
	<h1 style="margin: 0;">Guideline Document</h1>		
Ref: GD:004:01	RE: Completion of Occupational Safety and Health Risk Assessments		
Issue date:	March 2018	Revised Date:	June 2020
Author(s):	The National Health and Safety Function		
Consultation With:	National Health and Safety Function Development Sub-group		
Responsibility for Implementation:	All HSE Managers with responsibility for carrying out occupational safety and health risk assessments.		
Note:	<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 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>The information provided is for general guidance only, should you require more specific advice please contact the Health & Safety Help Desk or visit www.hse.ie/safetyandwellbeing. The management of any occupational safety and health issue(s) remains the responsibility of local management.</i></p>		

1.0 Introduction

The HSE considers the management of occupational safety, health and wellbeing as being of fundamental importance in continually improving the quality of its services, as quality of service is intrinsically linked to the provision of a safe working environment and safe systems of work.

The HSE is committed to ensuring the implementation of a safety management system that is compliant with the Safety, Health and Welfare at Work Act, 2005, associated legislation and best practice (HSE Corporate Safety Statement).

1.1 Legislative Framework

The Safety, Health and Welfare at Work Act, 2005 places a legal obligation on employers to proactively manage safety, health and welfare and put in place the necessary protective and preventative measures to reduce injury and ill-health to their employees. Other legislation and regulations pertinent to this undertaking include (non exhaustive):

- Safety, Health and Welfare at Work (General Application) Regulations, 2007 (S.I. 299/2007)
- Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016)
- Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013 (S.I. No. 572 of 2013)
- Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001 (S.I. 619 of 2001)

2.0 Purpose

The document provides guidance on how to undertake workplace occupational safety health (OSH) risk assessments which are compliant with Section 19, of the Safety, Health and Welfare at Work Act, 2005 and associated legislation.

3.0 Scope

This guidance applies to all HSE Managers (staff who hold a management role at any level within the organisation) with responsibility for carrying out health and safety risk assessments.

Detailed Roles and responsibilities are outlined in local Site / Service Safety Statements.

4.0 Definitions

Control Measure	A mechanism, process, procedure or action which can be verified which seeks to reduce the likelihood and/or consequence of a risk. Controls include any process, policy, device, practice or other actions which modify risk. They can be required as additional in order to further mitigate the risk <i>(Ref: HSE Integrated Risk Management Policy 2017)</i>
Hazard	A potential source of harm or adverse health effect on a person or persons <i>(Ref: HSE Integrated Risk Management Policy 2017)</i>
Likelihood	Chance of something happening (also described as the probability or frequency of an event occurring) <i>(Ref: HSE Integrated Risk Management Policy 2017)</i>
Impact	The outcome or consequence of an event affecting objectives <i>(Ref: HSE Integrated Risk Management Policy 2017)</i>

Reasonably Practicable	In relation to the duties of an employer, means that an employer has exercised all due care by putting in place the necessary protective and preventative measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned and where the putting in place of any further measures is grossly disproportionate having regard to the unusual, unforeseeable and exceptional nature of any circumstance or occurrence that may result in an accident at work or injury to health at that place of work <i>(Ref: Safety, Health and Welfare at Work Act 2005, SI 10 of 2005)</i>
Risk	Risk is the uncertainty of objectives. In terms of occupational health and safety risk it is the combination of the likelihood of occurrence of a work related hazardous event or exposure(s) and the impact of the injury or ill-health that can be caused by the event or exposure <i>(Ref: Adapted from the HSE Integrated Risk Management Policy 2017)</i>
Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation <i>(Ref: HSE Integrated Risk Management Policy 2017)</i>
Risk Register	A risk register is a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risks and the organisations management of them, its purpose is to help managers prioritise available resources to minimise risk and target improvements to best effect <i>(Ref: HSE Integrated Risk Management Policy 2017)</i>
Dynamic Risk Assessment	A dynamic risk assessment is defined as ‘an undocumented continuous process of identifying hazards and the associated risks and taking steps to eliminate or reduce them in the rapidly changing circumstances’. <i>(adapted from NHS (2009) Not Alone – A guide for the better protection of lone workers in the NHS)</i>

5.0 Guidance

5.1 Legal basis for Risk Assessment

Section 19, of the Safety, Health and Welfare at Work Act, 2005 requires every employer (and those who control workplaces to any extent) to identify the hazards at the place of work and to assess the risk presented by those hazards.

It is also the responsibility of all staff to be aware of hazards and risks in the workplace and take immediate action to report, reduce or resolve any hazards they observe in everyday practice.

5.2 Consultative Process

Section 26, of the Safety, Health and Welfare at Work Act, 2005 places a duty on the employer to consult and engage with his or her employees on all matters relating to safety health and welfare (including risk assessments).

It is widely acknowledged that risk assessments are best conducted by those who have a good knowledge and understanding of the organisation, work practices and processes (HSG65, 2013; OHSAS 18001).

A team approach to risk assessment should be adopted, with the involvement of employees who have practical experience of the particular process or activity being considered in the risk assessment. These employees will often have the best knowledge and understanding of the hazards. (HSE, 2003).

5.3 What is a Risk Assessment?

Put simply, **Risk assessment** is the process of examining what can cause harm to people and the environment in the workplace to assist in the decision making process as to whether sufficient arrangements and precautions are in place or if additional measures are required to reduce injury and ill-health (HSA, 2016).

5.3.1 Types of Risk Assessment

The first task is to identify the most suitable type of risk assessment. The flowchart below (Figure 1) outlines the various types of risk assessment.

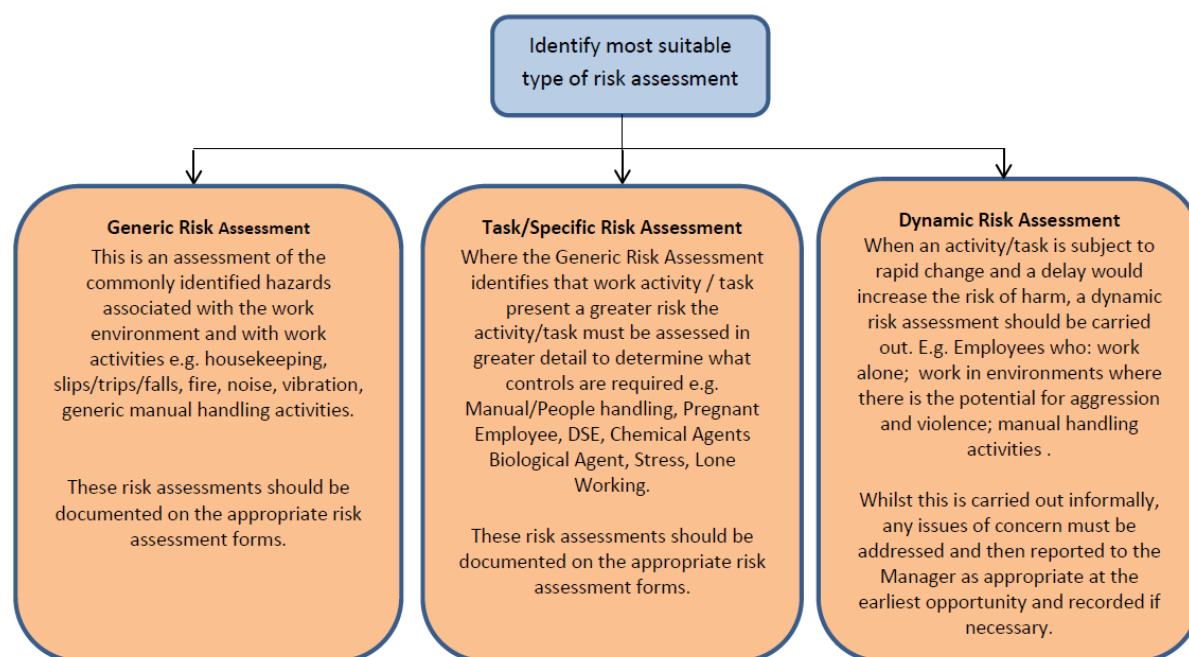


Figure 1 Types of Risk Assessment

5.3.2 Risk Assessment Process

Figure 2 outlines the steps in the occupational safety and health (OSH) risk assessment process.

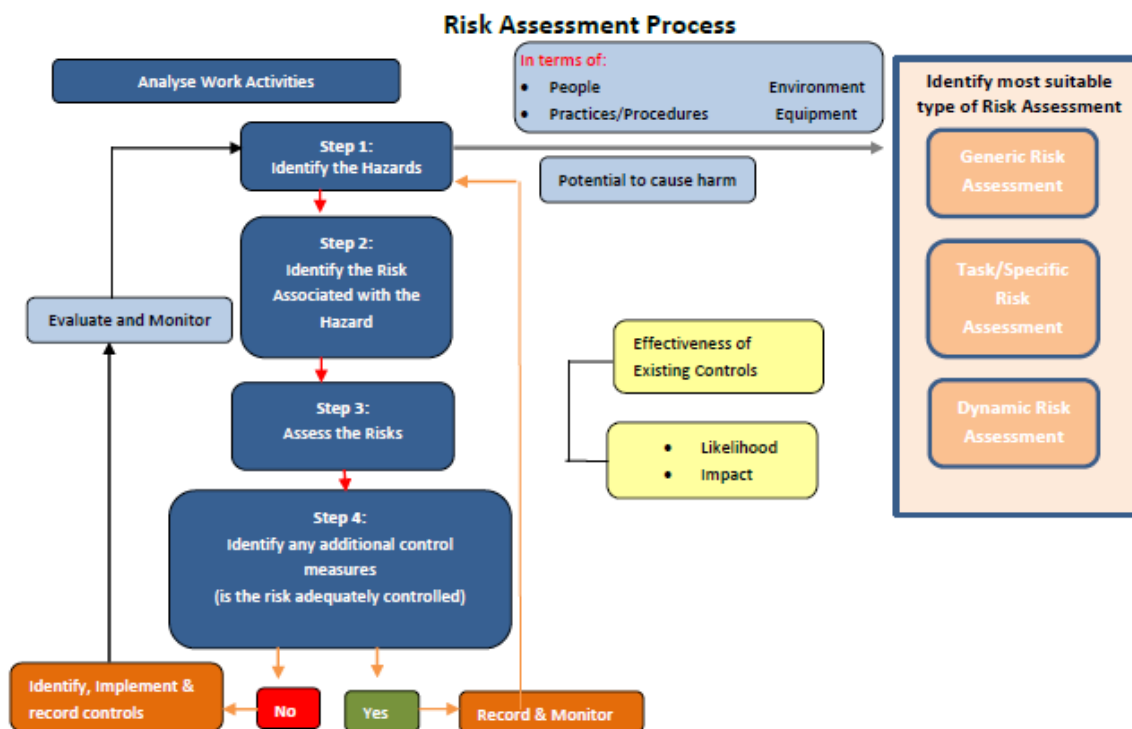


Figure 2 Risk Assessment Process

Analyse the work activities

To undertake a risk assessment, firstly you need to understand what in your workplace could cause harm (injury or ill-health) to staff, service users, visitors, contractors or anyone who comes in contact with your service and decide if you are doing enough to prevent that harm from occurring.

The purpose of this analysis is to review the effectiveness of existing arrangements in place for managing occupational health and safety.

In order to conduct an effective risk assessment, it is important to identify all aspects of the work activities, tasks, work environment and use of work equipment that could cause harm.

Step 1: Identify the hazard

A **hazard** is anything with the potential to cause harm; hence you must identify what in the workplace could cause harm to employees, service users, others who come in contact with our services and / or damage the environment.

Hazards can be broken down into the following categories:

Physical Hazards	e.g. Poor housekeeping, manual handling, slip or trip hazards, fire, noise, vibration, poor lighting, ventilation, driving for work, working at height, electricity, machinery, equipment
Chemical Hazards	e.g. Chemical substances, cleaning agents, dust and fumes from various processes
Biological Hazards	e.g. Sharps, blood, bacteria, viruses, mould, mildew
Psychosocial Hazards	e.g. Bullying, work related stress, aggression and violence

(Note this is a non-exhaustive list of hazards)

Sources of information which can be used to identify hazards include:

- A walk around of the unit / department (workplace) to obtain information relating to the activities undertaken, the equipment, materials / substances and work processes.

Note: it is important to consider infrequent / non routine tasks as well as the day to day activities / work processes within the unit / department.

- Discussions with employees and or their Safety Representatives
- Documentation review to include:
 - Accident, incident and near miss reports
 - Absenteeism records
 - Relevant legislation and codes of practice
 - Policies, Protocols, Procedures and Guidelines
 - Audit reports - to include any Health and Safety Authority (HSA) correspondence and / or internal audit reports
 - Information from manufacturers / suppliers
 - Safety alerts
 - Claims
 - Competent advice from health and safety professionals, risk managers, infection prevention control specialists, manual handling co-ordinators / instructors, etc.

Summary of Step 1



Step 2- Identify the Risk Associated with the hazard (identify who might be harmed and how, where and when i.e. risk description).

For each hazard, you need to determine **who might be harmed and how** i.e. identify the risk associated with the hazard.

“Who” - When determining the “who”, take into account hazards to those normally involved in the task (employees) and others who could be affected e.g. other staff, service users, visitors, contractors and members of the public.

Consideration should also be given to any vulnerable groups of employees. These may include:

- Young persons
- Older persons
- Pregnant, post natal and breastfeeding employees
- Night and shift workers
- People for whom English is not their first language
- People with different abilities and
- People who are handling money or dealing with the public (HSA, 2016).

“How” - The risk description should capture the nature and impact of the potential harm i.e. the type of injury / ill health that might occur

“Where” - Identify particular location e.g. room / area / service

“When” - Identify time if relevant

Summary of Step 2



Step 3 – Assess the Risk

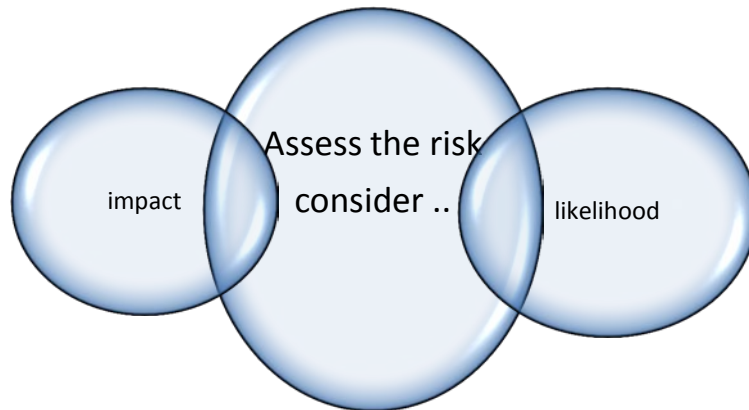
The next step is to identify and document existing control measures (e.g. policy, practice, process) and to rate the risk associated with the hazard. Note: Rating of risk is carried out taking account of existing control measures and their effectiveness.

Two elements need to be determined when assessing the level of risk posed i.e.

1. The likelihood that a specified hazardous event may occur or reoccur
and
2. The potential impact of harm or loss to staff, service users, services, environment or the organisation as a result of the undesired event occurring.

The likelihood and impact will depend on the control measures already in place, how effective they are; the experience, knowledge and skill of the employee undertaking the task; the system of work and the available resources. Additional information from the review of incidents that have occurred and audits that have been undertaken will assist in determining the likelihood and impact of the risk (risk rating). Based on consideration of the above factors, a numerical scoring should be applied. To assist with this the HSE has adopted a standardised approach to the assignment of likelihood and impact scores and the rating of risk i.e. the HSE Risk Assessment Tool (Appendix 1). This tool should be applied uniformly to all processes where risk assessment is required.

Summary of Step 3



Step 4 - Identify any additional control measures

The legislative requirement is to do all that is “reasonable practicable” to minimise or reduce the risk. If at this stage, the assessment shows that the risk is adequately controlled, document the assessment and continue to monitor and review.

If however, the risk is not adequately controlled; further control measures must be considered. Controls are methods of eliminating hazards or reducing the associated risk. The selection and implementation of the most appropriate method of risk or hazard control must be considered. To assist in the process, the following hierarchy of controls should be followed.

Hierarchy of Control

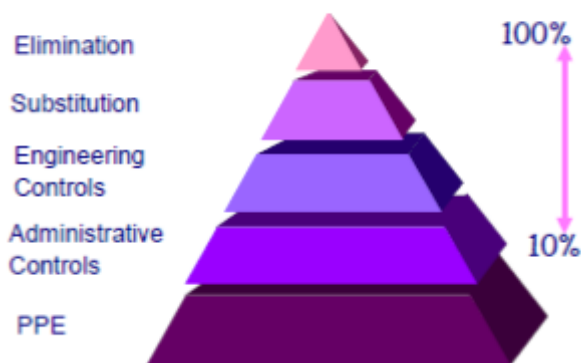


Figure 3 Hierarchy of Controls

Note: The most effective way to control the risk is to eliminate it. By definition this control is 100% effective however the further down the chain, the less effective the control measures become.

Elimination

Elimination of the hazard should be the first and obvious way of controlling the risk. If no hazard exists, there is no risk of injury or ill-health.

Substitution

Where it is not possible to eliminate the hazard, it should be replaced with something less hazardous e.g. substituting a hazardous chemical with a less hazardous one, or procuring smaller containers of reduced weight to minimise the risk of manual handling injuries.

In summary - *Can the activity/task be reorganised to eliminate or reduce the risks?*

Engineering Controls

Consider if there is any way that the hazard can be contained e.g. placing a fixed guard or interlock on a hazardous piece of equipment e.g. office shredder, catering food processor or the use of safety engineered devices e.g. the introduction of needleless intravenous systems.

In summary – *Can the hazard be eliminated or reduced by isolating it or by introducing engineering controls?*

Administrative controls

Administrative controls are generally management strategies which have been put in place to minimise the risk e.g. identification and provision of training programmes; the introduction of policies, procedures and guidelines; changing work patterns e.g. job rotation / adequate rest breaks to minimise employee exposure.

In summary – *Can the risk be reduced by introducing safe systems of work?*

Personal Protective Equipment

The use of personal protective equipment (PPE) should only be considered as a last resort to control the risk once all the other options have been exhausted. Examples of PPE include: masks, goggles, ear defenders / plugs, clothing and footwear e.g. aprons or safety shoes. The level of PPE required will be determined by the risk assessment and any special instructions from the manufacturers.

In the case of chemicals and substances, this information is provided in the Safety Data Sheets (SDS).

In summary - *is Personal Protective Equipment (PPE) required as a last resort to other forms of risk elimination or risk reduction?*

Record Finding

The results of the risk assessment must be documented. The National Health & Safety Function has developed a suite of risk assessment forms and Hazard Control Prompts to support you in carrying out your risk assessments. The risk assessment forms and prompt sheets can be accessed [here](#)

Implement Additional Control

Additional controls should be prioritised and assigned to a nominated person responsible for implementation. Risk evaluation allows you to look at the totality of the risks assessed and prioritise these i.e. which risks require the most urgent action. Such decision making should not be guided solely by the risk rating but this information will assist the decision making. (HSE, 2017)

For further guidance on risk evaluation, see Section 16, of the HSE Integrated Risk Management Policy – Part 2 Risk Assessment and Treatment – Guidance for Managers available at <https://www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/HSE-Integrated-Risk-Management-Policy-Part-2-Risk-Assessment-and-Treatment.pdf>

Summary of Step 4

In Summary: The selection and implementation of the most appropriate method of control should be completed utilising the hierarchy pyramid outlined in figure 1.
Remember - The higher up the pyramid the more effective the controls!!

Monitoring and Review

Once control measures have been introduced, they must be evaluated on a regular basis to assess their effectiveness and ensure they are achieving the desired result. This should be done through a systematic monitoring and review system. Workplaces are dynamic and constantly changing and these changes must be reflected in the risk assessments. e.g. the introduction of new equipment, work processes or chemicals may introduce new hazards.

The legislation requires that risk assessments be reviewed where:

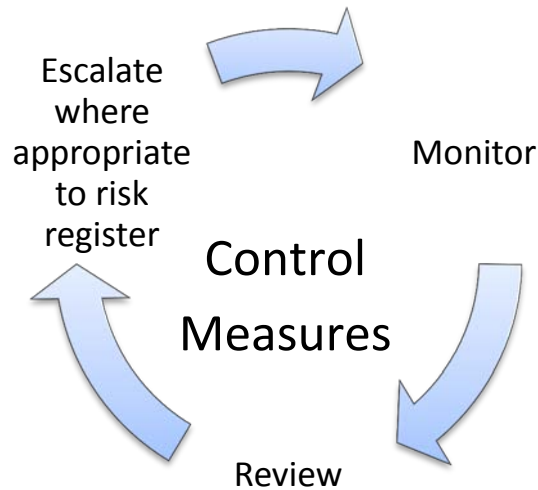
- (a) There has been significant change in the matters to which they relate**
- (b) There is another reason to believe they are no longer valid**

It is best practice and HSE policy, to review risk assessments at least annually.

Managers must ensure that where risks cannot be controlled locally they are escalated onto the appropriate service **Risk Register** while managing the risk so far as is reasonably practicable. Risks on the risk register must be subject to on-going monitoring and feedback by the relevant management team to ensure actions identified as required are completed.

The escalation process should be in line with the HSE (2017) Integrated Risk Management Policy (Part 3, Managing and Monitoring Risk Registers – Guidance for Managers). See <http://www.hse.ie/eng/about/QAVD/riskmanagement/Integrated-Risk-Management-Policy-Part-3-Managing-and-Monitoring-Risk-Registers-.pdf>

Summary of Step 5



6.0 Implementation Plan

Implementation of this Guideline forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review.

6.1 Communication

Managers (Responsible Persons) are required to make this Guideline available to all employees. Electronic and other communication means can be used to maximise distribution. Managers must create an awareness of the Guideline throughout their services and ensure that those with responsibility for conducting risk assessments have read and understand this document.

6.2 Responsibilities for Implementation

Managers (Responsible Persons) at all levels are responsible for implementing this Guideline within their area.

7.0 Monitoring, Audit & Review

- 7.1 Managers are required to monitor and audit the local implementation plan supporting this Guideline
- 7.2 Implementation of the Guideline shall be audited periodically at national level
- 7.3 This Guideline shall be reviewed at national level every three years or earlier if circumstances require it.

Appendix 1 – HSE Risk Assessment Tool

This Tool is also available [here](#).

1. IMPACT TABLE

Impact	Negligible	Minor	Modest	Major	Severe	
Human Health	Adverse short-term health effects requiring first aid. No impaired psychosocial functioning.	Minor injury or illness, first aid treatment required. < 3 days absence. < 3 days extended hospital stay. Impaired psychosocial functioning greater than 3 days less than one month.	Significant injury requiring medical treatment, e.g. Fracture and/or hospitalization. Agency responsible, e.g. HSA, Garda is alerted and aggressive if fit. > 30 Days absence. Impaired psychosocial functioning greater than one month less than six months.	Major impairment (loss of capacity or disability) (loss of limb requiring medical treatment and/or amputation). Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of employees or members of the public. Permanent psychosocial functioning impairment.	
Service User Experience	Reduced quality of service user experience related to inadequate provision of information.	Unsatisfactory service user experience related to non-optimal treatment and/or lack of access to services (not being booked with forewarned, delays & respect – mostly restorable).	Unsatisfactory service user experience related to non-optimal treatment and/or lack of access to services (not being booked with forewarned, delays & respect – mostly restorable).	Unsatisfactory service user experience related to poor treatment resulting in long term effects.	Totally unsatisfactory service user outcomes resulting in long-term effects, or extremely poor reputation of an organisation.	
Compliance (Clinical, Professional & Regulatory)	Minor non-compliance with internal/PHOs. Small number of minor issues requiring improvement.	Significant non-compliance with internal/PHOs. Minor non-compliance with external/PHOs, addressed by local management.	Significant non-compliance with internal/PHOs. Major non-compliance with external/PHOs, addressed with an appropriate management action plan.	Repeated failure to meet internal standards. Failure to meet national norms and standards/ regulations, (e.g. Mental Health, Child Care Act etc.). Critical report or individual failure of significant findings and/or lack of adherence to regulations. Significant project over-run.	Crucial failure to meet external standards. Repeated failure to meet national norms and standards/regulations. Severity of local report with possible major regulatory or financial implications.	
Operational/Projects	Minor noticeable variation in scope, quality or outcomes.	Minor variation in scope, quality or outcomes.	Production in scope or quality of project, project positive or negative.	Production in scope or quality of project, project positive or negative.	Irregularity of the organisation severely damaged.	
Business Continuity	Interruption in a service which does not impact on the delivery of services, user care or ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in services with unacceptable impact on service user care. Temporary loss of ability to provide service.	Substantial loss of service which has serious impact on delivery of services, user care or service resulting in major ongoing plans being involved.	Permanent loss of core services or facility. Organisation likely facing long-term impact beyond or beyond.	
Adverse Publicity Reputation	Minor, no media coverage. Reputable concerns solved. Unaffected on staff morale. No review necessary unless substantial.	Local media coverage – short term. Some public concern. Minor effect on staff morale. Public relations review necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale. Public relations review necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale. Public relations review necessary.	National international media coverage publicly. > 3 days. External review days if necessary. Major & feature in national papers. Public confidence in the organisation undermined. Public confidence in the organisation undermined. HSE, use of insurance. Press enquiries in the Daily. Public calls for national level for specific review of actions to be taken post-incident. HSE, review/investigation necessary.	National international media coverage publicly. > 3 days. External review days if necessary. Major & feature in national papers. Public confidence in the organisation undermined. Public confidence in the organisation undermined. HSE, use of insurance. Press enquiries in the Daily. Public calls for national level for specific review of actions to be taken post-incident. HSE, review/investigation necessary.
Finance	0.05% budget deficit.	0.10-0.50% budget deficit.	0.5-1.0% budget deficit.	1.0-2.0% budget deficit.	> 2.0% budget deficit.	
Environment	Minor release.	On all releases contained by organisation.	On all releases contained by organisation.	On all releases contained by organisation.	Toxic releases affecting public with additional remedial action required (e.g. cleanup, remediation, partition barriers, etc.).	

2. LIKELIHOOD SCORING

Impacts (A)	Unlikely (B)	Probable (C)	Very Likely (D)	Almost Certain (E)
Actual Frequency	10%	50%	70%	Actual Frequency
Occurs every 5 years or more	Occurs every 2-5 years	Occurs every 1-2 years	Occurs every 1-2 years	Occurs every 1-2 years
Probability	1%	10%	50%	Probability
Occurs every 5 years or more	Occurs every 2-5 years	Occurs every 1-2 years	Occurs every 1-2 years	Occurs every 1-2 years

3. RISK MATRIX

	Negligible (1)	Minor (2)	Modest (3)	Major (4)	Severe (5)
Almost Certain (E)	6	10	16	20	20
Very Likely (D)	4	8	12	16	20
Probable (C)	3	6	9	12	16
Unlikely (B)	2	4	6	8	10
Negligible (A)	1	2	3	4	6

Appendix II Acknowledgements

Development Subgroup

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Acknowledge contributions from:

Nick Parkinson, Head of National Health & Safety Function

Appendix III. Checklist for the implementation of the Guideline Document: Re: Completion of Occupational Safety and Health Risk Assessments

		Yes	No	NA	Comment
1	Does the department have the Guideline Document: Re: Completion of Occupational Safety and Health Risk Assessments				
2	Have staff been involved and consulted in the risk assessment process?				
3	Have Risk Assessments based on the following hazard categories (as appropriate) been completed in line with the process outlined in the Guideline document Re Completion of Occupational Safety and Health Risk Assessments? <ul style="list-style-type: none"> • Chemical Hazards • Physical Hazards • Biological Hazards • Psychosocial Hazards 				
4	Are dynamic risk assessments conducted in situations where employees: work alone; work in environments where there is the potential for aggression and violence; or work in environments which are rapidly changing?				
5	Are the control measures identified through the risk assessment process based on the Hierarchy of control?				
6	Where risks cannot be controlled locally, are they escalated onto the appropriate risk register while managing the risk so far as is reasonably practicable?				
7	Are risk assessments reviewed when: <ul style="list-style-type: none"> • There has been a significant change and/or • They are no longer valid and • At least annually 				
8	Is there a system in place to monitor compliance with this Guideline?				

References

1. Health and Safety Authority (2016) A Guide to Risk Assessments and Safety Statements
2. Health and Safety Executive (2011) Five Steps to Risk Assessment
3. Health and Safety Executive (2003) Good Practice and Pitfalls in Risk Assessment Research Report 151.
4. Health and Safety Executive (2013) *Managing for Health and Safety* (HSG 65). ISBN 978 0716 6456 6. Health and Safety Executive.
5. HSE (2017) Integrated Risk Management Policy - Part 2 Risk Assessment and Treatment, Guidance for Managers. Available at <http://www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/HSE-Integrated-Risk-Management-Policy-Part-2-Risk-Assessment-and-Treatment.pdf>
6. HSE (2017) Integrated Risk Management Policy (Part 3, Managing and Monitoring Risk Registers – Guidance for Managers, available at <http://www.hse.ie/eng/about/QAVD/riskmanagement/Integrated-Risk-Management-Policy-Part-3-Managing-and-Monitoring-Risk-Registers-.pdf>
7. HSE Corporate Safety Statement available at www.hse.ie/safetyandwellbeing
8. OHSAS 18001 (2007) Occupational Health and Safety Assessment Series. *Occupational Health and Safety Management Systems – Requirements*. British Standards Institute.
9. Safety, Health and Welfare at Work Act, 2005