**Workplace Stress Risk Assessment Form**

Under Section 19 of the Safety, Health and Welfare at Work Act, 2005, it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. This includes workplace stress and psychosocial risks. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.

**Notes to staff:**

* You are **invited\*** to use this form to help you to identify and deal with work-related stress: if you choose to use this form, you are not obliged to share its contents with anybody – however, to manage work-related stress, you are encouraged to share this form (or parts of it) with your manager / HR Partner / Health & Safety Office, so they can help.
* You don’t have to answer every question - only answer those questions that you find **helpful**.
* If you don’t feel able to talk directly to your manager about a work-related concern, **ask** a colleague, you’re HR Partner or other representative to raise the issue on your behalf: other sources of advice and support are listed within this form.

**\****Even if you choose to fill out this form, you’re not* ***obliged*** *to show it to anybody – it’s your choice*

**Notes to manager:**

You should offer\* your staff the opportunity to complete a stress risk assessment:

* If a member of staff has been off sick with work-related stress (as part of the **return-to-work** interview).
* Where you believe that an individual or team are likely to be suffering from **work-related** stress;
* Annually, for example during the appraisal process;
* To plan for major **change**;
* You can give this questionnaire out as a **survey** and collate responses or use it as a guide during a **meeting** with an individual or a team – use your judgement about what approach might work best for you and your staff.
* When you and your staff have completed stress risk assessments, develop **action plan**/s using ***Part B*** of this form with your staff to address any areas of concern and review this on a regular basis.

|  |  |
| --- | --- |
| **SECTION 1 – GENERAL INFORMATION** |  |
| **Employee Name:** | **Department:** |
| **Line Manager:** | **Work location(s):** |
| **Job Title:** | **Date of this assessment:** |
| **Is there a specific issue/incident that triggered this risk assessment? Please Specify:** | |

**The following questionnaire identifies potential work-related stressors.**

|  |  |  |
| --- | --- | --- |
| **SECTION 2 – Demands: this includes issues such as workload, work patterns and the work environment** | | |
| **Question** | **Guidance & Desired State** | **Employees comments / concerns** |
| Do you feel you have just the right amount of work to do? Could you say what work you have too *much*/too *little* of? | **Guidance:** e.g. Unachievable deadlines, intensive work, neglecting important tasks, short-staffed.  **Desired state:** There is a full complement of staff and tasks are fulfilled within a “reasonable” time. |  |
| Do you take the breaks you are entitled to at work? | **Guidance:** refer to your work contract for information.  **Desired state:** Where possible, staff have control over their pace of work. RCSI provides staff with achievable demands in relation to the agreed hours of work. |  |
| What training, if any, would help you to do your job? | **Guidance:** Training does not have to be courses – consider taking on more responsibilities and duties, projects, problem-solving activity, job rotation, conferences, working with colleagues, coaching/mentoring, reading/research, meetings/working parties/task groups, visits and secondment, out of work activities, networking, leaflets and information packs. Visit the Staff Learning and Development portal pages below for more information on training and development opportunities available to you: <https://staff.rcsi.ie/administration-and-support/human-resources/staff-learning-development>    **Desired state:** People’s skills and abilities are matched to the job demands and jobs are designed to be withinthe capabilities of employees |  |
| Are there any problems with your work environment? | **Guidance:** Check out workstation set-ups here <https://staff.rcsi.ie/administration-and-support/estate-services/health-and-safety/safety-statement-and-safety-manuals>  **Desired state: Staff can raise concerns about their work environment.** |  |
| **Section 3 - Control: how much say you have in the way you do your work** | | |
| **Question** | **Guidance & Desired State** | **Employee comments / concerns** |
| How could you have more say about how your job is done? | **Guidance:** Professional Development Planning [**https://staff.rcsi.ie/administration-and-support/human-resources/professional-development-planning**](https://staff.rcsi.ie/administration-and-support/human-resources/professional-development-planning)  **Desired state:** Staff are encouraged to use their skills and initiative to do their work; the organisation encourages staff to develop their skills; where possible, staff are encouraged to develop new skills to help them undertake new and challenging pieces of work |  |
| How could you be more included in decision-making in the team? |  |
| How could you be supported to use your skills to greater effect at work? |  |
| **SECTION 4 - Support: this includes the encouragement, and resources provided by RCSI, your manager and your colleagues** | | |
| **Question** | **Guidance & Desired Status** | **Employee comments / concerns** |
| How could your line manager better support you to do your job? | **Guidance:** Check out staff wellbeing section on staff portal <https://staff.rcsi.ie/staff-wellbeing> and HR policies on flexible working.  **Desired state**: Staff feel supported at work, and extra support is provided where the need is identified. |  |
| How could your colleagues better support you to do your job? |  |
| Are there any parts of your job that you find especially difficult? |  |
| Do you feel you have a healthy work-life balance? If not, how could it be better? |  |
| **SECTION 5 - Relationships: promoting positive working to avoid conflict and dealing with unacceptable behaviour** | | |
| **Question** | **Guidance & Desired State** | **Employee comments / concerns** |
| How could communication in the team be improved? | **Guidance:** Review RCSI Dignity at Work; Equal Opportunities and other policies that apply here <https://staff.rcsi.ie/administration-and-support/human-resources/policies-and-procedures>  **Desired state:** Employees share information relevant to their work; Staff feel able to ask for help with conflict, bullying and harassment. |  |
| If you feel that you are experiencing bullying or harassment at work, what parts of [RCSI’s Dignity at Work Policy](https://staff.rcsi.ie/administration-and-support/human-resources/policies-and-procedures/dignity-at-work) could help? |  |
| **SECTION 6 - Role: ensuring that your role is clear and that you do not have conflicting roles** | | |
| **Question** | **Guidance & Desired State** | **Employee comments / concerns** |
| Are you clear about your roles and responsibilities at work? | **Guidance:** Review RCSI’s Grievance, Dignity at Work; Right to Disconnect etc. policies here <https://staff.rcsi.ie/administration-and-support/human-resources/policies-and-procedures>  **Desired state**: The organisation ensures that, as far as possible, the different requirements it places upon staff are compatible. |  |
| Do you feel that there is any ambiguity or confusion (role conflict) in your job? |  |
| **SECTION 7 - Change: how organisational change is managed and communicated** | | |
| **Question** | **Guidance & Desired State** | **Employee comments / concerns** |
| How could your line manager better support you during change at work? | **Guidance:** Info for managers can be found here[**https://staff.rcsi.ie/administration-and-support/human-resources/information-for-managers**](https://staff.rcsi.ie/administration-and-support/human-resources/information-for-managers)  **Desired state:** The organisation provides employees with timely information to enable them to understand the reasons for proposed changes; Employees are aware of the probable impact of any changes to their jobs; Employees are aware of timetables for changes; Employees have access to relevant support during changes and if necessary, employees are given training to support any changes in their jobs. |  |
| How could the organisation better support you during your change at work? |  |

Thank you for completing this form. You are now invited to share this form (or parts of it) with your manager, your HR Partner and / or [RCSI’s Health and Safety Office](mailto:safety@rcsi.ie). An action plan will be developed with you using section 8 of this form to address any areas of concern.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 8 - ACTION PLAN** | | | | | | |
| **NAME THE WORK**  **STRESSOR**  (Demands, control, support, relationships, role, change) | **HAZARDS & RISKS**  (identify what is causing harm, how, where) | **PERSON(S) AFFECTED** | **INITIAL RISK RATING**  **(before controls/action plan in place)** (see table below) | **Control Measures/Action Plan**  (Detail measures necessary to eliminate, reduce the risk(s). See Hierarchy of control below) | **RESIDUAL RISK RATING (after controls in place)**  (see table below) | **PERSONS RESPONSIBLE**  **(for implementing control measures)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Date Risk Assessment Carried Out:** | | | **Signature of Risk Assessment author:** | | | **Next Review Date:** |

**Appendix 1 – Risk Assessment**

**Estimate the Risks**

After ‘identifying the hazards’ and ‘deciding who might be harmed and how’ you are then required to protect the employee and others from harm. The hazards can be removed from the work task or controlled so that the harm is unlikely. Therefore, identify the likelihood of the risk and determine its consequence from the tables below.

**How likely will the hazard occur? ￼** **If the hazard does occur what will be the consequence?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Likelihood**  **Category** | **Definition** | **Consequence Category** | **Definition** |
| 1 | Practically Impossible | 1 | First Aid treatment required |
| 2 | Not Likely | 2 | Off work for 1 Day and / or Medical (GP, Hosp treatment) treatment required |
| 3 | Possible | 3 | Off work for 3 consecutive days (incl weekend, regardless if no weekend work) or dangerous  occurrence occurs ([click here for dangerous occurrence definitions](https://www.hsa.ie/eng/Publications_and_Forms/Publications/Safety_and_Health_Management/Accident_and_Dangerous_Occurrences_Reporting.pdf) in Appendix 1) |
| 4 | Likely | 4 | Single Fatality |
| 5 | Very Likely | 5 | Multiple Fatalities |

**Evaluate the risks**

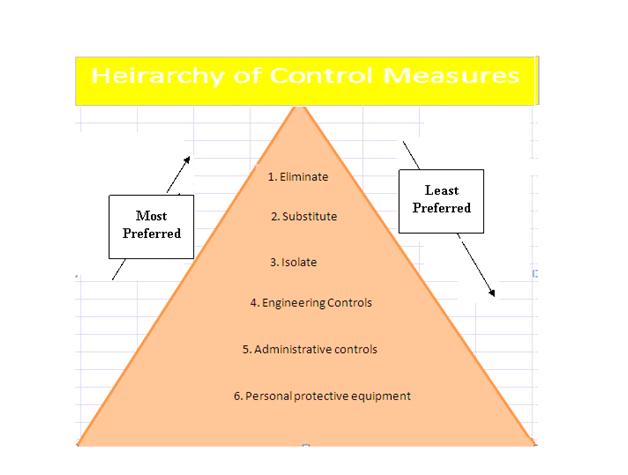
The evaluation of the risk is identified by using a multiplier of the likelihood and consequence categories you chose in the table above. The Risk Matrix below is a graphical portrayal by shaded areas of high, medium and low risk. Calculate your chosen likelihood and consequences categories in the below table to determine your risk rating number.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LIKELIHOOD** | **5** | **5** | **10** | **15** | **20** | **25** |
| **4** | **4** | **8** | **12** | **16** | **20** |
| **3** | **3** | **6** | **9** | **12** | **15** |
| **2** | **2** | **4** | **6** | **8** | **10** |
| **1** | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |
| **CONSEQUENCE** | | | | | |

**Record & review your findings**

Once you have identified the risk rating number above, you can then decide on an action plan to be taken. Place your risk rating number in the relevant box below and follow the details. Use the risk assessment template form on the next page to record all your findings and action plan. All risk assessments should be kept on file (soft/hard copy) for 10 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **RISK RATING NUMBER** | **ACTION PLAN** | **REVIEW PLAN** | **RESPONSIBLE PERSONS TO HELP/IMPLEMENT CONTROLS** |
| **Low Risk**  **(1 - 5)** | This is an acceptable level of risk. The risk is controlled as low as reasonably practicable. | The existing control in place to be continuously monitored / implemented.  Carry out a full review of the risk assessment every  2 years if no changes to the task within that time. | Owner of the task / risk assessment |
| **Medium Risk (8 – 10)** | If possible, aim to reduce the risk further to as low as reasonably practicable – use the ‘hierarchy of control (pyramid diagram) below. | The controls in place to be continuously monitored / implemented.  Carry out a full review of the risk assessment on a quarterly basis if there are no changes to the task within that time. | Owner of the task / risk assessment  Supervisor / Principle Investigator (PI) |
| **High Risk**  **(12 – 25)** | Make a conscious effort to remove the hazard or reduce the risk as low as reasonably practicable – use the ‘hierarchy of control (pyramid diagram) below. | The controls in place to be continuously monitored / implemented.  Carry out a full review of the risk assessment monthly if there are no changes to the task within that time. | Owner of the task / risk assessment  Supervisor / PI  Head of Dept (HOD)  Health & Safety Office |



1. Eliminate = remove the hazard
2. Substitute = change it with something less hazardous but does the same job.
3. Isolate = put a ‘barrier’ between you & the hazard.
4. Engineering controls = machine does the job for you.
5. Administrative controls = training, SOP’s, etc.
6. Personal Protective Equipment – wear protective clothing (least preferred as you are relying on people to wear it)