



	<h1>Health & Safety Risk Assessment Form</h1>			
Ref: CF:013:03	RE: Workplace Stress Risk Assessment Form (worked example)			
Issue date:	February 2018	Revised Date:	June 2020	
Author(s):	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:	<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 responsibility of local management to implement any remedial actions identified.</i></p> <p><i>The following provides an explanation on how to complete a Workplace Stress Risk Assessment Form</i></p>			



Workplace Stress: Risk Assessment Form – Part 1 of 3	
Division: CHO 0	Source of Risk: Risk Assessment Process
HG/CHO/NAS/Function:	Primary Impact Category: Harm to Person
Hospital Site/Service: Continuing Care	Risk Type: Operational
Dept/Service Site: ABC	Name of Risk Owner (BLOCKS): MARY POPPINS, CNM2
Assessment type: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group (V as appropriate) If individual assessment, specify employee's name:	Signature of Risk Owner: <i>M Poppins</i>
Date of Assessment: 20/02/2018	Risk Co-ordinator: NA
Unique ID No: 012345	*Risk Assessor (s): M Poppins



Workplace 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?	<p>Hard to manage extra work demands e.g. HIQA recommendations & introducing more activities for service users with existing staff cover of 1:2 Nurse/Care staff. Only one staff member can leave unit to help with activities.</p> <p>Daily work duties very demanding as all service users are high dependant – difficult to set time aside to do other work e.g. review and update care plans. When crisis arises little support from management.</p>	
What are key aspects of your role/ job description?	To provide nursing care to patients (high dependant)	N/A
Are you clear on service priorities? How do you prioritise your daily work duties?	Very little control over work duties due to the changing patient profile. Handover can be rushed due to clinical demands	Priorities identified at handover. Using SBAR format for reporting
Are you clear on work deadlines and are they realistic?	These keep changing	Adaptation to work demands required daily. Bed management involved in patient transfer
Do you feel you have the right skills & knowledge to do your job?	Yes	N/A
Have you the resources you need to do your job?	No	Skill mix is reviewed per shift where possible. Process in place for requesting additional assistance when work demands increase
Do you find your work boring or repetitive?	No	N/A
Control		
Are you clear about who does what in your Dept/area?	Yes	N/A
Do I, as your manager, give you enough guidance & support?	No	None
Do you have opportunities to develop your skills/ use your initiative?	Yes	N/A



National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

Have you any flexibility in when you take your breaks/Annual Leave?	No	None – staff cannot take annual leave when desired or if at all. Very difficult to take TOIL accrued from working overtime. Staff asked on short notice to work overtime while on off-duty. As a result many staff working 5/6 long days in a row; unhealthy and exhausting. Staff feel very aggrieved that leave not given to them even when requested weeks in advance.
Support		
Is there good communication in your Dept/area? e.g. One-to-one meetings with manager/ team meetings?	No. Team meetings have ceased to occur	Communication book available
Are your work colleagues supportive?	Yes	N/A
Do you require further training / skills development?	No	N/A
Are there pressures outside work that are affecting you at work? Would you like support to deal with these pressures?	No	N/A
Are you aware of HSE employee supports available? Do you need information on how to access any of them?	No	N/A
Relationships		
Are there any issues or tensions within your team/service?	Yes. Most staff feel that they provision of annual leave is unfair and that some staff are not asked to do their fair share of overtime	None
Have you seen any bullying/harassing behaviour in your team?	No	Implementation of the Dignity at Work Policy, Dignity at Work Support contact persons details available in HR file in CNMs office. Employee assistance available at ext 1234
Do you have difficulty working with anyone? Manager/ colleague/ other health care worker?	No	
Do you and your work colleagues support each other?	Yes	
What is morale like within your team?	Low because of lack of breaks, annual leave opportunities	Annual leave request calendar in office
Role		
Do you feel you have been properly inducted into your role?	Yes – but new staff have a formal induction programme but onsite mentoring difficult to implement due to work demands	



Do you understand your role?	Yes	
Do you have a clear reporting structure?	Yes	
Do you know what is expected of you at work?	Yes	
Have you work demands that are outside/conflict with your role?	No	
Change		
Is there a lot of change in your service?	Yes on a daily basis, can be requested to provide cover in different departments where we may not have enough skills in this clinical area. Disruptive for service user and patients	Bed management oversee bed allocation
Have you had an opportunity to discuss/comment on these changes within your service – e.g. at team meetings?	No	Communication book located in CNM office
Am I, as your manager, supporting you enough in this change?	No	None
Do your colleagues/team provide support through the change?	Yes	
Is there further information/support you require?	Yes – better communication and involvement from bed management when allocating patient beds being mindful of existing work demands. Team meetings necessary to ensure proper and formal communication with staff.	
Other Stressors		
Are there any other issues that you would like to raise?		



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 <input type="checkbox"/> Support <input type="checkbox"/> Relationships <input type="checkbox"/> Role <input type="checkbox"/> Change <input type="checkbox"/>					
Unique Id Number 012345					
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE	
Risk of psychosocial injury to staff due to workload pressures, unrealistic work deadlines, lack of resources	As per risk assessment checklist above.	Investigate the possibility of having 2 floating staff on campus to help staff working in units when activities are planned.	Mary Ryan CNM2 and employees	January 2016	
		Have a daily review of work demands in units in order to provide adequate cover for “busier times”.		Immediately	
		Review time for handover – bring forward by ten minutes to ensure that this time is protected. Identify work priorities, safety issues at hand-over and ensure that adequate time given.		Immediately	
INITIAL RISK			RISK STATUS		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed
5	3	15 High	✓		

*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.