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| **Activity, topic or work to be undertaken: Fundraising; Individual Giving Administration Support Volunteer****Location:** Hospice (Relevant level DBS check required)**Assessor / Role:** Matthew Ward (Head of Facilities and Health and Safety) and Heather Griffiths (Volunteer Coordinator)**Date of assessment:** 02/08/2021**Version:** V1**Review Date:** 21/10/2021 |

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| **Guidance** |  |  |  |  |  |  |
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| Use the hazard matrix below to calculate the risk rating for the activity |  |  |
| **Risk =** Probability x Impact |  |  |  |  |
|  |  |  |  | **Impact** |  |  |
|  |  | Minor injury / illness (first aid not required) | Minor injury / illness (first aid required) | Injury / illness requiring medical / hospital attention | Major injury / illness | Fatality / disabling injury |
| **Probability** |  | **1** | **2** | **3** | **4** | **5** |
| Almost certain | **5** | **5** | **10** | **15** | **20** | **25** |
| Likely | **4** | **4** | **8** | **12** | **16** | **20** |
| Moderate | **3** | **3** | **6** | **9** | **12** | **15** |
| Unlikely | **2** | **2** | **4** | **6** | **8** | **10** |
| Remote | **1** | **1** | **2** | **3** | **4** | **5** |
| **Use the following to rate the risk and plan corrective action:** |  |  |
|  |  |  |  |  |  |  |
| **Risk level** |  | **Category** | **Tolerability** | **Comments** |
| 1 - 2 |  | VERY LOW | Acceptable | No further action is necessary other than to ensure that the controls are maintained |
| 3 - 4 |  | LOW | Acceptable | No additional controls are required unless they can be implemented at very low cost (in terms of time, money and effort) |
| 5 - 7 |  | MEDIUM | Tolerable | Consideration should be given as to whether the risks can be lowered, where applicable, to a tolerable level, and preferably acceptable level, but the costs of additional risk reduction measures should be taken into account. The risk reduction measures should be implemented within a defined time period |
| 8 - 14 |  | HIGH | Tolerable | Substantial efforts should be made to reduce the risk. Risk reduction measures should be implemented urgently within a defined time period and it might be necessary to consider suspending or restricting the activity, or to apply interim risk control measures, until this is completed. Considerable resources might have to be allocated to additional control measures. |
| **15 and above** |  | **VERY HIGH** | **Unacceptable** | **Substantial improvements in risk control are necessary, so that risk is reduced to a tolerable or acceptable level** |

| **Activity***List the activities to be undertaken* | **Hazard***Identify the hazards associated with the activities* | **Persons at risk** *Identify the groups who are exposed to the hazard*  | **Control measures already in place to control the risk***List any safety measures that are already in place to control the risks* | **Risk rating score with existing controls** | **Additional controls required***List any additional safety controls or precautions that are required but are either not currently in place or are required to lower the risk rating* | **Risk rating score with new controls** |
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| Use of Office Environment  | Slips, trips and falls  | Staff, Volunteers, Contractors and Visitors  | General good housekeeping to be maintained.All areas well lit, including staircases. No trailing leads or cables used wherever possible.Staff keep work areas clear, e.g. no boxes left in walkways, deliveries stored immediately.Offices cleaned every evening.Any changes in level are identifiable.Passenger lift to fundraising office. Maintenance helpdesk available to report any defects. | P1 x I3 = R3 |  |  |
| Use of Office Environment | Manual handling, muscle damage, sprains, strains, etc.  | Staff and Volunteers  | Volunteer Mandatory Training BookletMoving and handling aids, such as trolleys available Share lifting with others if required | P1 x I3 = R3 |  |  |
| Use of Display Screen Equipment  | DSE | Staff and Volunteers  | DSE training and assessments of workstation carried out by all new starters. Actions carried out asap following. Reassessment to be carried out at any change to work feature, e.g. equipment, furniture or the work environment such as lighting. Workstation and equipment set to ensure good posture and to avoid glare and reflections on the screen. Inform line manager of any pain that may be linked to computer use.Shared workstations are assessed for all users. Work planned to include regular breaks or change of activity. Lighting and temperature suitably controlled. Adjustable blinds at window to control natural light on screen  | P2 x I3 = R6 | Ensure all are undertaking workstation assessments and include in the induction process. | P1 x I3 = R3 |
|  |  |  | Check that identified actions from self assessments are followed up ASAPNoise levels controlled.Laptop users DSE assessment carried out. Laptop should be used with docking station, screen, keyboard and mouse. |  |  |  |
| Use of Office Environment | Exposure to COVID 19 virus | Staff and volunteers | Wash / sanitise hands on entering and leaving buildingWipe down all equipment thoroughly with Clinell wipesComplete LFD test before attending MHCOVID-19 office based risk assessment | P1 x I5 = R5 |  |  |
| Use of Office Environment | Wellbeing | Staff and Volunteers  | Staff understand what their duties and responsibilities are and wherever possible have involvement in planning own work.No bullying’ policy.Staff and volunteers can speak confidentially to their manager or supervisors if they are feeling unwell or ill at ease because of work.Wellbeing Resource Library Regular wellbeing updatesRegular contact maintained with those working with little physical supervisionHealth, Safety, Wellbeing and Environmental GroupMental Health First Aiders | P1 x I4 = R4 | Wellbeing Charter, Policy, etc. under development | P1 x I4 R4 |
| Use of Office Environment | Electrical | Staff, Volunteers, Contractors and Visitors | Staff trained to spot and report any defective plugs, discoloured sockets or damaged cable/equipment and report on the Maintenance Helpdesk.Annual PAT Testing schedule. Defective equipment taken out of use safely and promptly replaced. Staff told not to bring in their own appliances, toasters, fans etc.EICR schedule in place.Competent contractors used for electrical works.Pre use inspection carried out and for any new equipment. | P1 x I5 = R5 |  |  |
| Use of Office Environment | Fire  | Staff, Volunteers, Contractors and Visitors | Annual review of Fire Risk AssessmentFire Action Plan for any highlighted remedial works Fire Safety TrainingFire Marshall TrainingWeekly fire alarm testsRegular Fire DrillsFire Alarm System MaintenancePortable Fire Fighting Equipment Maintenance (Inc. evac chairs)Disabled refuge systemFire alarm system linked to the lift, gas and others for automatic shutoff Signage Fire Induction on first day at workFire alarm monitoring out of hours Emergency LightingEmergency Light testing schedule Volunteer Mandatory Training Booklet | P2 x I5 = R10 |  |  |
|  |  |  | Passive fire surveyFire strategy Fire safety policy and proceduresContractor inductionSigned assembly points Volunteer Mandatory Training Booklet |  |  |  |
| Use of Office Environment | Lone Working Lack of assistance in an emergency situation | Staff | No Lone Working - Regular contact with volunteers manager | **No Lone Working**  |  |  |
| Accessing Welfare Facilities  | Very Hot Water | Staff, Volunteers, Contractors and Visitors | Signage displayed in kitchen areasTMV’s provided in disabled toilets  | P2 x I2 = R4 |  |  |
| Cleaning  | COSHH  | Staff and Volunteers  | Cleaning guidelinesNon hazardous substances used where possibleOffices cleaned daily Substances locked in cleaning cupboards COSHH risk assessments and SDS’s available  | P1 x I4 = R4 |  |  |
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| **Review period: Annually unless there is any significant change**  |

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| **Action** | **Responsible person** | **Completion Date** | **Date Completed** |
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| PPE |  |
| **PPE/RPE requirements****Specification****(Type)** | **Protection required (Include standard)** |
| **Gloves****Hand** | **Ear****Hearing** | **Eye****Eye** | **face****Respiratory** | Harness**Fall** | **Overalls****Body** | **Boots****Foot** | **hi-viz****Hi-Viz** | **hat****Head** |
| **APPLICATION** |  |  |  |  |  |  |  |  |  |

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| Reviewed By | Review Date | Comments |
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