

 <p>Fidhmeannacht na Seirbhíse Síde Health Service Executive</p>	<h1>Health & Safety Risk Assessment Form</h1>		
Ref: CF:013:00	RE: Workplace Stress Risk Assessment Form		
Issue date:	October 2015	Review date:	October 2017
Author(s):	National Health & Safety Function, ERAS, HR and Organisational Psychology Unit, HR, HSE West		
Legislation:	Under Section 19 of the Safety, Health and Welfare at Work Act, 2005 and associated Regulations, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented		
Notes:	<ul style="list-style-type: none"> • <i>It is the responsibility of local management to implement any remedial actions identified</i> • <i>To assist in carrying out the risk assessment, guidance on completing a Workplace Stress Risk Assessment is included</i> • <i>Work related stressors are grouped into Management standards – i.e. demands, control, support, relationships, role, change</i> • <i>OQR010 - Developing and Populating a Risk Register Best Practice Guidance</i> • <i>See also HSE Policies and associated guidelines: Prevention and Management of Stress in the Workplace; and Preventing & Managing Critical Incident Stress</i> 		

Workplace Stress: Risk Assessment Form – Part 1 of 3	
Administration Area:	Source of Risk:
Location:	Primary Risk Category:
Section/Ward/Dept:	Secondary Risk Category:
Assessment type: <input type="checkbox"/> Individual <input type="checkbox"/> Group (✓ as appropriate) If individual assessment, specify employee's name:	Tertiary Risk Category: Name of Risk Owner (BLOCKS): Signature of Risk Owner: Date of Assessment:
Unique ID No:	Review Date:

Workplace Stress: Risk Assessment Form – Part 2 of 3

Was there a specific issue/incident that triggered this risk assessment?

Potential work related stressors	Employee's concerns	Existing controls/What is happening now?
Demands		
What is causing you to feel under excessive pressure at work?		
What are key aspects of your role/ job description?		
Are you clear on service priorities? How do you prioritise your daily work duties?		
Are you clear on work deadlines and are they realistic?		
Do you feel you have the right skills & knowledge to do your job?		
Have you the resources you need to do your job?		
Do you find your work boring or repetitive?		
Control		
Are you clear about who does what in your Dept/area?		
Do I, as your manager, give you enough guidance & support?		
Do you have opportunities to develop your skills/ use your initiative?		
Have you any flexibility in when you take your breaks/Annual Leave?		
Support		
Is there good communication in your Dept/area? e.g. One-to-one meetings with manager/ team meetings?		
Are your work colleagues supportive?		
Do you require further training / skills development?		
Are there pressures outside work that are affecting you at work? Would you like support to deal with these pressures?		
Are you aware of HSE employee supports available? Do you need information on how to access any of them?		

Workplace Stress: Risk Assessment Form – Part 2 of 3 (Continued)

Relationships		
Are there any issues or tensions within your team/service?		
Have you seen any bullying/harassing behaviour in your team?		
Do you have difficulty working with anyone? Manager/colleague/ other health care worker?		
Do you and your work colleagues support each other?		
What is morale like within your team?		
Role		
Do you feel you have been properly inducted into your role?		
Do you understand your role?		
Do you have a clear reporting structure?		
Do you know what is expected of you at work?		
Have you work demands that are outside/conflict with your role?		
Change		
Is there a lot of change in your service?		
Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?		
Am I, as your manager, supporting you enough in this change?		
Do your colleagues/team provide support through the change?		
Is there further information/support you require?		
Other Stressors		
Are there any other issues that you would like to raise?		

Workplace Stress : Risk Assessment Form – Part 3 of 3
One primary source of stress per form

Management Standard(s) under which further action is required (√ as appropriate)

Demands Control Support Relationships Role Change

Unique Id Number

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	

Guidance on completing Workplace Stress Risk Assessment

Workplace Stress: Risk Assessment Form – Part 1 of 3	
Administration Area:	Source of Risk: <i>Refer to OQR010</i>
Location:	Primary Risk Category: <i>Refer to OQR010</i>
Section/Ward/Dept:	Secondary Risk Category: <i>Refer to OQR010</i>
Assessment type: <input type="checkbox"/> Individual <input type="checkbox"/> Group (✓ as appropriate)	Tertiary Risk Category: <i>Refer to OQR010</i>
If individual assessment, specify employee's name:	Name of Risk Owner (BLOCKS): <i>Refer to OQR010</i>
	Signature of Risk Owner: <i>Refer to OQR010</i>
	Date of Assessment:
Unique ID No: <i>Refer to OQR010</i>	Review Date: <i>Normally this would be no more than 12 months from the date of assessment, but may need to be sooner e.g. in the event that there is a change in the matters to which the assessment relates</i>

Workplace Stress: Risk Assessment Form – Part 2 of 3

Was there a specific issue/incident that triggered this risk assessment? *Please Specify*

Potential work related stressors	Employee's concerns	Existing Controls/what is happening now?
Demands		
What is causing you to feel under excessive pressure at work?	<i>Detail the employees concerns</i>	<i>Detail the control measures to include all measures put in place to eliminate or reduce the risks and include engineering controls, policies, procedures, protocols, guidelines (clinical and non clinical), training, emergency arrangements, preventative maintenance controls etc.</i>
What are key aspects of your role/ job description?		
Are you clear on service priorities? How do you prioritise your daily work duties?		
Are you clear on work deadlines and are they realistic?		
Do you feel you have the right skills & knowledge to do your job?		
Have you the resources you need to do your job?		
Do you find your work boring or repetitive?		
	<i>When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.</i>	
Control		
Are you clear about who does what in your Dept/area?	<i>As above</i>	<i>As above</i>
Do I, as your manager, give you enough guidance & support?		
Do you have opportunities to develop your skills/ use your initiative?		
Have you any flexibility in when you take your breaks/Annual Leave?		
Support		
Is there good communication in your Dept/area? e.g. One-to-one meetings with manager/ team meetings?	<i>As above</i>	<i>As above</i>
Are your work colleagues supportive?		
Do you require further training / skills development?		
Are there pressures outside work that are affecting you at work? Would you like support to deal with these pressures?		
Are you aware of HSE employee supports available? Do you need information on how to access any of them?		<i>HSE Employee Supports include: Staff Care, EAP, Mediation, Coaching, Conflict Coaching, Dignity at Work Advisors, Occupational Health</i>

Workplace Stress: Risk Assessment Form – Part 2 of 3 (Continued)

Relationships		
Are there any issues or tensions within your team/service?	<i>As above</i>	<i>As above</i>
Have you seen any bullying/harassing behaviour in your team?		
Do you have difficulty working with anyone? Manager/colleague/ other health care worker?		
Do you and your work colleagues support each other?		
What is morale like within your team?		
Role		
Do you feel you have been properly inducted into your role?	<i>As above</i>	<i>As above</i>
Do you understand your role?		
Do you have a clear reporting structure?		
Do you know what is expected of you at work?		
Have you work demands that are outside/conflict with your role?		
Change		
Is there a lot of change in your service?	<i>As above</i>	<i>As above</i>
Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?		
Am I, as your manager, supporting you enough in this change?		
Do your colleagues/team provide support through the change?		
Is there further information/support you require?		
Other Stressors		
Are there any other issues that you would like to raise?		

Workplace Stress : Risk Assessment Form – Part 3 of 3
One primary source of stress per form

Management Standard(s) under which further action is required (v as appropriate)

Demands Control Support Relationships Role Change

Unique ID Number – Insert Unique ID Number

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
<p>Using the Impact Context and Cause (ICC) approach, describe the hazard and associated risks.</p> <p>For further information on this approach please refer to Office of Quality and Risk Documents OQR 010, OQR 012 which are available on the HSE webpage.</p> <p>E.g. Risk of psychosocial injury to staff due to workload pressures, unrealistic work deadlines and lack of resources</p>	<p>Refer to Impact Table as per OQR010 and enter the impacts and vulnerabilities that the risk has on the employees, service users, and the organisation.</p> <p>E.g. Staff absenteeism, interruption in service delivery</p>	<p>Summarise the control measures detailed in Part 2 of this form.</p> <p>Remember, when examining existing control measures consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.</p>	<p>Detail the measures necessary to eliminate or further reduce the level of risk.</p> <p>Consider the hierarchy of controls: Elimination/ substitution/ engineering/ administrative/ PPE.</p> <p>Consider the interim and long term measures.</p>	<p>Enter the name of the responsible person for implementation of each control measure.</p>	<p>Enter the date by which implementation of the additional controls to mitigate the risk are due.</p>

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk	
Likelihood score with existing controls in place*	Impact score with existing controls in place*	Likelihood x Impact = number between 1 & 25**	Likelihood score with additional controls in place*	Impact score with additional controls in place*	Likelihood x Impact = number between 1 & 25**	Open, Closed or Monitor?

* See Likelihood and Impact Tables in OQR010

**See OQR 010 for interpretation of risk scores (e.g. bands for Low, medium and high risk)