
	<h1>Health & Safety Risk Assessment Form</h1>			
Ref: CF:013:03	RE: Workplace Stress Risk Assessment Form			
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>			



Workplace Stress: Risk Assessment Form – Part 1 of 3	
Division: Midlands Louth Meath	Source of Risk: STRESS
HG/CHO/NAS/Function:CHO8	Primary Impact Category: : <i>Harm to a Person</i> <i>Compliance</i>
Hospital Site/Service: Drogheda Service for Older People	Risk Type: <i>Operational</i>
Dept/Service Site: The Village Residence	Name of Risk Owner (BLOCKS): SEAMUS MC CAUL
Assessment type: <input type="checkbox"/> Individual <input type="checkbox"/> Group (v as appropriate) If individual assessment, specify employee's name:	Signature of Risk Owner:
Date of Assessment:	Risk Co-ordinator: Andrea Drooly
Unique ID No: RA 18	*Risk Assessor(s): Leena Varghese



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?		
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?		
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?		
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 you aware of HSE employee supports available? Do you need information on how to access any of them?		



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

Relationships

Are there any issues or tensions within your team/service?

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?

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?

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?



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>Hazard:</p> <p>Stress in the workplace</p> <p>Risk:</p> <p>Unrealistic Work Deadlines, Lack of Resources Workload pressure</p> <p>Risk of injury to staff due to work related stress including insufficient staff leading to burn out of existing staff, increased absenteeism.</p>	<ul style="list-style-type: none">• Regular Breaks• Sufficient Staffing Levels• Regular staff engagement sessions to determine potential stressors• Compliance with the Workplace Stress Policy• Realistic Work Deadlines• Referrals will be made to Occupational Health Where necessary• All reported incidents of stress will be placed on the NIMS System• All EAP supports will be outlined to staff at regular intervals• Occupational health services available	<p>You could mention about staff levels</p>	<p>All Staff PIC</p>	<p>Sept 2024</p>



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

	<ul style="list-style-type: none">Employee Assistance Program availableDignity at Work Policy with support contact person detailsGrievance procedureTeam meeting held regularlyManagers present on site				
INITIAL RISK			RISK STATUS		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed
3	3	9	yes	yes	

*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