**Risk Assessment Form**

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| **Section A:** **Administration Details** | | | |  | |  |  | | |  |
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| **Primary Location:** | | |  | |  | | | | | |
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| **Secondary Location:** | | |  | |  | | | | | |
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| **Exact Location within the premises** | | |  | |  | | | | | |
|  | |  |  |  | |  |  | | |  |
| **Name of Assessor:** | | |  | |  | | | | | |
|  | | |  | |  | | | | |  |
| **Designation:** | | |  | |  | | | | | |
|  | | |  | |  | | | | |  |
| **Date of initial assessment:** | | |  | |  | | | | | |
|  | | |  | |  | | | | |  |
| **Date of review:** | | |  | |  | | | | | |
|  | | |  | |  | | | | |  |
| **Name of reviewer:** | | |  | |  | | | | | |
|  | | |  | |  | | | | |  |
| **Designation of reviewer:** | | |  | |  | | | | | |
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| **Section B:** **Task or Activity** | | |  | |  | | | | |  |
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| **Description of task or activity which could lead to a risk of violence and aggression:** | | | | | | | | | | |
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| **Personnel involved (e.g., receptionist, telephone operators, clinicians – nurse- doctor, security staff, contractor, etc.):** | | | | | | | | | | |
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| **Section C: Assessment of Risk** | | | | | | | |  |  |  |
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|  | |  |  |  | | | | **YES** | **NO** | **N/A** |
|  | |  |  |  | | | |  |  |  |
| **Is there any historical evidence of verbal or physical aggression to staff?** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Verbal abuse (with intent/directed at staff)** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Verbal abuse (abusive remarks not directed at staff)** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Punch/strike/slap** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Wounding** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Kicking** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Biting** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Scratching** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Harassment / Stalking** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Victimisation** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Intimidation** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Threat with / use of weapon (e.g., knives, needles, etc.)** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Harassment** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Telephone Abuse** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Offensive Messages** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Other please specify:** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **Is it perceived that there could be a risk of any of the above points?** | | | | | | | |  |  |  |
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| **Please specify:** | | | | | | | |  |  |  |
|  | |  |  |  | | | |  |  |  |
| **If there is no perceived or known risk of verbal or physical aggression there is no need to continue with this assessment.** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **How often do violent incidents occur?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **What injuries have occurred because of any recent attacks?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Following attacks or incidents of aggression, has this led to time off work? Hours, Days, Weeks, Months** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **What times are violent incidents more likely to occur?** | | | | | | | |  |  |  |
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|  | | | | | | | | **YES** | **NO** | **N/A** |
|  | | | | | | | |  |  |  |
| **Which day are violent incidents more likely to occur?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Is the workplace overcrowded? If so, please specify how:** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Is the lighting adequate? If not please specify why:** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Are the following readily available for patients?** | | | | | | | |  |  |  |
| **Toilets** | | | | | | | |  |  |  |
| **Refreshments** | | | | | | | |  |  |  |
| **Information services** | | | | | | | |  |  |  |
| **Magazines** | | | | | | | |  |  |  |
| **Music** | | | | | | | |  |  |  |
| **Television** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Internal environmental issues** | | | | | | | |  |  |  |
| **Are there excessive noises which could cause distraction?** | | | | | | | |  |  |  |
| **Are there isolated areas such as treatment rooms, offices?** | | | | | | | |  |  |  |
| **Are the room laid out in such a way as to allow staff to exit in an emergency?** | | | | | | | |  |  |  |
| **Could the aggressor be situated between the employee and the door?** | | | | | | | |  |  |  |
| **Are there designated waiting areas?** | | | | | | | |  |  |  |
| **Are these adequately supervised?** | | | | | | | |  |  |  |
| **Are there corridors/areas where aggressors could hide/congregate?** | | | | | | | |  |  |  |
| **Is there adequate signage displaying the Organisations Zero Tolerance stance?** | | | | | | | |  |  |  |
| **Are staff protected by additional security measures where required e.g. screens, security locks, intercoms, internal CCTV?** | | | | | | | |  |  |  |
| **Is money/valuables kept in the work area?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Are there potentially dangerous fixtures and fittings?** | | | | | | | |  |  |  |
| **Tables** | | | | | | | |  |  |  |
| **Waste bin** | | | | | | | |  |  |  |
| **Seats** | | | | | | | |  |  |  |
| **Sharp corners** | | | | | | | |  |  |  |
| **Medical equipment** | | | | | | | |  |  |  |
| **Office equipment** | | | | | | | |  |  |  |
| **Other** | | | | | | | |  |  |  |
| **Please specify:** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Is there a room available to speak privately with:** | | | | | | | |  |  |  |
| **Patients** | | | | | | | |  |  |  |
| **Visitors** | | | | | | | |  |  |  |
| **Other members of staff** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **External environmental issues** | | | | | | | |  |  |  |
| **Are there adequate parking spaces?** | | | | | | | |  |  |  |
| **Is there adequate lighting?** | | | | | | | |  |  |  |
| **Is it distant from the work area?** | | | | | | | |  |  |  |
| **Have routes to parking areas/external walkways been surveyed for safety?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
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|  | | | | | | | | **YES** | **NO** | **N/A** |
|  | | | | | | | |  |  |  |
| **Is there CCTV coverage of routes?** | | | | | | | |  |  |  |
| **Are these cameras monitored?** | | | | | | | |  |  |  |
| **Is there a security escort service?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Are there any times when tasks are undertaken alone?** | | | | | | | |  |  |  |
| **If yes, please specify:** | | | | | | | |  |  |  |
| **Are there any procedures in place to help ensure safety?** | | | | | | | |  |  |  |
| **If yes, please specify:** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Are there alarm systems in place by which you can summon help?** | | | | | | | |  |  |  |
| **If yes, please state type of system:** | | | | | | | |  |  |  |
| **Are alarms fitted in rooms used for interviewing potentially aggressive/violent individuals?** | | | | | | | |  |  |  |
| **Are these alarms accessible to staff?** | | | | | | | |  |  |  |
| **Are the alarms easy to activate?** | | | | | | | |  |  |  |
| **Are staff trained in their use?** | | | | | | | |  |  |  |
| **Do others know how to respond if the alarm is raised?** | | | | | | | |  |  |  |
| **Are there documented procedures in place for ensuring this?** | | | | | | | |  |  |  |
| **Can the alarm be heard in all areas of the ward/department?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Have members of staff attended the appropriate training?** | | | | | | | |  |  |  |
| **Level of training and number of staff identified in Training Needs Analysis as requiring each level of training** | | | | | | | |  |  |  |
| **What procedures are in place to ensure that all members of staff has information and access to violence and aggression training?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Is there a contingency plan if violence is threatened or breaks out toward:** | | | | | | | |  |  |  |
| **Patients** | | | | | | | |  |  |  |
| **Visitors** | | | | | | | |  |  |  |
| **Staff** | | | | | | | |  |  |  |
| **Please specify arrangements:** | | | | | | | |  |  |  |
| **Are staffing levels adequate to ensure that contingency plans can be followed?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Is any information sought highlighting previous/known risks associated with the patient?** | | | | | | | |  |  |  |
| **Where joint stakeholder working takes place are there protocols for sharing information regarding known risks of violence and aggression?** | | | | | | | |  |  |  |
| **Are individual risk assessments undertaken?** | | | | | | | |  |  |  |
| **Are mobile phones provided together with training in their use?** | | | | | | | |  |  |  |
| **Are personal safety alarms provided and information given on their use?** | | | | | | | |  |  |  |
|  | | | | | | | |  |  |  |
| **Policy/Procedures** | | | | | | | |  |  |  |
| **Is the Organisations Policy easily accessible to all staff?** | | | | | | | |  |  |  |
| **Is there an Information Leaflet available to all staff?** | | | | | | | |  |  |  |
| **Do you have a departmental Policy/Procedure?** | | | | | | | |  |  |  |
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| **Section D: Current Risk Control Measures (see Section C)** | | | | | | | | | | |
| **Control measures currently in use:** | | | | | | | | | | |
|  | | | | | | | |  |  |  |
| **Section E: Initial Risk Rating Figure** | | | | | | | | | | |
| **Initial Risk Rating Figure (to calculate see Risk Matrix):**  **Probable Likelihood Rating x Potential Severity Rating**  **= Risk Rating Figure** | | | | | | | | | | |
|  | | | | | | | | | | |
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| **Section F: Additional Risk Control Measures Required** | | | | | | | | | | |
| **Additional control measures to be recorded within this box. The request for these measures should be subjected to a risk priority along with other risks within the location and will form part of a prioritised risk register.** | | | | | | | | | | |
| **No.** | **Risk Reduction Measures/Further Action** | | | | | | | | | |
| **If the above control measures are implemented, calculate the New Risk Rating Figure:**  **Probably Likelihood Rating x Potential Severity Rating**  **= Risk Rating Figure:** | | | | | | | | | | |
|  | | | | | | | |  |  |  |
| **Section G: Action Plan Agreed with Manager**  **……………………………………………………… …………………………………………………… ……………………………**  **Manager’s Name Manager’s Signature Date** | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Action Plan** | **Responsible Person** | **Projected Completion Date** | **Date**  **Completed/**  **Signature** |
|  |  |  |  |  |
| **Once the above action plan has been implemented, calculate the Final/Residual Risk Rating Figure:**  **Probable Likelihood Rating x Potential Severity Rating**  **= Risk Rating Figure** | | | | |
| **Additional Comments** | | | | |