

 Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	<h1>Sample Health &amp; 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 <b>Section 19 of the Safety, Health and Welfare at Work Act, 2005</b> 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"> <li>• It is the responsibility of local management to implement any remedial actions identified</li> <li>• To assist in carrying out the risk assessment, guidance on completing a Workplace Stress Risk Assessment is included</li> <li>• Work related stressors are grouped into Management standards – i.e. demands, control, support, relationships, role, change</li> <li>• OQR010 - Developing and Populating a Risk Register Best Practice Guidance</li> <li>• See also HSE Policies and associated guidelines: Prevention and Management of Stress in the Workplace; and Preventing &amp; Managing Critical Incident Stress</li> </ul>		

Sample Workplace Stress: Risk Assessment Form – Part 1 of 3 (The example given in this risk assessment is for demonstration purposes only)	
Administration Area: HCO 0	Source of Risk: risk assessment process
Location: Another Hospital	Primary Risk Category: Human Resources
Section/Ward/Dept: Red Ward	Secondary Risk Category: Employee safety health & welfare
Assessment type: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group (✓ as appropriate)	Tertiary Risk Category: Workload/staffing/safe systems of work
If individual assessment, specify employee's name:	Name of Risk Owner (BLOCKS): Mary Poppins, CNM2
	Signature of Risk Owner:
	Date of Assessment: 14/12/2015
Unique ID No: 012345	Review Date: 01/12/2015

### Sample Workplace Stress: Risk Assessment Form – Part 2 of 3

Was there a specific issue/incident that triggered this risk assessment? *Complaints from staff re feeling of stress caused by excessive demands /workload.*

Potential work related stressors	Employee's concerns	Existing controls/What is happening now?
<b>Demands</b>		
What is causing you to feel under excessive pressure at work?	<p>Hard to manage extra work demands e.g. HIQA recommendations &amp; introducing more activities for service users with existing staff cover of 1:2 Nurse/ Care Staff. Only one staff member can leave unit to help with activities.</p> <p>Daily work duties very demanding as all service users are high dependent – difficult to set time aside to do other work e.g. review and update care plans. When crisis arises little support from management.</p>	
What are key aspects of your role/ job description?	To provide nursing care to patients (high dependent)	N/a
Are you clear on service priorities? How do you prioritise your daily work duties?	Very little control over work duties due to the changing patient profile. Handover can be rushed due to clinical demands.	Priorities identified at handover, Using SBAR format for reporting.
Are you clear on work deadlines and are they realistic?	These keep changing	Adaptation to work demands required daily. Bed management involved in patient transfer.
Do you feel you have the right skills & knowledge to do your job?	Yes	N/a
Have you the resources you need to do your job?	No	Skill mix is reviewed per shift where possible. Process in place for requesting additional assistance when work demands increase.
Do you find your work boring or repetitive?	No	N/a
<b>Control</b>		
Are you clear about who does what in your Dept/area?	Yes	N/a
Do I, as your manager, give you enough guidance & support?	No	None
Do you have opportunities to develop your skills/ use your initiative?	Yes	n/a

Have you any flexibility in when you take your breaks/Annual Leave?	No	None – staff cannot take annual leave when desired or if at all. Very difficult to take TOIL accrued from working overtime. Staff asked on short notice to work overtime while on off-duty. As a result many staff working up to 5/ 6 long days in a row; unhealthy and exhausting. Staff feel very aggrieved that leave not given to them even when requested weeks in advance.
---	----	--

#### Support

Is there good communication in your Dept/area? e.g. One-to-one meetings with manager/ team meetings?	No. Team meetings have ceased to occur	Communication book available
Are your work colleagues supportive?	Yes	N/a
Do you require further training / skills development?	No	N/a
Are there pressures outside work that are affecting you at work? Would you like support to deal with these pressures?	No	N/a
Are you aware of HSE employee supports available? Do you need information on how to access any of them?	No	N/a

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

#### Relationships

Are there any issues or tensions within your team/service?	Yes. Most staff feel that the provision of annual leave is unfair and that some staff are not asked to do their fair share of over time.	None
Have you seen any bullying/harassing behaviour in your team?	No	Implementation of the Dignity at work Policy, Dignity at Work Support Contact persons details available in HR file in CNMs office. Employee Assistance available at ext 1234
Do you have difficulty working with anyone? Manager/ colleague/ other health care worker?	No	
Do you and your work colleagues support each other?	Yes	
What is morale like within your team?	Low because of lack of breaks, annual leave opportunities and lack of feedback.	Annual Leave request calendar in office.

<b>Role</b>		
Do you feel you have been properly inducted into your role?	Yes – but new staff have a formal induction programme but onsite mentoring difficult to implement due to work demands.	
Do you understand your role?	Yes	
Do you have a clear reporting structure?	Yes	
Do you know what is expected of you at work?	Yes	
Have you work demands that are outside/conflict with your role?	No	
<b>Change</b>		
Is there a lot of change in your service?	Yes on a daily basis, can be requested to provide cover in different departments where we may not have enough skills in this clinical area. Disruptive for service users & patients	Bed management oversee bed allocation
Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?	No	Communication book located in CNM office
Am I, as your manager, supporting you enough in this change?	No	None
Do your colleagues/team provide support through the change?	Yes	
Is there further information/support you require?	Yes – better communication and involvement from bed management when allocating patient beds being mindful of existing work demands. Team meetings necessary to ensure proper and formal communication with staff.	
<b>Other Stressors</b>		
Are there any other issues that you would like to raise?		

**Sample 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:012345

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Risk of psychosocial injury to staff due to workload pressures, unrealistic work deadlines, lack of resources.	Emotional distress, Impaired psychosocial functioning greater than one month and less than six months.	As per risk assessment checklist above.	<p>Investigate the possibility of having 2 floating staff on campus to help staff working in units when activities are planned.</p> <p>Have a daily review of work demands in units in order to provide adequate cover for “busier times”.</p> <p>Review time for handover - bring forward by ten minutes to ensure that this time is protected. Identify work priorities, safety issues at handover and ensure that adequate time given.</p>	Mary Ryan CNM2 and employees	<p>January 2016</p> <p>Immed</p> <p>Immed</p>

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
5	3	15 (High)	3	3	9 (Medium)	open

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

<p>Management Standard(s) under which further action is required (✓ as appropriate)</p>
---

**Demands** ☐ **Control** ☐ **Support** ☐ **Relationships** ☒ **Role** ☐ **Change**

Unique Id Number:012345

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Poor working relationship may cause psychosocial harm to staff who feel that there is poor communication from management and a lack of feedback.	Emotional distress, Impaired psychosocial functioning greater than one month and less than six months.	As per risk assessment checklist above.	<p>Reinstall the team meetings (quarterly), have standing agenda items at meeting such as H&amp;S and staff concerns.</p> <p>Use communication book more effectively to demonstrate that issues raised are being followed-up and discussed.</p> <p>Have minutes of meeting available for all staff including those on nights and weekends etc.</p> <p>Have a ward suggestion box available for staff to give them an avenue to highlight issues.</p> <p>Unit staff and CNMs to discuss openly service developments and hear of other developments taking place on campus.</p>	<p>Mary Ryan</p> <p>CNM2 and employees</p>	<p>January 2016</p> <p>Immed</p> <p>Immed</p>

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	open
5	3	15 (High)	3	3	9 (Medium)	

**Sample 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:012345

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Risk of psychosocial injury to staff, due to lack of control regarding some aspects of their work activities.	Emotional distress, Impaired psychosocial functioning greater than one month and less than six months.	None	<p>Quarterly team meetings to reconvene. Each meeting will be minuted and responsible persons identified for each action. Actions agreed at each meeting will be reviewed to ensure they are implemented in a timely manner.</p> <p>Each member of staff will have an individual work plan developed outlining goals, objectives and actions for the coming months. The Line Manager will meet individually with each member of the team on a monthly basis to review progress and to allow an opportunity for staff to raise issues with their Manager.</p>	<p>Mary Ryan CNM2 and employees</p> <p>Mary Ryan CNM2 and employees</p>	<p>January 2016</p> <p>Feb 2016</p>

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
5	3	15 (High)	3	3	9 (Medium)	

**Sample 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:012345

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
CONTD			<p>The Manager will consider engaging in training for Mentoring and/or Coaching to enable them to support the team as part of their own on - going management/leadership development.</p> <p>Review Service arrangements for taking of leave and provide cover arrangements.</p> <p>All staff to be consulted with when organising the annual leave calendar.</p> <p>Breaks to be co-ordinated effectively to ensure all staff receive appropriate breaks</p>	<p>Mary Ryan CNM2 and employees</p> <p>Mary Ryan CNM2 &amp; Ann Fox ADON</p>	<p>March 2016</p> <p>Immediate</p>

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
5	3	15 (High)	3	3	9 (Medium)	open



**Sample 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:012345

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Risk of psychosocial injury to staff due to lack of clarity regarding roles and responsibilities.	Emotional distress, Impaired psychosocial functioning greater than one month and less than six months.	As per risk assessment checklist above.	In addition to the formal induction programme ensure adequate time is allocated to mentoring, to ensure all new staff understand their roles, responsibilities and systems in place locally to respond to any individual concerns.	Mary Ryan CNM2	January 2016

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
3	2	6 (Medium)	2	2	4 (Low)	open

**Sample 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:012345

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Risk of psychosocial injury to staff due to the changes taking place in the service	Emotional distress, Impaired psychosocial functioning greater than one month and less than six months.	As per risk assessment checklist above.	Timely bed allocation wherever possible to take account of current workloads  Changes and implications of such change discussed at team meetings	Mary Ryan CNM2 and employees	Immediately  Immediately

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
5	3	15 (High)	3	3	9 (Medium)	open

**Sample 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:012345

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Risk of psychosocial injury to staff due to reduction in team communications within the service	Emotional distress Impaired psychosocial functioning greater than one month and less than six months.	As per risk assessment checklist above.	Re introduction of regular team meetings	Mary Ryan CNM2 and employees	Immediately

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
4	3	12 (Medium)	1	3	3 (Low)	Open