

Twilight Hours After School Club

Planned Lone Working Checklist

Manager's Approval

I confirm that has been approved for lone working at
..... on

Signed Date:

Staff member's confirmation

I understand the additional requirements and responsibilities of lone working and agree to lone working as specified above.

Signed Date:

| CHECKS TO BE UNDERTAKEN PRIOR TO PLANNED SESSION | | Initial & Date |
|-----------------------------------------------------------------------------------------------------|-----|-------------------|
| Insurance covers Lone working | Yes | KAS/DS 01/07/2020 |
| Risk Assessment completed | Yes | KAS/DS 01/07/2020 |
| Lone worker has relevant experience/qualifications/training | | |
| Lone worker has no known medical conditions that could affect their suitability to work alone | | |
| On-call person nominated | Yes | KAS/DS 01/07/2020 |
| School Office/Teachers advised that Lone Working happening and arrangements for collection in place | | |
| Caretaker advised that Lone Working happening | | |
| | | |
| CHECKS TO BE UNDERTAKEN ON THE DAY | | Initial & Date |
| Visit toilet before children arrive | | |
| Check Grab Bag contains the Tablet | | |
| Check Grab Bag contains First Aid Kit | | |
| Check Grab Bag contains Emergency File | | |
| Ensure Mobile phone charged and accessible | | |
| Get out toys and activities before start of session | | |
| Make children aware of Emergency Plan (fetch closest adult) | | |

NOMINATED ON-CALL PERSONS
Debbie Steeples or Katherine Shimwell
07816935937

| | | |
|----------------------------------------------------------------|------------------|--------------------|
| This policy was adopted by: Twilight Hours ASC | Date: 23/05/2024 | Policy No: LWC 002 |
| To be reviewed: | Signed: | |
| Policy Name: Lone Working Checklist | Signed: | |