|  |  |  |
| --- | --- | --- |
|  | **Health & Safety Risk Assessment Form** | cid:image003.jpg@01D2FB20.B009E750 |
| **Ref: CF:050:00** | **RE: Home Working Risk Assessment Form** |
| **Issue date:** | April 2020 | **Revised date:** |  | **Version No** | 2 |
| **Author(s):** | National Health & Safety Function |
| **Part A Home Working Risk Assessment Form**  |
|  |
| **Division**  |  | **Source of Risk** |  |
| **HG/CHO/NAS/Function** |  | **Primary Impact Category** |  |
| **Hospital Site/Service** |  | **Risk Type:** |  |
| **Dept/Service Site** |  | **Name of Risk Owner** |  |
| **Date of Assessment** |  | **Signature of Risk Owner** |  |
| **Unique ID No** |  | **Risk Co-Ordinator**  |  |
|  |  | **Risk Assessor (s)** |  |
| **Home Worker’s name:** |  |
| **Name of Line Manager:** |  |
| **Note**  | The Line Manager, in consultation with the employee must carry out the risk assessment for Home Working over the telephone. Please ensure the following:1. The DSE User(employee) has completed the DSE User Awareness module on HSElanD prior to this assessment
2. You use the comment section to document where the employee advises that adjustments to the work environment have been implemented
3. Actions that cannot be resolved during the assessment are documented on **Part B** of risk assessment form
4. Provide the employee with a copy of this risk assessment once completed

**It the responsibility of the Line Manager to ensure any remedial actions identified are implemented** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Work Environment and Work Equipment** | **Yes** | **No** | **Comments** |
| 1 | Do you have access to a suitable temporary work space? | ☐ | ☐ |  |
| 2 | Do you have safe and easy access to the work space? | ☐ | ☐ |  |
| 3 | Is there adequate heat, lighting and ventilation to allow you work comfortably? | ☐ | ☐ |  |
| 4 | Is there adequate space to work without twisting, bending, or sitting / standing awkwardly?  | ☐ | ☐ |  |
| 5 | Is the work space large enough to accommodate work equipment? | ☐ | ☐ |  |
| 6 | Is the floor free from trailing cables etc. to prevent slip, trips or falls? | ☐ | ☐ |  |
| 7 | Are electrical sockets, plugs and cables in good repair? | ☐ | ☐ |  |
| 8 | Do you have access to a private work area and freedom from disturbances? | ☐ | ☐ |  |
| 9 | Are you aware of how to set up work station correctly? Refer to guidance GD:010 Working from home during COVID-19 Workstation Setup | ☐ | ☐ |  |
| 10 | Have you completed the HSELanD DSE User Awareness Module? | ☐ | ☐ |  |
| 11 | Do you have an escape plan in the event of fire? | ☐ | ☐ |  |
| 12 | Is your temporary workplace fitted with a smoke detector or fire alarm that is regularly checked? | ☐ | ☐ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Staff Wellbeing**  | **Yes**  | **No** | **Comments** |
| 13 | Are you aware of the agreed formal communication system in place? | ☐ | ☐ |  |
| 14 | Are you aware of the supports available to you? | ☐ | ☐ |  |
| 15 | Are you taking scheduled breaks while working from home in order to maintain a healthy work life balance? | ☐ | ☐ |  |
| 16 | Are you aware of how to access supports in the event of systems / ICT failure? | ☐ | ☐ |  |
| 17 | Are you checking HSE.ie for daily updates re: COVID 19? | ☐ | ☐ |  |
| Note: staff are encouraged to raise any concerns with their managers to avoid feelings of isolation, fatigue and or stress |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Incident Management**  | **Yes**  | **No** | **Comments** |
| 19 | Are you aware of the arrangements for reporting incidents to the Line Manager? | ☐ | ☐ |  |

|  |
| --- |
| **Part B Home Working Risk Assessment Form**  |
| **HAZARD & RISK DESCRIPTION** | **EXISTING CONTROL MEASURES** | **ADDITIONAL CONTROLS REQUIRED** | **ACTION****OWNER** | **DUE DATE** |
|  |  |  |  |  |
| **INITIAL RISK** | **RISK STATUS** |
| **Likelihood** | **Impact** | **Initial Risk Rating** | **Open** | **Monitor**  | **Closed**  |
|  |  |  |  |  |  |