Corporate

Non Clinical Risk Assessment and Management – Standard Operating Procedure

Document Control Summary

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1. Introduction

Health and Safety Risk assessment and management forms an essential part of the overall Trust risk management processes. The latter cover all risks and is embedded in the organisation at all levels including the Board. The whole system of risk management aims to learn and make improvements to the system.

The purpose of this SOP is to identify and analyse through risk assessment those health and safety risks which have or may have the potential to cause harm to staff, clients, visitors, contractors or any member of the public and or cause damage to property, equipment or the environment which could impact on the delivery of services. The SOP will also identify and analyse risks through an organisation-wide review to ensure all exposures are duly considered in order to prioritise action designed to manage risks.

Whilst this SOP deals specifically with health and safety risks the principles can be applied to all risks which have significant potential to impair or affect the operational or financial ability of the organisation to deliver ongoing services, and may be strategic or operational in nature.
The SOP will:

- Be an integral part of the overall Trust risk management strategy
- Provide risk identification, analysis and assessment tools
- Enable the completion of risk assessments
- Be an aid to identifying risk treatment (management) options
- Assist in provision of evidence of risk treatment (management)
- Assist in formation of business plans
- Enable Risk Registers to be established at departmental, directorate, division and Trust levels
- Provide information for reports within the Trust and specifically those relating to Risk Management including Incidents, Complaints and Claims analysis
- Provide those charged with undertaking risk assessment and management with the necessary guidance and risk assessment tools and forms to carry out risk assessment

This SOP should be read in association with other Trust policies and procedures and in particular the Incident, Near Miss and Serious Incident Policy.

This SOP is issued as part of The Trust's commitment to Health and Safety for all of the staff working in this organisation. The SOP will endeavour to ensure that wherever possible no person will be exposed to risks to their health, safety and welfare as a result of the activities of the organization and that the process of risk assessment will be utilised to assess and analyse all risks. The results will be used to manage and minimise so far as is reasonably practicable any remaining risk to any staff, clients, visitors, contractors or member of the general public.

2. Purpose

The SOP sets out the responsibilities of all staff within The Trust and the framework by which risk assessment and management is implemented within the organisation. The purpose of this framework is to ensure that a process is in place for assessing all types of risk, from strategic, operational risks and health and safety risks and others. The Trust uses this framework to allow for a continual and systematic approach to be adopted across the Trust. The types of risk covered by this SOP include:

Strategic risks

Strategic risks are the most important risks that the Trust faces and which have the highest potential for external impact. Such risks differ in magnitude and complexity to operational risks and often require comprehensive risk mitigation plans which span over a longer timescale than most operational risks.

Key operational risks

Key operational risks are those which have a risk severity score of 15 or above. These risks will be validated and managed by the appropriate Committee and will need to be supported by appropriate evidence and accompanied by a robust plan, including interim arrangements where necessary, to quickly reduce the risk severity.
Operational risks

Risks associated with the on-going day to day management of the business such as clinical (patient safety), staff safety, financial and litigation. Operational risk will also include the risk around business processes employed to meet the business objectives. Whilst operational risks may have some external impact, they will mostly impact upon the internal functioning and services of the Trust.

Non-Clinical Risk

The application of risk management principles other than those related to direct patient care including the environment, health and safety, fire and security, personal safety of staff, waste management, Trust property etc.

This SOP does not cover the clinical assessment of patients; the processes required for that type of assessment are outlined within the clinical risk assessment SOP that can be found on the trust website and intranet.

This SOP should be read in conjunction with the Risk Management Strategy and the Policy for the Management of the Assurance Framework and Risk Register.

The requirement to assess the risks applies to all activities, work tasks, processes involving any materials and substances in any form, any equipment or tools and any involvement of people whether directly or indirectly as staff, clients, visitors, contractors, members of the public.

This requirement for risk assessment should be regarded as an overall process covering clinical and non-clinical issues. However, risks with a low seriousness may be given very low priority for further review and action but management input is necessary to determine which issues these are and which are more serious and must therefore, be assessed, analysed, appropriate action taken and recorded.

Guidance notes to assist those with responsibilities for carrying out and implementing health and safety risk assessments and management are provided within this document to supplement the SOP.

3. Scope

This SOP describes the procedures which The Trust has put in place to meet its legal obligations to carry out a suitable and sufficient assessment of the risks to workers and any other people who may be affected by the organisations activities. All employees encountering situations where health and safety risk assessment has been or requires to be carried out should follow this SOP. All such risks must be carefully managed so far as reasonably practicable to eliminate or reduce risk to an acceptable level.

The SOP requires that managers and key staff carry out suitable and sufficient risk assessments of their work activities and implement their findings. The SOP also requires that having carried out such assessment and implemented the findings managers should
also record these assessments on behalf of the employer as one of their legal duties under The Management of Health and Safety at Work Regulations 1999.

4. Definitions

Risk assessment can be defined as the process of identifying hazards which could cause harm, assessing the risks which may arise from these hazards and deciding on suitable measures to eliminate or control the risk.

**Hazard** - The potential to cause loss or injury

**Risk** - The likelihood of causing loss or injury and its potential seriousness

**Workplace Precautions (WP)** - the measures put in place where the risk occurs to prevent harm.

**Risk Control Systems (RCS)** - the management actions required to ensure that the appropriate workplace precautions are implemented and kept in place.

5. Responsibilities

**The Board**

The Trust Board has overall responsibility for Health and Safety and ensuring that effective management systems are in place to achieve high standards of Health, Safety and Welfare and may call for periodic reports on the effectiveness and implementation of this SOP.

**Chief Executive**

The Chief Executive has specific responsibility for giving effect to Health and Safety matters on behalf of the Board and will ensure that this SOP is implemented and that the effectiveness of the SOP is reviewed.

**Directors**

Directors have responsibility jointly as members of the board to give effect to the SOP and individually within their directorates to implement the SOP and ensure its effectiveness.

**Managers and Supervisors**

Managers and key staff including line managers and supervisors have the responsibility to ensure this SOP is implemented and that the necessary Risk Assessments are carried out, acted upon and recorded.

Managers should ensure that assessments have been carried out in all work areas and for all work activities. Managers are responsible for ensuring that all staff are aware of this SOP, are informed of the risk assessment outcomes and control measures applying, i.e. how it relates to their work and of the locations of the risk assessment information.
and there is easy access at all times to the information for all who may need it. All managers are responsible for monitoring the effectiveness of assessments as part of their remit to manage the personnel, activities and premises under their control.

**Employees**

All employees at all levels within the organisation have a responsibility to abide by this SOP and any decisions arising from its implementation. Should any employee become aware of any issues of concern relating to this SOP, they should report to their manager accordingly.

All staff are responsible for making themselves aware of the location of the risk assessments relating to their work activities, their content and relevance to their work tasks. All staff will implement the requirements identified in the risk assessments to their work activities. Where risk assessments are absent or inadequate for the task this should be brought to the attention of other members of the team to action and to supervisors and managers who must provide any support required to correct the situation and monitor that the assessments have taken place.

**Health and Safety Lead**

The Health and Safety Lead is responsible for providing advice where requested, assisting with the review of risk assessments and in due course reviewing this SOP. Periodic health and safety audits will also be carried out which include aspects of risk assessment.

6. **Risk Assessment – The Basics**

   The aim of risk assessment and management is to:

   1) Identify the hazards
   2) Determine who might be harmed
   3) Determine whether the risk is adequately controlled
   4) Determine what further action is required
   5) Record findings and review (periodically or with any change of circumstances).

   The process is known generally as the ‘5 Steps to Risk Assessment’, based on Health and Safety Executive recommendations.

7. **Procedures for Implementing Risk Assessment**

   The Trust has provided guidance notes for the detailed implementation of the practical aspects of this SOP in the appendices of this SOP. The purpose of the guidance within this document is to provide a process for ensuring that a continual, systematic approach is taken to all risk assessments throughout the organisation.

   The Risk Assessment forms in appendix 2 and 6 of the guidance notes must be used when a risk assessment is carried out unless another specified and more detailed risk assessment is available for a particular area/issue e.g. that contained in the Pregnancy and Parenthood SOP for pregnancy risk assessments.
8. Identifying the Hazards

The first step in reducing the likelihood of an accident is hazard identification. This is the process of identifying all situations or events that could give rise to the potential of injury or illness. The process of eliminating or minimising workplace hazards requires a systematic approach. It is essential to try and anticipate all possible hazards at the workplaces by applying the ‘What if?’ approach, for example, what would happen if patients were allowed to walk over wet floors?

It is generally accepted that there are five different classes of hazard. They are:

- **physical** - e.g. floors, stairs, steps, ladders, fire, falling objects, slippery surfaces, manual handling (lifting, pushing, pulling, etc), excessively loud and prolonged noise, vibration, heat and cold, radiation, poor lighting, ventilation, air quality
- **mechanical and/or electrical** - e.g. electricity, machinery, equipment, pressure vessels, fork lifts, hoists
- **chemical** - e.g. chemical substances, cleaning agents, dusts and fumes from various processes such as cutting and removing plaster from a patient. Also, acids or poisons and those that could lead to fire or explosion
- **biological** - e.g. bacteria, viruses, mould, mildew, insects, vermin, animals, and
- **psychosocial environment** – e.g. workplace stressors arising from a variety of sources, e.g. work beyond the individual's capacity, information overload, boredom, abuse, harassment, the individual has no clear idea of what is expected of them, opposing demands made on an individual by different people, little or no recognition for work done, threat to personal safety or fear of redundancy/dismissal, and environmental factors: noise, heat, lighting and/or cleanliness.

9. Risk Rating/Risk Scoring

Having assessed the risks the assessment should continue by grading the risk. This is a process of scoring identified risks against a scale of possible impact / consequences and against the likelihood of occurrence. This process is the same as that given in the Trust's Risk Management Policy.

Apply the scoring process as a measure of the situation existing at the time of assessment unless control measures can be immediately implemented in which case the scoring can be that applying after the relevant changes are made and actually in place (i.e. the scoring is of actual situation not presumptive of change).

Assessors need to calculate the risk rating of hazards in their workplace. The Trust uses the following calculation:

\[
\text{IMPACT (or SEVERITY) x LIKELIHOOD = RISK RATING}
\]

10. Hierarchy of Risk Controls

Having identified that risks exist, the next stage to be considered is how to deal with that risk. The best way to control a hazard is to eliminate it. This concept has led to the development
of a hierarchy of control that starts with the elimination of the hazard as the preferred solution.

The hierarchy that should be applied when controlling all risks in the Trust is:

- Eliminate the hazard
- Substitution to reduce exposure to hazard
- Engineering controls
- Administrative controls including informing staff, patients and visitors
- Providing Personal Protective Equipment

Eliminate - Eliminating the hazard from the workplace is the best way to control it, so wherever possible try to eliminate the hazard entirely as this removes the risk.

Substitution - Where elimination is not possible, then substitute with a less ‘risky’ product. Substituting or modifying the hazard means replacing it with something less dangerous, for example, by using paint which does not contain asthma-encouraging agents.

Engineering Controls - Where the above stages have been worked through and risks remain additional control can be had by enclosing the process to separate the worker from the hazard.

Administrative Controls - Then further minimise the risk by designing suitable safe systems of work and if possible also reduce exposure to hazard.

Personal Protective Equipment (PPE) - This is regarded as the last resort, after all of the above levels have been worked through and the risk still remains, although by this stage you should have achieved some reduction of risk.

11. Acting on Findings

Using the risk matrix, risks can be categorised as Low, Moderate or High. The following guidelines can be applied – however it should be noted these may not apply in all cases and if in doubt advice should be sought.

Low Risks (score 1-7)
(They are not significant now and are not likely to increase in future)

Actions:

- end current assessment and record assessment details
- review assessment if situation changes or in 1 year
- provide induction and ongoing training, and
- ensure that safe working procedures are followed

Medium Risks (score 8-14)
(These risks are the maximum acceptable by the Trust, providing they are effectively controlled, however they could increase in the future)
Actions:

- determine precautions to maintain controls and minimise chances of higher exposure occurring
- determine additional measures for regaining control if a high risk event occurs, despite precautions
- determine if monitoring or health surveillance is required to check effectiveness of controls
- review assessment if situation changes or in 1 year
- provide induction and ongoing training, and
- ensure that safe working procedures are followed

High Risks (Score 15-25)
(They are not acceptable within the Trust and because they are not adequately controlled, action should be taken to reduce them to at least medium)

Actions:

- identify and implement immediate measures for preventing or controlling exposure
- consider stopping the process
- commence review of longer term control requirements
- re-evaluate exposures when the upgraded control measures are in place
- determine if monitoring or health surveillance is required
- provide induction and ongoing training, and
- ensure that safe working procedures are followed

If assessors are still uncertain about risks and do not have enough information, or they are unable to determine the degree of exposure, they should obtain more information. Note that good practice should be applied to minimise exposure until more information is available

Obtain specialist advice if necessary from the following:
- Health and Safety Department
- Risk Management Officer
- Occupational Health Department
- Infection Control
- DMI Lead
- Facilities and Estates
- Fire Safety Officer
- Manual Handling Advisor

12. Reviewing Risk Assessments

All risk assessments must be kept under at least annual review. A risk assessment programme is cyclical, once current workplace hazards have been successfully controlled the process does not cease. A systematic monitoring and review system is in place, as there is always the potential for new hazards to be introduced into a workplace. Reviews should take place whenever a change is known of or expected. Otherwise review should take place on a periodic basis appropriate to the activity within a timescale. to be determined based on the levels of risk and the reliability of the workplace precautions and risk control systems, that avoids changes going un-detected. Even if there is no apparent change, risk
assessments still need to be looked at regularly if only to emphasise to people the importance in the safety management system.

The Trust requires that risk assessments are reviewed annually or more frequently where required.

Any change of staff, of circumstances of existing staff, of equipment, of activity, of location etc should be regarded as requiring review / re-assessment. Any changes are likely to trigger modifications to workplace precautions and their associated risk control system. These need to be identified and carried out as quickly after the discovery as possible. Again record your findings, either with a new assessment sheet or by a dated, signed amendment to an existing assessment.

Essentially, risk assessments are like MOTs and may only be valid on the day they were made. Some workplaces may be constant and rarely change, but others change frequently and rapidly. To keep risk assessments up to date, they need to be regularly reviewed.

This is also a legal requirement, as The Management of Health and Safety Regulations 1999 require employers to review and, if necessary, modify their risk assessments.

Some of the reasons to review and modify, assessment are:

- A better appreciation of hazards and risks in a work activity
- An accident, incident or near miss
- A case of ill health
- A reported defect in a piece of plant or equipment
- Use of new technology, equipment or substances
- The Introduction of new staff with different skill/knowledge levels
- The implementation of new work practices or procedures
- A change in work environment (moving to a different office, staff reduction, etc)

13. Tips for Carrying Out Risk Assessments

- Keep the risk assessment simple, useable and avoid over complication
- Cast a critical eye over the activity
- Consult the people who do the job
- Ask yourself the question: What if......were to happen?
- Communicate the findings to those involved
- Implement the workplace precautions/control measures
- Record the findings
- Keep under review

14. Staff Training

The Trust recognises that there is a need to ensure awareness amongst employees of the relevance and application of risk assessments to their work and will:

- Ensure that all employees have sufficient training and information to carry out their jobs effectively
- Train lead staff in all teams and managers and supervisors to carry out risk assessments in the work activities for which they are responsible
• Train employees in those aspects of risk assessment applicable to their work activities to enable them to apply the information provided and also know when to question its validity and request and/or take alternative action.

15. Process for Monitoring Compliance and Effectiveness

It is essential that the SOP is adequately monitored and accurately evaluated in order to ensure its continued effectiveness. This will be primarily done through the monitoring of incidents which is completed on a daily basis.

16. References

Health and Safety at Work Act 1974
Management of Health and Safety at Work Regulations 1999
Health and Safety Executive (www.hse.gov.uk)
Fo\-\-
cor-related stress - 3 monthly verbal and 6 monthly written reports are required to be made to the Health and Safety Committee by Directorate representatives identifying that up to date assessments are in place for the Directorate, all constituent wards/teams and if required for affected individuals and action plans are in place and being progressed where issues have been identified.

For any risk assessments pertaining to individuals, follow the same process however, a more frequent review is likely to be appropriate and a re-assessment would normally be required sooner than 6 months.
Risk Assessment Form

Risk Assessor……………………Date of Assessment……………Location of Assessment……………………

Step 1: Summary of Risk / Hazard

Step 2: Persons Affected (delete)

Staff / Client(s) / General Public / Contractors / Organisation / Other

Step 3: Evaluate the Risk and Identify the Current Controls in Place

Risk Rating (use matrix)  
Impact x Likelihood = Risk Rating

Step 4: Action Plan

Proposed Actions  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Target Date  Completed

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Resource Requirements........................................................................................................................

Step 5: Review Date ________________  Risk Rating After Review ________________

Person(s) Responsible ............................................................................................................................

For Any Assistance In The Completion Of This Form Please Contact The Health And Safety Advisor On 0300 790 7000 ext 8590
Risk Assessment Guidance Notes

APPENDIX 3

Step 1: Summary of Risk / Hazard

Look only for hazards which you could reasonably expect to result in significant harm e.g. Slipping/tripping on floors or stairs (housekeeping / maintenance), Fire (flammable materials, escape routes), Hazardous substances (bleach, blood, waste), Use of equipment (X ray, laser, floor polisher), Vehicles and vehicle movements including segregation from pedestrians (cars, delivery vans, machinery/plant), Manual handling, Electricity (Equipment, trailing leads), Display screen equipment, Dust /fumes (poor ventilation), Lone working (alone and/or isolated in buildings, domiciliary visits)

Step 2: Persons Affected

Don’t list individuals by name, just think about groups of people doing similar work or who may be affected e.g. Office staff, Clinical staff, Contractors, Cleaners, Members of the public, People sharing your workplace

Pay particular attention to: People with disabilities, Inexperienced/young people, Visitors, Lone workers

Step 3: Evaluate the Risk and Identify the Current Controls In Place

Have you already taken precautions against the risks from the hazards listed? For example have you provided: Adequate information, instruction or training? Adequate systems of work or procedures?

Do the precautions: Meet the standards set by a legal requirement? Represent good practice?

Reduce risk so far as is reasonably practicable? If so, the risks are adequately controlled but you need to list the precautions that you have in place. You may refer to policies and procedures etc giving this information.

Step 4: Action Plan

What more could you reasonably do for those risks which you found were not adequately controlled? You will need to give priority to those risks which affect large numbers of people and could result in serious harm. Apply the following principles:- Remove the risk completely, Try a less risky option, Prevent access to the hazard, Organise work to reduce exposure to the hazard, Issue personal protective equipment, Provide adequate welfare facilities e.g. washing facilities, first aid

Step 5: Record findings

Use this and other assessment forms and establish review criteria and follow-up accordingly.

Risk Grading: All risks should be graded using the risk grading matrix (see appendix 4)
### Appendix 4

#### Risk Grading Matrix

For the Risk Rating, consider two aspects.

<table>
<thead>
<tr>
<th>Impact (Severity) and Likelihood</th>
<th>Most likely impact (if in doubt grade up, not down):</th>
<th>Likelihood:</th>
</tr>
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<tbody>
<tr>
<td>Insignificant</td>
<td>No injury or identifiable damage</td>
<td>Rare:</td>
</tr>
<tr>
<td></td>
<td>No disruption to service or the organisation</td>
<td>Do not believe an event of this type will occur in the foreseeable future</td>
</tr>
<tr>
<td></td>
<td>Financial implications are negligible</td>
<td></td>
</tr>
<tr>
<td>Minor</td>
<td>Mild injury</td>
<td>Unlikely:</td>
</tr>
<tr>
<td></td>
<td>The impact would threaten the efficiency of some aspects of the organisation</td>
<td>Unlikely that this type of event will happen</td>
</tr>
<tr>
<td>Moderate</td>
<td>Some injury (emotional, psychological or physical), ill health, damage or loss of function likely to resolve within a few months</td>
<td>Likely:</td>
</tr>
<tr>
<td></td>
<td>Disruption to organisation could be managed</td>
<td>This type of event may well happen (e.g. 50/50 chance)</td>
</tr>
<tr>
<td>Major</td>
<td>Serious injury (emotional, psychological or physical), ill health, damage or loss of function possibly with prolonged disability</td>
<td>Highly Likely:</td>
</tr>
<tr>
<td></td>
<td>Serious disruption to the organisation</td>
<td>This type of event will happen but it is not a persistent concern</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>Death or significant permanent disability</td>
<td>Certain:</td>
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<tr>
<td></td>
<td>Organisation unable to function</td>
<td>This type of event will happen frequently</td>
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<td>Very high financial implications (&gt;£1 million)</td>
<td></td>
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<td></td>
<td>e.g. large scale fraudulent claims management, international adverse publicity, bomb threat, anything untoward that involves &gt;50 people</td>
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### Residual Risk

South Staffordshire and Shropshire Healthcare NHS Foundation Care NHS Trust will not accept any residual risk with a value of 15 or above. (Impact x Likelihood)
## Appendix 5

### Risk Assessment - Worked Example

**Risk Assessor (Please Print)** Rick A. Sesser  
**Date of Assessment** 10\(^{th}\) January 2016  
**Location of Assessment** Head Office Reception

#### Step 1: Summary of Risk / Hazard

1. Heavy items stored on high shelving or on cupboards  
2. Control of visitors to premises  
3. Violence and Aggression towards reception staff  
4. Slips and trips – especially trailing leads and cables  
5. Parcel deliveries dumped in entrance

#### Step 2: Persons Affected (delete)  
All possible  
Staff / Client(s) / General Public / Contractors / Organisation / Other

#### Step 3: Evaluate the Risk and identify the Current Controls in Place

1. Staff reminder previously circulated, some additional storage needed  
2. Limited control and too many entrances  
3. Nature of client group requires staff to be trained, some trained, others not  
4. Numerous problems, haphazard approach, no controls  
5. Porters collect as and when they wish  

**N.B. Risk rating below is for overall risk but assessor considers item 3 scores 3 x 3 = 9**

#### Step 4: Action Plan

<table>
<thead>
<tr>
<th>Proposed Actions</th>
<th>Target Date</th>
<th>Completed</th>
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<tbody>
<tr>
<td>1. Order new storage cabinet</td>
<td>deliver 24/05/14</td>
<td>________</td>
</tr>
<tr>
<td>2. Limit entrances to main only and monitor</td>
<td>from 17/05/14</td>
<td>________</td>
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<tr>
<td>3. Organise training for reception staff on managing viol &amp; agg.</td>
<td>by 31/07/14</td>
<td>________</td>
</tr>
<tr>
<td>4. Cable management to be applied &amp; extension leads removed</td>
<td>by 24/05/14</td>
<td>________</td>
</tr>
<tr>
<td>5. Porters to be notified immediately when parcels arrive</td>
<td>immed from 24/04/14</td>
<td>________</td>
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Resource Requirements £100 for cabinet, £? for training, £50 for cable ties etc.

#### Step 5: Review Date 3mths (April 2016)  
**Risk Rating** After Review __________________________

**Person/s Responsible** __________________________________________
## Alternative General Risk Assessment Form - Based on HSE Standard 5 Steps Format

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>WHO MIGHT BE HARMED</th>
<th>IS THE RISK ADEQUATELY CONTROLLED, IF SO HOW</th>
<th>CURRENT RISK LEVEL (L/M/H)</th>
<th>WHAT FURTHER ACTION IS NEEDED</th>
<th>HAS THIS FURTHER ACTION BEEN IMPLEMENTED</th>
<th>NEW RISK LEVEL (L/M/H) WITH ACTIONS IN PLACE</th>
<th>REVIEW / PROGRESS / COMMENT</th>
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