

Risk Assessment Policy and Procedure

HS401 Health and Safety Policies

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1. Introduction
   1. This risk assessment policy sets out MHA’s approach to risk assessment, including the general process to be followed documentation which will be used and individual responsibilities of colleagues.
   2. For MHA’s approach to risk management, risk culture, and strategic risk management, refer to the Risk Management Policy.
   3. For clinical risk management, refers to the Clinical Risk Policy.
2. Scope and Purpose
   1. The Management of Health and Safety at Work Regulations 1999 (MHSWR) requires that suitable and sufficient risk assessments must be carried out in order to reduce risks to colleagues and others not in our employment.
   2. The main principles of this policy are:
   * To ensure, as far as is reasonably practicable, that no individual is exposed to avoidable risks to their health and safety through the activities of MHA
   * To ensure that risk assessments are carried out and recorded for all identified hazards to which a person may be exposed as a result of the activities of MHA
   * To ensure that reasonable steps are taken to prevent or control exposure to risk from those activities.
3. Definitions

| Term | Definition |
| --- | --- |
| **Hazard** | Something with the potential to cause harm, injury, or loss |
| **Risk** | Exposure to danger, harm, or loss. |
| **Risk Assessment** | The process of evaluation and prioritising risks to gain an understanding of the risk and develop risk control strategies. |

1. Statement of Intent
   1. A risk assessment must be suitable and sufficient and must be undertaken by a competent person. A “Competent” person does not require a particular level of qualification and in simple situations may require only –
   * an understanding of relevant current best practice
   * awareness of the limitations of one’s own experience and knowledge
   * the willingness and ability to supplement existing experience and knowledge.
   1. A copy of the general risk assessment form is available on MHAConnect as a standalone form.
2. Risk Assessment Process
   1. There are 5 simple steps to a risk assessment:

| **No.** | **Step** | **Details** |
| --- | --- | --- |
| 1 | **Identify hazard or task** | A complete list of potential hazards and tasks needs to be produced. The list will almost certainly include items like, use of electrical equipment, lifting and manual handling, etc. It is now a legal requirement that fire risk assessments are carried out (refer to Fire Policy) but in addition to the normal lists of hazards and tasks there may be some risks peculiar to what you do or where you work.  MHA has produced “core” or “model” risk assessments for commonly performed tasks and known potential hazards, but these must only be used for guidance.  In order to inform colleagues of the risk assessment process and to seek their involvement and positive co-operation it is recommended that consultation takes place. A simple way to begin the process is by “brainstorming”. |
| 2 | **Identify person(s)** at risk and how they might be harmed | It is fairly obvious that colleagues could be at risk from certain hazards, but it is also very important to consider other people who may be at risk, e.g. residents / tenants, visitors, contractors, passers-by, etc.  Special consideration must be given to people who may be more vulnerable, such as:   * The elderly and confused * New and expectant mothers * Young persons |
| 3 | **Assess the risk of harm**, injury or loss with existing controls being used | The results of the risk assessment will need to be recorded on the standard form. Significant hazards and conclusions must be noted, and the findings made known to colleagues who might be affected. Records should be kept for forty years.  There are many ways of classifying the level of risk. MHA has adopted a simple three level system, i.e. High, Medium, and Low.  **High** risk classification indicates that there is a significant risk of serious harm, injury, or loss. Immediate action must be taken to reduce the level of risk to a more acceptable level.  **Medium** risks are less serious but nevertheless pose a foreseeable threat of harm, injury or loss which must be reduced as quickly and as far as is reasonably practicable.  **Low** risks should also be reduced so far as is reasonably practicable so that the risk of harm, injury or loss becomes insignificant or trivial.  The risk must be classified taking into consideration existing control measures. In order to determine whether a low, medium, or high risk exists it is necessary to be able to assess the likelihood of harm, injury or loss resulting from the hazard.  Factors which will also need to be taken into account are the:   * Frequency at which the hazard is encountered (e.g. twice a year - cutting privet hedge or several times a day - bathing residents) * Severity of any harm, injury, or loss (e.g. fatality - serious fire or minor injury such as a cut or graze). |
| 4 | Consider additional **control measures** e.g.: what else can you do to eliminate or reduce risk to a more acceptable level | Risk assessment acts as a guide to show where measures need to be taken in order for the employer to fulfil their statutory duties. The hierarchy of control measures that can be used, in order of priority, are:  Long Term 1. **Eliminate** or avoid risk at source  2. **Substitute** by using a safer alternative  3. **Contain** risk by enclosure  4. **Alter** the hazard or task  5. **Educate** people affected  6. **Supervise** near hazard and / or during task  Short Term 7. **PPE** and / or last resort |
| 5 | **Review** the assessment | Risk assessment is not a one-off exercise. It is important to review the assessments at regular periods. The frequency of review will depend upon the task or hazard to which the assessment relates. It may also be necessary to undertake reviews at other times, such as:   * following an accident / injury * if there is a complaint * following a change of system or plant or material of the particular activity * following new legislation * after new information being made available by manufacturer or supplier * following the publication of new guidance, etc. |

1. Operational Risk Ratings
   1. The level of risk and residual risk in terms of probability and severity should be rated in the assessment based on the following scale:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Severity** | | | | | | | |
| **Probability** |  | | **1 Trivial** | **2 Minor** | **3 Serious** | **4 Major** | **5 Fatal** |
| **5 Certain** | | 5 | 10 | 15 | 20 | 25 |
| **4 Likely** | | 4 | 8 | 12 | 16 | 20 |
| **3 Possible** | | 3 | 6 | 9 | 12 | 15 |
| **2 Remote** | | 2 | 4 | 6 | 8 | 10 |
| **1 Improbable** | | 1 | 2 | 3 | 4 | 5 |
| **Level of risk** | | **Action and Timescale** | | | | | |
| **High** | | You should not start work until the risk has been reduced. You may have to set aside considerable resources to reduce the risk. If the risk involves work in progress, you should take urgent action. If it is not possible to reduce the risk even with unlimited resources, you must stop all work. | | | | | |
| **Medium** | | You must try to reduce the risk but should carefully measure the cost of prevention. You should use measures to reduce the risk within a defined time period. If the medium risk is associated with extremely harmful consequences, you may need to carry out another assessment to identify more precisely the likelihood of harm. This will help you decide whether you need to use improved control measures. | | | | | |
| **Low** | | You don’t need to act or keep documentary records. Monitoring is necessary to make sure that the controls are still effective. | | | | | |

* 1. Guidance on Severity ratings is given in the table below:

| **Severity** | **Level of Harm** |
| --- | --- |
| 1 Trivial harm | Injuries or ill health not requiring first aid |
| 2. Minor harm | Injuries or ill health requiring first aid |
| 3. Serious harm | Injuries or ill health requiring a week or more to recover |
| 4. Major harm | Significant / Major injuries or long-term ill health |
| 5. Fatality | Fatal injuries or ill health |

* 1. **For specific guidance on completing the** Risk Assessment Form, **refer to appendix 1.**

1. Risk Assessment Review
   1. Risk assessments will be reviewed on an **annual basis, or more frequently** if there has been a significant change in the building, working environment, work equipment, work practices, personnel; following an accident or near miss; or where existing control measures are deemed to be inadequate.
   2. The assessment review form will be held with the risk assessment.
2. Record Keeping
   1. A copy of the risk assessments will be made available at our premises where personnel are employed. Colleagues will be made aware of any significant hazards, associated risks and necessary control measures that are relevant to their work. For MHA Communities, risk assessments will be stored in Communities Membership Management.
3. Roles and Responsibilities

| Role | Responsibilities |
| --- | --- |
| **All Colleagues** | Individual colleagues will cooperate and assist with any risk assessments as required, and bring to the notice of management any hazards and defects that may affect the working and / or living environment. All incidents and accidents will be immediately reported to the manager. All colleagues will follow safe systems of work and control methods provided for their and others’ safety. |
| **Risk Assessors** | Will complete relevant risk assessments to ensure that all hazards found in our premises and during our work operations are either eliminated or remedial actions implemented to reduce the level of potential harm to a minimum. The significant findings of the assessments will be recorded.  Need to ensure that work activities and tasks carried out on sites are taken into account (e.g. task risk assessments). The risk to others must also be assessed, including people using our services, visitors, volunteers, agency colleagues, contractors, and members of the public. |

1. Training and Monitoring
   1. MHA will provide risk assessment training for all relevant Managers and other personnel considered necessary to ensure competency and such training will be refreshed on a regular basis. Further advice and support are also available from the H&S Team and MHA’s contracted external Health and Safety Consultants.
   2. Compliance is assessed through direct observation, monitoring, and supervision of our colleagues.
2. Communication and Dissemination
   1. This policy is disseminated and implemented within all MHA services through MHA’s channels of communication.
   2. Each colleague’s line manager must ensure that all teams are aware of their roles, responsibilities.
   3. This policy will be available to the people we support and their representatives in alternate formats, as required.
   4. Any review of this policy will include consultation with our colleagues, review of support planning, incident reports, quality audits and feedback from other agencies.
   5. Queries and issues relating to this policy should be referred to the Standards and Policy Team [policies@mha.org.uk](mailto:policies@mha.org.uk)
3. Equality Impact Assessment (EIA)
   1. Equality, Diversity, and Impact Assessment to be confirmed.
4. Resources
   1. **MHA policy documents, procedures, and guidance:**
   * Risk Management Policy
   * Managing Clinical Risk Policy
   * Falls - Risk Management, Prevention and Treatment (RL)
   * Environmental Risk Assessment Procedure
   * Falls Prevention and Risk Management Policy
   * Quality and Risk Groups - Terms of Reference
   * Quality and Risk Group - Standard Agenda
   1. **General Risk Assessment Template**
   * Risk Assessment Form
   1. **Health and Safety Risk Assessment Templates**
   * Fire Safety Leased Premises Risk Assessment
   * Fire Safety Retirement Living Person Centred Risk Assessment
   * Manual Handling Risk Assessment Checklist Form
   * Lone Working Risk Assessment Form
   * Full Workstation Risk Assessment Form
   * MHA Communities and Central Support Environmental Risk Assessment
   * Care Homes and Retirement Living Environmental Risk Assessment
   * Aerosol Generating Procedures Risk Assessment
   * New and Expectant Mothers Risk Assessment
   1. **Common Risk Assessment Templates**
   * Clinical Risk Assessment
   * Smoking Risk Prompts
   * Wheelchairs - Risk Assessment
   * Bedrails Risk Assessment and Review Record
   * Infectious Illness and Outbreaks Risk Assessment
   * Moving and Handling - Risk Assessment Form
   * Safe Swallowing (Choking) Risk Assessment
   1. **Clinical Risk Assessment Templates**
   * Constipation Risk Assessment
   * Catheter Risk Assessment
   * Multifactorial Falls Risk Assessment
   * Medication Profile and Risk Assessment
   1. **Other Risk Assessment Templates**
   * Catering Risk Assessment Form Small Scale Catering Food Safety
   * CSP Risk Assessment Review Record
   * Falls - Risk Assessment (RL)
   * Day Care Risk Assessment
   * Risk Assessment - For Applicants and Residents
   1. **External Guidance**
   * [Managing risks and risk assessment at work (HSE).](https://www.hse.gov.uk/simple-health-safety/risk/index.htm)
5. Appendices

Appendix 1: Guidance on Completing a Risk Assessment

Appendix 2: Specific Risk Assessment Considerations

Appendix 1: Guidance on Completing a Risk Assessment

* + 1. You need to gather together all the relevant information on the hazards of the task, process of environment being assessed. You can use the risk assessment form to help you make the assessment and create a written record of that assessment process.
    2. A more balanced assessment can be made when there is a consensus of more than one person, and so it is preferable to utilise a team of people with knowledge of the process and existing procedures. The assessment team will consist of at least one member of colleagues who is competent in the risk assessment process.
    3. The first part of the form is used to record the date of assessment, reference number, review date, description of the task to be assessed, the project number and who may be exposed to the hazards.

**Initial Risk Assessment**

* + 1. In this section you need to consider what the hazards are. In doing this, it is important to consult with colleagues who work in the area and any existing documentation that may have a bearing on the risk assessment (e.g. documented procedures and policies, equipment used, services used (electricity, gas, etc) and maintenance procedures).
    2. Once the hazard has been identified you should then decide what the potential harm is from the hazard and what existing control measures are in place. An example is given in Table 1.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1** | **Hazard** | **Potential Harm** | **Existing Risk Control Measures** |
| Using computer workstations incorrectly | Repetitive strain injury and back injury | Induction training given. |
| Lifting heavy files on to shelving | Injury, especially to the lower back | No control measures established. |
| Puncture wounds from discarded needles | Blood borne diseases | Trained personnel.  Correct PPE.  Designated sharps dispensers.  Policy and procedures. |

* + 1. For each hazard the level of risk is estimated taking into account the existing control measures. So, for the above two examples:

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 2** | **Level of Risk** | | |
| **Likelihood** | **Severity** | **Risk Score** |
| Using computer workstations | 3 | 3 | 9 |
| Lifting heavy files | 4 | 4 | 16 |
| Puncture wounds from discarded needles | 1 | 3 | 3 |

**Additional Risk Control Measures**

* + 1. For each hazard that you have assessed with a risk greater than 5 (i.e. a medium or high risk), you need to list these in section B. You then need to list, where practicable, any additional control measures required to reduce the risk as shown in Table 3.

|  |  |  |
| --- | --- | --- |
| **Table 3** | **Hazard** | **Additional Control Measures** |
| Using computer workstations incorrectly | 1. Carry out full DSE workstation assessment.  2. Ensure corrective actions implemented.  3. Annual reviews.  4. Occupational Health Support.  5. DSE Booklet to be supplied. |
| Lifting heavy files on to shelving | 1. Use mechanical assistance to transport files.  2. Use secure steps to gain access to shelves.  3. Carry out manual handling training. |
| Puncture wounds from discarded needles | No additional control measures necessary at this time. |

* + 1. With these new control measures in place the risk is re-assessed as shown in table 4.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 4** | **Level of Risk** | | |
| **Likelihood** | **Severity** | **Risk Score** |
| Using computer workstations | 1 | 3 | 3 |
| Lifting heavy files | 2 | 4 | 8 |
| Puncture wounds from discarded needles | 1 | 3 | 3 |

* + 1. It can be seen that in this example the risk will be reduced in two of the examples. In the third example, control measures were deemed to be adequate. In some situations, it may not be possible to reduce the risk to a low level and a medium risk can be accepted provided that colleagues are fully informed of the level of risk and the protective measures in place. A high residual risk must not be accepted.
    2. The person responsible for carrying out or implementing the additional control measures completes the last two columns in section B, which includes who is responsible and a target completion date.

**Additional Comments**

* + 1. Section C allows you to add any additional comments relating to the risk assessment. This may include occasions when you do not have enough information or knowledge to fully assess the risk.

**Action Plan**

* + 1. Action - This part of the table shows what additional action or control is required as a result of the assessment and it should describe in detail the control measures which need to be put in place to reduce the risk further to a tolerable level. It may be necessary to implement controls in stages e.g. a temporary control measure to overcome an immediate high risk and also to put in place a more permanent risk control measure to eliminate or reduce the high-risk item. Details must be entered to show who needs to do what by when.
    2. When you have undertaken your risk assessment, there may be adequate control measures established to prevent or reduce the risk of injuries and hence no further action will be required.
    3. However, where further action is required in the form of additional control measures, then the action plan (in HS401a) should be fully completed. Each additional control measure should be assigned a reference number so that it can be referred to easily by those responsible for action. An accurate date of completion and person who completed the remedial action should also be detailed on the form.
    4. There is additional space for completing any information / general comments that may be required, for example the remedial action required has been reported to Estates for completion and will be budgeted for in the next financial year, or the decision has been made by a senior person not to undertake the remedial action due to legitimate reasons, all of which should be fully documented. Copies of email requests or details of conversations can also be included or attached to the risk assessment if necessary.
    5. A copy of the action plan must be sent to the line manager (for homes, schemes and live at home the plan must be sent to the Area Manager).
    6. The senior manager receiving the action plan, e.g. Area Manager must check the plan to be sure that actions and time scales are appropriate. Where action from others is required then it is important that those people, e.g. Development and Asset Managers, Directors are made fully aware of the action required and the expected completion date.
    7. Identified actions recorded on the action plan are to be completed / signed-off within agreed time scales to ensure that the risk assessment remains valid.

**Risk Assessment Review**

* + 1. Risk assessments will be reviewed on an annual basis, or more frequently if there has been a significant change in the building, working environment, work equipment, work practices, personnel; following an accident or near miss; or where existing control measures are deemed to be inadequate.
    2. The risk assessment review form (in HS401a) should be held with each risk assessment and completed in full when necessary. The review form ensures that there is evidence that the Manager or responsible person has conducted a suitable and sufficient review. If there are any significant changes, then the risk assessment will need to be reviewed, amended, and re-completed in full where necessary.
    3. Reassess - When the proposed extra control measures have been implemented, then the hazards should be reassessed to determine whether they have been eliminated or reduced to a more acceptable level.

Appendix 2: Specific Risk Assessment Considerations

|  |  |
| --- | --- |
| **Accident Procedures**  **Do you have the correct procedures in place?** | Is there a documented accident / incident reporting procedure with forms available?  Has everyone received training in the accident reporting procedure?  Has someone been made responsible for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reporting? |
| **COSHH**  **What should you consider if any hazardous products are being used?** | Can you discontinue use of the product? (First priority)  Can you substitute the product with a less hazardous one?  Has the person been trained to understand the hazards of the products?  Are Material Safety Data Sheets (MSDS/COSHH sheets) available and nearby?  Has a specific COSHH assessment been conducted?  Are storage areas secure and signed?  Have your first aiders received a copy of the Material Safety Data Sheets for products used in their areas? |
| **Electrical Equipment** | Are the personnel working on the equipment qualified to do so?  What safety measures must be taken in order to work on this equipment?  Are the first aiders aware that electrical work is taking place?  Is there an on-going procedure in place for PAT (portable appliance testing - electrical) testing of all equipment?  Is the testing current / in date?  Is there a procedure in place to ensure that any colleagues bringing personal electrical equipment into the building (radios, phone chargers, etc.) has it PAT tested before use?  Is there a system to examine the fixed electrical wiring every five years?  Are the electrical risers and intake rooms secured? |
| **Emergency Measures** | Are the fire exits clearly marked with a pictorial sign (e.g. “running” man)?  Are there adequate and correct fire extinguishers in the area whilst the task is being undertaken?  Are there written evacuation procedures close by?  Are the fire exits blocked?  Do you have mobility impaired residents or colleagues?  Has a fire risk assessment been completed?  Are there regular fire evacuation drills?  Are fire safety systems regularly tested and maintained?  Is there a procedure for induction and regular colleagues training? |
| **Driving for the Company** | Do you check the current driving licenses of all personnel who drive on behalf of the Company on a regular basis?Do all Company vehicles have first aid kits in them?Do all Company vehicles have fire extinguishers in them?Has smoking within the vehicle and use of hand-held mobile phones whilst driving been banned?Have you completed a risk assessment for all tasks completed by Company drivers?Are all Company vehicles regularly maintained? |

|  |  |
| --- | --- |
| **DSE (Display Screen Equipment)** | Have all DSE “Users” been identified and a DSE Assessment completed?  Do you have a Company Eye and Eyesight Policy (legislative requirement)? |
| **First Aid** | Is there a fully equipped first aid box available at all times? Are there adequate numbers of first aiders available at all times when the building is in use?  Is an eyewash station required? |
| **Home-workers** | Have you completed a home-worker assessment? |
| **Lone Working** | Do you have any lone workers or those in professional isolation?  Are suitable control measures established, for example mobile phone, diaries, working in pairs etc? |
| **Manual Handling**  **Does the task involve an element of lifting, pulling, or pushing? If so, consider the following** | Have personnel received training in manual handling? Is a written manual handling assessment required? It could be if it involves any excessive pushing, pulling, repetitive movements or twisting / bending, etc.Has individual capability been assessed? |
| **Machinery**  **Consideration must be given to safety when using a piece of machinery, for example a hoist.** | Is there an adequate maintenance procedure in place?  Does the machine need to be isolated electrically?  Are there guards in place to ensure that contact with moving parts is not possible?  Is it excessively hot?  Is it excessively cold?  Are there very sharp edges to be avoided?  Is there a nip or trapping point?  Can body parts be trapped by equipment?  Is the area to be worked in very cramped with poor  housekeeping?  Are personnel trained how to use the equipment safely?  Is the machine regularly maintained and serviced? |
| **Maintenance / Servicing** | Is all machinery / equipment regularly maintained?  Are all personnel undertaking the maintenance trained to do  so?  Are there risks assessments and safe working procedures  in place? |
| **Noise** | Are the levels of noise in the workplace such that a noise survey should be considered?  Are all personnel given hearing protection if required?  Are warning notices posted in areas where the noise levels exceed the legislative requirements?  Are all personnel trained in the use of their hearing  protection? |
| **Personal Protective Equipment** – **What is needed** | Masks?  Safety Goggles?  Harness?  Lone Worker alarm?  Gloves specific to task?  Ear protection  Specialised overalls?  Have all personnel been trained in the use of their protective equipment? |

|  |  |
| --- | --- |
| **Personnel** | Training – Is the person qualified to undertake this work?  Are they physically capable of carrying out this work?  Do they have any disabilities that need to be considered? |
| **Task** | Is specialist equipment needed?  Is specific personal protective equipment required?  Are barriers and warning signs needed?  Have the personnel completing the task been trained to do so? |
| **Stress** | Is there a procedure available for the stress related concerns of all personnel? |
| **Waste** | Are procedures established to dispose of all types of waste, for example food, household, clinical, sharps etc?  Do personnel know how to dispose waste correctly?  Has the correct procedure been implemented for hazardous waste? |
| **Working area** | Are all emergency exit routes clear at all times?  Is there a housekeeping procedure in place?  Is the work area congested?  Are there any trip hazards around, e.g. cabling, personal belongings?  Is the floor slippery?  Is the carpet in good condition?  Are there potholes?  Are there barriers available for cleaners to use? |

1. Version Control

| Version | Version Date | Revision Description / Summary of Changes | Author and Review Panel | Next Review Date |
| --- | --- | --- | --- | --- |
| 5 | April 2024 | Statutory review completed; regular compliance review required including a review of standard operating procedure. | Author  Standards and Policy Manager | August 2025 |
| 6 | July 2024 | Resources updated. | Author  Standards and Policy Manager | August 2025 |
| 7 | October 2024 | Document formatting; codes removed and amended policy documents, updated in Resources section | Head of Standards and Policy | August 2025 |