

Rutland Therapy

RT001B – Lone Working Risk Assessment

Related Policy: RT001 – Lone Working Policy

Written and Agreed: August 2026

Review Date: August 2027

Therapist and Working Location

Therapist Name:

Usual Working Location:

Home-based: Yes / No

Lone Working Assessment

1. Is there safe access to and exit from the premises?

Yes / No / N/A

Consider access for both the therapist and clients, including entrances, exits, pathways and any potential hazards.

Actions/comments:

2. Are the premises appropriately secure when working alone?

Yes / No / N/A

e.g. external doors and windows can be appropriately secured and access to private areas of the home can be restricted where necessary.

Actions/comments:

3. Is there adequate lighting around entrances, exits and any parking or access areas, particularly when working after dark?

Yes / No / N/A

Actions/comments:

4. Does the therapist have access to a charged mobile phone and a reliable means of contacting assistance?

Yes / No / N/A

Actions/comments:

5. Does the premises have appropriate fire safety and detection measures in place?

Yes / No / N/A

e.g. working smoke/fire alarms and a safe means of exit.

Actions/comments:

6. Is the therapy space arranged so that the therapist can safely access an exit?

Yes / No / N/A

Consider the positioning of furniture and seating so that the therapist is not unnecessarily restricted from leaving the room if required.

Actions/comments:

7. Are the other Rutland Therapists aware of the therapist's usual working location and working times?

Yes / No / N/A

Actions/comments:

8. Are appropriate check-in/check-out arrangements available when required?

Yes / No / N/A

e.g. when working late, at an unfamiliar location or where an increased risk has been identified.

Actions/comments:

9. Is there any known information or previous behaviour relating to a client that may increase the therapist's personal safety risk when working alone?

Yes / No / N/A

e.g. previous aggressive, threatening, intimidating or inappropriate behaviour, or any previous interaction that has caused the therapist to feel unsafe.

If yes, what additional precautions are required?

10. Does the therapist have access to an appropriate first-aid kit when lone working?

Yes / No / N/A

Actions/comments:

11. Are emergency arrangements in place should the therapist require assistance?

Yes / No / N/A

e.g. access to a phone, emergency contact details are up to date and the therapist's working location is known.

Actions/comments:

12. Are there any other risks associated with this location or lone-working arrangement?

Yes / No

e.g. isolated location, poor lighting, limited mobile signal, security concerns, difficult parking or access, working late at night, or other people having access to the premises.

If yes, please provide details and any action required:

Working from Other Premises

When working from another premises, therapists should familiarise themselves with and follow the health and safety and emergency arrangements in place at that location.

Overall Assessment

Having considered the above, are the current lone-working arrangements considered safe and appropriate?

Yes / No

If **No**, lone working should not continue until appropriate action has been taken to reduce or manage the identified risk.

Are any additional precautions or actions required?

Yes / No

If yes, please provide details:

Action to be taken by:

Target date:

Declaration

I have considered the foreseeable risks associated with my lone-working arrangements and will follow the arrangements set out within **RT001 – Lone Working Policy**.

I confirm that I have completed **RT001A – Emergency Contact Details Form** and will ensure that my emergency contact information remains up to date.

I understand that this assessment should be reviewed if my usual working location or circumstances significantly change, following an incident or near miss, or where a new risk is identified.

Where an incident or near miss occurs, this should be recorded using **RT001C – Lone Working Incident / Near Miss Form** and this risk assessment reviewed where appropriate.

Therapist Name:

Signature:

Date:

Review Date:
