Annex 24 B 7.1-11

Sample risk assessment form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section A:** **Administration Details** |  |  |  |  |
|  |  |  |  |  |  |  |
| **Primary Location:**  |  |  |
|  |  |  |  |  |  |  |
| **Secondary Location:**  |  |  |
|  |  |  |  |  |  |  |
| **Exact Location within the premises**  |  |  |
|  |  |  |  |  |  |  |
| **Name of Assessor:**  |  |  |
|  |  |  |  |
| **Designation:** |  |  |
|  |  |  |  |
| **Date of initial assessment:**  |  |  |
|  |  |  |  |
| **Date of review:**  |  |  |
|  |  |  |  |
| **Name of reviewer:**  |  |  |
|  |  |  |  |
| **Designation of reviewer:** |  |  |
|  |  |  |  |
| **Section B:** **Task or Activity** |  |  |  |
|  |  |  |  |
| **Description of task or activity which could lead to a risk of violence and aggression:** |
|  |  |  |  |
| **Personnel involved (e.g., receptionist, telephone operators, clinicians – nurse- doctor, security staff, contractor, etc.):** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Section C: Assessment of Risk** |  |  |  |
|  |  |  |  |  |
|  |  |  |  | **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?** |  |  |  |
|  |  |  |  |  |  |  |
| **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?** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **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?** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **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?** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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** |
|  |
|  |
|  |
| **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** |