
	<h1 style="text-align: center;">Health & Safety Risk Assessment Guidance</h1>		
Ref: CF:013:03	RE: Guidance on Completion of a Workplace Stress Risk Assessment Form		
Issue date:	February 2018	Revised Date:	June 2020
Author(s):	National Health & 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.		
Notes:	<p>Please note exposure to COVID-19 may present a health risk to staff and others at our places of work. It is essential that the latest public health advice is followed and suitable control measures identified and implemented to mitigate the risk of COVID-19 infection.</p> <p>When conducting Stress risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.</p> <p>Where 2 metre worker separation cannot be ensured a specific activity risk assessment must be conducted and alternative protective measures must be put in place e.g. comprehensive hygiene measures, minimising the frequency and time staff are within 2 metres of each other, minimising the number of staff involved in the task, physical barriers, provision of face masks.</p> <p><i>It is the responsibility of local management to implement any remedial actions identified</i></p> <p><i>The following provides an explanation of how to complete a Workplace Stress Risk Assessment Form</i></p> <p><i>For further information, see the HSE Policy on the Prevention and Management of Stress in the Workplace.</i></p>		



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Workplace Stress: Risk Assessment Form – Part 1 of 3	
Division: Insert Division e.g. Mental Health Division / Acute Hospital	Source of Risk: Document the sources of the risk e.g. Risk assessment, Audit, Inspection Report, result of incident
HG/CHO/NAS/Function: Insert as appropriate	Primary Impact Category: Choose the Primary risk category from the HSE Impact Table i.e. Harm to a Person /Compliance
Hospital Site/Service: Insert name of Site / Service	Risk Type: Choose whether it is Strategic (most commonly identified at corporate / senior Mgt level) OR Operational (most commonly identified at service delivery level). (Delete as appropriate)
Dept/Service Site: Insert name of ward / department e.g St Marys Ward	Name of Risk Owner (BLOCKS): Insert the name of the person with responsibility to assess and manage the risk in line with organisational policy i.e. normally the Line Manager of Service /Area.
Assessment type: <input type="checkbox"/> Individual <input type="checkbox"/> Group (✓ as appropriate) If individual assessment, specify employee's name:	Signature of Risk Owner: As above
Date of Assessment: Insert date of risk assessment	Risk Co-Ordinator: N/A
Unique ID No: Assign a number for each risk assessment	*Risk Assessor(s): Insert names of those completing the risk assessment



Workplace Stress: Risk Assessment Form – Part 2 of 3

Was there a specific issue/incident that triggered this risk assessment? *Please Specify*

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?	<i>Detail the employees concerns</i>	<i>Detail the control measures to include all measures put in place to eliminate or reduce the risks and include engineering controls, policies, procedures, protocols, guidelines (clinical and non-clinical), training, emergency arrangements, preventative maintenance controls etc.</i>
What are key aspects of your role/ job description?		
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 the resources you need to do your job?		
Do you find your work boring or repetitive?		
Control		
Are you clear about who does what in your Dept/area?	<i>As above</i>	<i>As above</i>
Do I, as your manager, give you enough guidance & support?		
Do you have opportunities to develop your skills/ use your initiative?		
Have you any flexibility in when you take your breaks/Annual Leave?		
Support		
Is there good communication in your Dept/area? e.g. One-to-one meetings with manager/ team meetings?	<i>As above</i>	<i>As above</i>
Are your work colleagues supportive?		
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 any of them?		<i>HSE Employee Supports include: Staff Care, EAP, Mediation, Coaching, Conflict Coaching, Dignity at Work Advisors, Occupational Health</i>



Workplace Stress: Risk Assessment Form – Part 2 of 3 (Continued)

Relationships		
Are there any issues or tensions within your team/service?	<i>As above</i>	<i>As above</i>
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?		
Role		
Do you feel you have been properly inducted into your role?	<i>As above</i>	<i>As above</i>
Do you understand your role?		
Do you have a clear reporting structure?		
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?	<i>As above</i>	<i>As above</i>
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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*Risk Assessor to be recorded for OSH risks only.

**Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.

Workplace Stress : Risk Assessment Form – Part 3 of 3

One primary source of stress per form

Management Standard(s) under which further action is required (✓ as appropriate)

Demands Control Support Relationships Role Change

Unique Id Number

**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
<p>Identify the hazard and describe who might be harmed and how, where and when.</p> <p>E.g. Risk of psychosocial injury to staff due to workload pressures, unrealistic work deadlines and lack of resources.</p>	<p>Summarise the current control measures summarised in Part 2 above.</p> <p>When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.</p>	<p>Detail the measures necessary to eliminate or further reduce the level of risk.</p> <p>In line with Schedule 3 of the Safety, Health and Welfare at Work Act, 2005, consider the hierarchy of controls: Elimination/ substitution/ engineering/ administrative/ PPE.</p> <p>Consider the interim and long term measures.</p>	<p>Enter the name (s) of the responsible person(s) for implementation of each control measure.</p>	<p>Enter the date by which implementation of the additional controls to mitigate the risk are due.</p>

INITIAL RISK			RISK STATUS		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed
<p>Rating of risk is carried out <u>taking account of existing control measures</u>. Please refer to HSE Risk Assessment Tool for assignment of likelihood and impact scores and the rating of risk</p>			<p>Each of the risk should be assigned a risk status. Open, i.e. additional controls have been identified as necessary Monitor, i.e. existing controls are deemed adequate to manage the risk but these need to be periodically reviewed Closed, i.e. that the risk no longer exists e.g. where an unsuitable premises is replaced by a suitable one</p>		