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|  | **HSE Work-related Stress Risk Assessment Form**  |
| **Ref: CF:013:06 T** | **Re: HSE Work-related Stress Risk Assessment Form Template** |
| **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:**  | **Source of Risk:**   |
| **HG/CHO/NAS/Function:** | **Primary Impact Category:**  |
| **Hospital Site/Service:**  | **Risk Type:**  |
| **Dept./Service Site:**  | **Name of Risk Owner (BLOCKS):**  |
| **Assessment type: Individual Group** **(√ as appropriate)****If individual assessment, specify employee’s name**: | **Signature of Risk Owner:**  |
| **Date of Assessment:**  | **Risk Co-ordinator:** |
| **Unique ID No:**  | **Risk Assessor(s):**  |
| **Objective been impacted: Compliance with Occupational Health and Safety Legislation and the maintenance of a safe and healthy work environment** |

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| **TEAM WRS Risk Assessment (>5 employees)****Have you used** [**HSE Work PositiveCritical Incident**](https://hseworkpositive.com/) **(WPCI) survey to measure work-related stress?** | **Yes** [ ] If Yes, use the ‘Work Stressors Report’ to inform & support the completion of Part 3 of this form in consultation with your employees | **No** [ ] 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?**  |
| **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?** |  |  |
| **Are you clear on service priorities?**  |  |  |
| **How do you prioritise your daily work duties?** |  |  |
| **Are you clear on work deadlines and are they realistic?** |  |  |
| **Do you feel you have the right skills & knowledge to do your job?** |  |  |
| **Have you concerns with your physical work environment e.g. light, temperature, space etc.** |  |  |
| **Do you find your work emotionally demanding?** |  |  |
| **Do you find your work boring or repetitive?** |  |  |
| **Control**  |
| **Are you clear about who does what in your service area?** |  |  |
| **Do you have opportunities to develop your skills/ use your initiative?** |  |  |
| **Have you any flexibility in when you take your breaks/Annual Leave?** |  |  |
| **How do you find the pace of your work?** |  |  |
| **Support** |
| **Is there good communication in your service area? E.g. One-to-one meetings with manager/ team meetings?** |  |  |
| **Are your work colleagues supportive?** |  |  |
| **Do I, as your manager, give you enough guidance & support?** |  |  |
| **Have you the resources you need to do your job?** |  |  |
| **Do you require further training / skills development?** |  |  |
| **Are there pressures outside work that are affecting you at work?****Would you like support to deal with these pressures?** |  |  |
| **Are your aware of HSE employee supports available?**  |  |  |
| **Do you need information on how to access HSE supports?** |  |  |
| **Work-related Stress Risk Assessment Form – Part 2 of 3 (Continued)** |
| **Relationships**  |
| **Are there any issues or tensions within your team/service?** |  |  |
| **Have you seen any bullying/harassing behaviour in your team?** |  |  |
| **Do you have difficulty working with anyone? Manager/ colleague/ other health care worker?** |  |  |
| **Do you and your work colleagues support each other?** |  |  |
| **What is morale like within your team?** |  |  |
| **Are you aware of Organisational policies e.g. Dignity at Work?****Have you completed Dignity at Work online training?** |  |  |
| **Role**  |
| **What are key aspects of your role?** |  |  |
| **Do you feel you have been properly inducted into your role?** |  |  |
| **Do you understand your role?** |  |  |
| **Do you have a clear reporting structure & do you know where to go to report concerns?** |  |  |
| **Do you know what is expected of you at work?** |  |  |
| **Have you work demands that are outside/conflict with your role?** |  |  |
| **Change** |
| **Is there a lot of change in your service?** |  |  |
| **Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?** |  |  |
| **Am I, as your manager, supporting you enough in this change?** |  |  |
| **Do your colleagues/team provide support through the change?** |  |  |
| **Is there further information/support you require?** |  |  |
| **Other Stressors**  |
| **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** [ ]  |
| **[[1]](#footnote-1)HAZARD & RISK DESCRIPTION** | **EXISTING CONTROL MEASURES** | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | **[[2]](#footnote-2)ACTION OWNER** | **DUE** **DATE** |
|  |  |  |  |  |
| **[[3]](#footnote-3)Inherent Risk** | **[[4]](#footnote-4)Residual Risk**  | **[[5]](#footnote-5)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** |
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1. 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-1)
2. Person responsible for the action. [↑](#footnote-ref-2)
3. Rating **before** consideration of existing controls. [↑](#footnote-ref-3)
4. Rating **after** consideration of existing controls. [↑](#footnote-ref-4)
5. Desired rating **after** actions. [↑](#footnote-ref-5)