------------|---|
| As far as you know is the Agency always aware of your daily schedule?  |                     |  |                                  |   |
| Are you familiar with the need to maintain regular contact with the Agency during the day so that staff can monitor your personal safety?              |                     |  |                                  |   |
| Are you familiar with the need to contact someone in the Agency if you deviate from the daily schedule?  |                     |  |                                  |   |
| As far as you are aware, are arrangements in place for someone to initiate action if you do not complete a Client visit or report back when expected?  |                     |  |                                  |   |
| Do you ensure, before the start of each day that you can be contacted – your mobile phone is charged, and fully operational, with credit where needed? |                     |  |                                  |   |
| Before a Client visit, do you make sure that you know where you are going and how to get there?  |                     |  |                                  |   |
| Do you make a habit of parking in a well-lit area easily accessible from your destination where possible, faced in the direction of exit?              |                     |  |                                  |   |

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|--|---------------------|--|----------------------------------|---|
| Do you keep your phone and keys on your person (and not in a bag), so you can retrieve them quickly if necessary?  |                     |  |                                  |   |
| Have you minimized the carrying of cash and valuable items and ensured that items which might attract attention such as medicines are not left on display? |                     |  |                                  |   |
| Are you prepared to seek advice, get support or terminate a visit as appropriate if there is any aspect of the visit that makes you uneasy?                |                     |  |                                  |   |
| Will you pass on to colleagues or other agencies at the first opportunity any aspects of a visit that need to be shared in relation to health and safety?  |                     |  |                                  |   |
| If English is not your first language, are you confident that you understand the risks and control measures to protect your safety?                        |                     |  |                                  |   |

|                         |  |   |  |
|-------------------------|--|---|--|
| Signature of Carer/Date |  | Signature of Supervisor/Agency Manager/Date |  |
|-------------------------|--|---|--|