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|  | **Health & Safety Risk Assessment Form** | | |
| **Ref: CF:013:06:FT** | **RE: Work Related Stress Risk Assessment Form** | | |
| **Issue date:** | February 2018 | **Revised Date:** | January 2024 |
| **Author(s):** | HSE National Health and Safety Function | | |
| **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. | | |
| **Note:** | ***When conducting Work-related Stress Risk Assessments consideration should be given to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.***  ***It is responsibility of local management to implement any remedial actions identified.*** | | |

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| **Work-related Stress Risk Assessment Form – Part 1 of 3** | | | | | | | | | | |
| **Division:** | | | Select Division. | | | **Source of Risk:** | | | Enter Source of Risk. | |
| **HG/CHO/NAS/Function:** | | | Select Area. | | | **Primary Impact Category:** | | | Select Primary Impact Category. | |
| **Hospital Site/Service:** | | | Enter Hospital Site/Service. | | | **Risk Type:** | | | Select Risk Type. | |
| **Dept./Service Site:** | | | Enter Dept/Service Site. | | | **Name of Risk Owner (BLOCKS):** | | | Name of Risk Owner. | |
| **Assessment type (√ as appropriate)** | **Individual** |  | | **Group** |  | **Signature of Risk Owner:** | |  | | |
| **If individual assessment, specify employee’s name:** | | | Enter Employee’s Name (if applicable). | | |
| **Date of Assessment:** | | | Select date. | | | **Risk Co-ordinator:** | | | N/A for OSH Risk Assessments | |
| **Unique ID No:** | | | Enter Unique ID No. | | | **[[1]](#footnote-1)Risk Assessor(s):** | | | Name of Risk Assessor. | |
| **Objective being impacted:** | | | Compliance with OSH legislation and the maintenance of a safe and healthy work environment. | | | | | | | |
| **TEAM WRS Risk Assessment (>5 employees)**  **Have you used the** [**HSE Work Positive Critical Incident (WPCI)**](https://healthservice.hse.ie/staff/health-and-safety/hse-work-positive/) **survey to measure work-related stress?** | | | | | | **Yes** |  | | **No** |  |
| If yes, use the “Work Stressors Report” to inform and support the completion of Part 3 of this form in consultation with your employees. You do not need to complete Part 2. | | | If no, complete all parts of this form in consultation with your employees. | |

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| **Work-related Stress: Risk Assessment Form – Part 2 of 3** | | | |
| Was there a specific issue/incident that triggered this risk assessment? | | 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?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Are you clear on service priorities?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **How do you prioritise your daily work duties?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Are you clear on work deadlines and are they realistic?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Do you feel you have the right skills & knowledge to do your job?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Have you concerns with your physical work environment eg light, temperature, space etc?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Do you find your work emotionally demanding?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Do you find your work boring or repetitive?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Control** |  | |  |
| **Are you clear about who does what in your service area?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Do you have opportunities to develop your skills/ use your initiative?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Have you any flexibility in when you take your breaks/Annual Leave?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **How do you find the pace of your work?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Support** |  | | |
| **Is there good communication in your service area? Eg One-to-one meetings with manager/ team meetings?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Are your work colleagues supportive?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Do I, as your manager give you enough guidance and support?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Have you the resources you need to do your job?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Do you require further training / skills development?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Are there pressures outside work that are affecting you at work?**  **Would you like support to deal with these pressures?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Are you aware of HSE employee supports available?** | Employee’s concerns. | | Existing controls/what is happening now? |
| **Do you need information on how to access any of them?** | Employee’s concerns. | |  |

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| **Work-related Stress: Risk Assessment Form – Part 2 of 3 (Continued)** | | |
| **Relationships** |  | |
| **Are there any issues or tensions within your team/service?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Have you seen any bullying/harassing behaviour in your team?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do you have difficulty working with anyone? Manager/ colleague/ other health care worker?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do you and your work colleagues support each other?** | Employee’s concerns. | Existing controls/what is happening now? |
| **What is morale like within your team?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Are you aware of Organisational policies e.g. Dignity at Work?**  **Have you completed Dignity at Work online training?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Role** |  | |
| **What are the key aspects of your role?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do you feel you have been properly inducted into your role?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do you understand your role?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do you have a clear reporting structure & do you know where to go to report concerns?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do you know what is expected of you at work?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do you have work demands that are outside/conflict with your role?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Change** |  |  |
| **Is there a lot of change in your service?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Am I, as your manager, supporting you enough in this change?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Do your colleagues/team provide support through the change?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Is there further information/support you require?** | Employee’s concerns. | Existing controls/what is happening now? |
| **Other Stressors** |  |  |
| **Are there any other issues that you would like to raise?** | Are there any other issues that you would like to raise? | |

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| **Work-related Stress: Risk Assessment Form – Part 3 of 3** | | | | | | | | | | | | |
| **Management Standard(s) under which further action is required (√ as appropriate)** | | | | | | | | | | | | |
| **Demands** |  | **Control** |  | **Support** |  | **Relationships** |  | **Role** |  | | **Change** |  |
| **[[2]](#footnote-2)HAZARD & RISK DESCRIPTION** | | | **EXISTING CONTROL MEASURES** | | | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | | | | **[[3]](#footnote-3)ACTION OWNER** | | **DUE**  **DATE** |
| Identify the hazard and describe who might be harmed, how, where and when. If Work Positive CI has been used hyperlink the Work Stressors Report here, ensuring that all employees have access to the report. | | | Enter Existing Control Measures | | | Document Additional Controls Required. If Work Positive CI has been used hyperlink the Work Stressors Action Plan or attach PDF to this form, ensuring all employees have access to this information. | | | Enter person responsible for implementation of control measure. | | | Select Date. |
| **[[4]](#footnote-4)Inherent Risk** | | | **[[5]](#footnote-5)Residual Risk** | | | **[[6]](#footnote-6)Target Risk** | | | **Risk Status** | | | |
| **Likelihood [1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Open** | | **Monitor** | **Closed** |
| Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating |  | |  |  | |

1. Risk Assessor required for OSH risks only. [↑](#footnote-ref-1)
2. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-2)
3. Person responsible for the action. [↑](#footnote-ref-3)
4. Rating **before** consideration of existing controls. [↑](#footnote-ref-4)
5. Rating **after** consideration of existing controls. [↑](#footnote-ref-5)
6. Desired rating **after** actions. [↑](#footnote-ref-6)