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|  | **Health & Safety Risk Assessment Form** | | | | | |
| **Ref: CF:066:01:FT** | **RE: HSE Remote Working Risk Assessment Form** | | | | | |
| **Issue date:** | January 2023 | | **Revised Date:** | | October 2023 | |
| **Author(s):** | National Health & Safety Function | | | | | |
| **Part A HSE Remote Working Risk Assessment Form** | | | | | | |
| **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. |
| **Date of Assessment:** | | Select date. | | **Signature of Risk Owner:** | |  |
| **Unique ID No:** | | Enter Unique ID No. | | **Risk Co-Ordinator:** | | N/A for OSH Risk Assessments |
| **Objective being impacted:** | | Compliance with OSH legislation and the maintenance of a safe and healthy work environment. | | **[[1]](#footnote-1)Risk Assessor(s):** | | Name of Risk Assessor. |
| **Employee name:** | | Enter Employee Name. | | | | |
| **Name of Line Manager:** | | Enter Name of Line Manager. | | | | |
| **Note:** | | The HSE is committed to facilitating blended working arrangements for public health service employees whose roles can be performed remotely. Working remotely refers to the employee’s place of residence which is now considered as the employee’s workplace. In line with the Safety, Health and Welfare at Work Act, 2005 and the [HSE Blended Working Policy for the Public Health Service](https://www.hse.ie/eng/staff/resources/hr-circulars/hse-blended-working-policy-for-the-public-health-service.pdf), the following remote working risk assessment must be completed.  When conducting remote working risk assessments consideration should be given to the risks presented and the means of avoiding and mitigating any such risks so far as is reasonably practicable.  The main risk factors which need to be considered when staff are working remotely include:   * + - work environment     - work equipment (to include use of Display Screen Equipment)     - staff wellbeing     - incident management   HSE Managers (staff who hold a management role at any level within the organisation) must carry out a remote working risk assessment of the employee’s work environment and designated workstation in consultation with the employee. The assessment can be completed online, for example through the use of video calls ideally with a smartphone, so that the employee can move freely around the designated workstation and space so as to help the Manager identify and direct the employee to areas that need to be assessed. It is not necessary to keep a documented record of the online/digital/video call assessment.  This remote working risk assessment form must be used for the purpose of recording the assessment of the employee’s proposed remote work environment and designated workstation.  **Part A** of the form documents the name of the employee, date of the assessment, details of the employees’ job description and name of the Line Manager.  **Part B** details the minimum requirements as outlined in Schedule 4 of the Regulations, the Manager must tick “Yes” or “No” to each of the questions.  **Part C** of the risk assessment form is used to record the findings of the assessment. Existing control measures are identified during the completion of Part B. If “No” is answered **or** actions cannot be resolved during the assessment, document under the additional control section, assign an action owner and due date for completion. Provide the employee with a copy of this remote working risk assessment form once completed, retain a copy for your record and continue to periodically monitor and review the effectiveness of the control measures.  **Note:** If there is a change to the designated workstation a new remote working risk assessment must be completed.  **Note:** In line with the requirements of the [HSE Policy and Guidance on Lone Working](https://assets.hse.ie/media/documents/Lone_Working_policy.pdf)  a Lone Working Risk Assessment for remote workers must be undertaken. | | | | |

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| **Part B Work Environment** | | | | |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***1*** | Has the employee identified a designated remote working space which is suitable for the performance of the employee’s duties?  A suitable space has:   * adequate light * heat and ventilation to be able to work comfortably * tidy and free from clutter * free from loud noise, interruptions and distractions * floor surfaces are clean, dry and free from slip, trip and fall hazards * suitably located power sockets to avoid trailing cables and overloading of sockets * availability of adequate broadband/phone |  |  | Enter comments. |
| **Access/Egress** | | | | |
| ***2*** | Has the employee confirmed they have safe access to and from the workspace? (e.g.) free from obstructions, trailing leads, sharp edges and other trip hazards |  |  | Enter comments. |
| **Electrical** | | | | |
| ***3*** | Is the employee aware that they must visually check electrical work equipment and sockets before use to check for signs of wear and tear?  *For further information refer to the* [*Portable Electrical Equipment Prompt Sheet*](https://healthservice.hse.ie/staff/health-and-safety/work-equipment-in-the-healthcare-setting/) |  |  | Enter comments. |
| ***4*** | Is the employee aware that faulty electrical work equipment provided by the HSE must be taken out of use immediately, reported to Line Manager, labelled as faulty, and not used until repaired or replaced? |  |  | Enter comments. |
| ***5*** | Is the employee aware that extension leads and multiple adaptors are avoided wherever possible? |  |  | Enter comments. |
| ***6*** | When unavoidable, are employees aware that checks must be undertaken to ensure that sockets and extension leads are not overloaded? |  |  | Enter comments. |
| **Fire** | | | | |
| ***7*** | Has the employee confirmed that they check fire detection (smoke alarm) equipment regularly and an emergency/escape plan is in place in case of fire? |  |  | Enter comments. |
| ***8*** | Has the employee confirmed that flammable materials (eg paper) and ignition sources are kept to a minimum? |  |  | Enter comments. |
| **Staff Wellbeing/Incident Management** | | | | |
| ***9*** | Are arrangements in place to consult with employees and for them to report issues for example work related incidents, health related issues, workload, faulty equipment, working hours? |  |  | Enter comments. |

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| **Work Equipment - DSE Risk Assessment** | | | | | | | | | | | | |
|  |  | | | | | ***Yes*** | ***No*** | | ***Comments*** | | | |
| 10 | Has the employee completed the HSE DSE Awareness module on HSeLanD? | | | | |  |  | | Enter comments. | | | |
|  | *Where the answer is ‘No’ the employee MUST complete the HSE DSE Awareness module on HSeLanD* | | | | | | | | | | | |
| **Typing Skills:** | | Enter typing skills. | | | | | | | | | | |
| **Tasks Undertaken:** | | Enter tasks undertaken. | | | | | | | | | | |
| **Dominant Hand:** | | **R** |  | | **L** | | |  | | **Both** | |  |
| **Requires glasses:** | | **Y** | |  | | | | **N** | | |  | |
| **Approximate length of time spent at DSE:** | | **1-2 Hours** |  | | **3-5 Hours** | | |  | | **>5 Hours** | |  |
| **Other relevant information e.g. discomfort or symptoms or any concerns relating to DSE use raised by the user?** | | Enter other relevant information. | | | | | | | | | | |
| ***Sample picture of workstation*** | | | | | | | | | | | | |

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| **Equipment** | | | | |
| ***Chair*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***11*** | Is the work chair stable i.e. has a five star base and stable when weight is placed on it? |  |  | Enter comments. |
| ***12*** | Is the seat height adjustable? |  |  | Enter comments. |
| ***13*** | Does the chair allow freedom of movement (in and out of the workspace easily and turn from side to side while seated) and allow for seating in a comfortable position? |  |  | Enter comments. |
| ***14*** | Is the backrest adjustable in height and tilt to provide lower back support? |  |  | Enter comments. |
| ***15*** | If arm rests are present, are they adjustable/ removable? |  |  | Enter comments. |
| **16** | Has the chair been adjusted to ensure while seated:   * The back is in an upright or slightly reclined position? * Shoulders are relaxed? * Small of the back is supported? * There is a 90 degree angle at knees and elbow? * Thighs horizontal or positioned slightly downward? * Upper arms are vertical and close to the sides of the body while typing? * Forearms horizontal with the desk? |  |  | Enter comments. |
| ***17*** | Are the feet resting comfortably on the floor?  If not, is a footrest provided? |  |  | Enter comments. |
| ***18*** | Is the User aware of how to adjust the chair in order to find the best posture in accordance with their work? |  |  | Enter comments. |
| **Screen** | | | | |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***19*** | Is the screen positioned directly in front of the User? |  |  | Enter comments. |
| ***20*** | Is the screen an adequate distance (approximately arm’s length) from the User? |  |  | Enter comments. |
| ***21*** | Is the screen adjustable in height and swivel/tilt? |  |  | Enter comments. |
| ***22*** | Is the Users’ eye-line in the upper third of the screen? |  |  | Enter comments. |
| ***23*** | Are the characters on the screen well defined, clearly formed and of adequate size and spacing to ensure letters and numerals are clearly distinguishable? |  |  | Enter comments. |
| ***24*** | Are the images on the screen stable and free from flickering? |  |  | Enter comments. |
| ***25*** | Is the screen clean with brightness and contrast adjustable? |  |  | Enter comments. |

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| **Keyboard and Mouse** | | | | |
| http://firtstest.files.wordpress.com/2010/02/penggunaan-mouse-dan-keyboard-yang-benar2.jpg | | | | |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***26*** | Is the keyboard positioned directly in front of the User to avoid twisting while typing? |  |  | Enter comments. |
| ***27*** | Are characters clearly defined on the keyboard? |  |  | Enter comments. |
| ***28*** | Is the keyboard tiltable and separate from the screen? |  |  | Enter comments. |
| ***29*** | Is there sufficient space on the desk in front of the keyboard to support the forearms and hands to avoid fatigue? |  |  | Enter comments. |
| ***30*** | Does the User have good keyboard technique e.g. are the wrists in line with forearms in a neutral position while typing?  Note: wrist rests are only to be used to rest the wrist in between typing |  |  | Enter comments. |
| ***31*** | Does the keyboard have a matt surface so as to avoid glare? |  |  | Enter comments. |
| ***32*** | Is the mouse close to the keyboard when in use so that the User’s forearm is relaxed and the wrist is straight? |  |  | Enter comments. |
| ***33*** | Is a mouse mat required? |  |  | Enter comments. |

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| **Desk** | | | | |
| **https://www.kos.ie/uploads/resource/fdc95d76f94b712d3ec898b758820caf1ec42613.jpg** | | | | |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***34*** | Is the work surface sufficiently large to allow for flexible arrangement of the screen, keyboard, documents and related equipment? |  |  | Enter comments. |
| ***35*** | Does the work surface have a low reflective surface i.e. matt or semi matt? |  |  | Enter comments. |
| ***36*** | Is commonly used equipment such as the phone or mouse arranged within easy reach to prevent overstretching and twisting? |  |  | Enter comments. |
| ***37*** | Is there sufficient unobstructed legroom underneath the desk? |  |  | Enter comments. |
| **Environment** | | | | |
|  | ***Space*** | ***Yes*** | ***No*** | ***Comments*** |
| ***38*** | Is there sufficient space (minimum 4.65m2) to allow for easy access and egress to and from the workstation? |  |  | Enter comments. |
| ***39*** | Are cables and equipment placed in such a way to prevent a slip / trip hazard? |  |  | Enter comments. |
| ***Lighting*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***40*** | Is the lighting level suitable (e.g.) natural, task lighting available) and comfortable for the User? |  |  | Enter comments. |
| ***Glare and reflections*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***41*** | Is the workstation designed to ensure sources of light (e.g. windows, transparent and translucent walls, brightly coloured fixtures) cause no direct glare and/or distracting reflections on the screen? |  |  | Enter comments. |
| ***42*** | Are windows fitted with suitable adjustable blinds etc. to reduce light and glare? |  |  | Enter comments. |
| ***Noise*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***43*** | Is the work area free from excessive noise from equipment? |  |  | Enter comments. |
| ***Heat*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***44*** | Is the work area well ventilated? |  |  | Enter comments. |
| ***45*** | Is the work area free of draughts? |  |  | Enter comments. |
| ***46*** | Is heat produced by equipment at a level that is comfortable for the User? |  |  | Enter comments. |
| ***47*** | Is the ambient temperature (for sedentary work in the range of 18 -24°C) comfortable for the DSE User? |  |  | Enter comments. |

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| ***User/ Computer Interface*** | | | | |
|  | | ***Yes*** | ***No*** | ***Comments*** |
| ***48*** | Is the User familiar with the computer software programmes they are required to use to perform their tasks? |  |  | Enter comments. |
| ***49*** | Does the User consider the software suitable to the task undertaken? |  |  | Enter comments. |
| ***50*** | Has the User been provided with training and instruction on the software, as appropriate, in order to perform tasks? |  |  | Enter comments. |
| ***51*** | Has consideration been given to the use of a document holder? |  |  | Enter comments. |
| ***52*** | If present, is the document holder and the monitor at the same height and angle to minimise head and neck movement? |  |  | Enter comments. |
| ***53*** | Is work planned to allow for periodic task breaks or changes of routine away from the DSE? |  |  | Enter comments. |
| ***54*** | Has consideration been given to the psychosocial risk factors that may be present e.g. control over pace and nature of tasks, monotonous work, high levels of attention and concentration required, frequent tight deadlines? |  |  | Enter comments. |
| ***55*** | Is the User aware of their entitlement to eye and eye sight testing and where appropriate, provision of corrective lenses for DSE use only? |  |  | Enter comments. |
| ***56*** | Is the User aware of how to report any issues relating to the use of DSE? |  |  | Enter comments. |

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| **Part C HSE Remote Working Risk Assessment Form** | | | | | | | | | | | | |
| **[[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. | | | Enter Existing Control Measures. | | | Document Additional Controls Required. | | | 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)