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| **OPS 09** | **Work Adjustment Risk Assessment** |
| **Unit Name** |  | **Unit Number** |  |
| **Employee Name** |  | **Job Title** |  |
| **Brief Description of Duties** **including task(s) that the employee’s ability to perform is/are likely to be affected by the injury/condition** |  |
| **Injury/Condition** |  |
| **Assessment Completed** | **Date** | **Manager Signature** | **Employee Signature** |

**Note**: Assessments must be retained for a period of 6 years.

A Work Adjustment Risk Assessment must be completed with the employee as soon as you are made aware of an injury or illness that may affect the individual’s ability to perform their role or increase the risk of them being exposed to hazards in the workplace.

Consider each question shown in column 1 and answer Yes or No in column 2. If ‘Yes’, consider the possible management actions shown in column 3 and record any actions taken or comments in column 4.

The Risk Assessment and additional measures identified should take account of any specific issues identified by the employee’s GP or specialist.

When reviewing the Work Adjustment Risk Assessment, consider if any circumstances have changed since the last review. Record the date of each review and list any identified additional actions or comments in the Review, Actions and Actions Section at the end of this document. **Do not delete previously entered information**. A first review should be done within one month of the initial assessment. Regular reviews should take place as appropriate and if there are any changes in the employees’ health status, or if the employee or management raises any concerns.

By signing the Risk Assessment, the employee agrees to observe and adhere to any controls identified and to make the manager aware of any arising concerns.

Completed copies of this risk assessment and a copy of the employee’s job description must be sent to the individuals HR Manager. Whilst it is the line managers responsibility to complete the risk assessment and make any necessary adjustments where these are required, it may be necessary to obtain support from the HR Manager to agree additional support for the individual and/or to arrange any Occupational Health support. If it is not possible to make reasonable adjustments or modification to the employee’s tasks or workplace you must contact the HR Manager for support.

Any Occupation Health Assessment must be attached to this risk assessment, and this must be considered at the time of any review.

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| **Matters to Consider** | **Yes/No** | **Possible Management Action** | **Actions/Comments/Date** |
| 1. Does your role require physically demanding work?*Examples include carrying heavy cleaning equipment, pushing heavily loaded trolleys, wheelchairs etc.* |  | Reduce physically demanding tasks.Alter the nature of the task or use lifting aids to reduce risk of injury.Increase rest breaks or work rotations.Temporary limitation some activities may be required. |  |
| 2. Does your injury/illness affect your dexterity or mobility?*Examples include lifting, bending, using equipment, reaching, repetitive movements etc.* |  | Alter the nature of the task.Increase rest breaks or work rotations.Temporary limitation of some activities may be required. |  |
| 3. Does your injury/illness impact on your ability to travel? *Travel includes driving and using public transport.*  |  | Temporary limitation of work-related travel may be required. |  |
| 4. Does your medication affect your ability to drive or operate machinery?*Driving includes using FLTs and LUVs; machinery includes use of complex and dangerous equipment* |  | Check whether medication has side-effects.Temporary limitation of some activities may be required. |  |
| 5. Is your injury/illness affected by your working environment, for example extremely humid, hot or cold, crowded or noisy areas?*Examples include kitchens and cold-rooms.*  |  | Ensure the employee has access to refreshments and can take regular short breaks. |  |
| 6. Are you required to stand or sit for long periods, which could affect your injury/illness?*Examples include DSE work, bar work etc.* |  | Reorganise the work, control hours, volume and pace of work.Ensure seating is available. Provide longer or more frequent breaks to avoid or reduce fatigue. |  |
| 7. Does your injury affect your mobility or balance, and do you work on slippery or uneven floor surfaces?*Examples could include kitchens and other smooth floor surfaces that are likely to become wet or greasy.* |  | Review the ES03 Floor Safety Risk Assessment and ensure that suitable footwear is worn by the employee.Adjust work to reduce exposure to slippery or uneven floor surfaces. |  |
| 8. Do you experience increased stress or fatigue?*Injury, illness, stress or medication may affect the ability to sleep and increase fatigue.* |  | Control workload and volume.Provide longer or more frequent breaks. |  |
| 9.Are you required to work for significant periods of time alone? |  | Review the ES12 Lone Working Risk Assessment and ES12a Lone Workers Workplace Checklist.  |  |
| 10. Are you required to work at height? |  | Adjust work tasks to avoid working at height if necessary.Temporary limitation of some activities may be required. |  |
| 11. Does your injury/ illness affect your ability to wear uniform or PPE? Or does it affect the fit and effectiveness of your uniform or PPE? |  | If necessary, check that uniform and PPE fits.Provide alternative uniform or PPE as required.Temporary limitation of some activities may be required. |   |
| 12. Do you work in a psychologically demanding environment that could affect your illness*Examples include working in high-pressure Healthcare or catering environments* |  | Ensure the employee can take regular short breaks.Temporary limitation of some activities may be required. |  |
| 13. Do you need time off to attend doctor appointments, medical treatment, physiotherapy etc |  | Make adjustments to work arrangements to ensure employee able to attend appointments.  |  |
| 14. Has your doctor given any advice regarding your injury/illness, which affects your ability to work?*If yes, please describe below:* |  | Make adjustments to work arrangements to take account of medical advice given.Contact your Line Manager, HR Manager or HSE Manager for advice if required. |  |
| 15. Are there any additional hazards or controls that need to be considered?*If yes, please describe below:* |  |  |   |

**Record of Reviews**

Where additional actions or comments are identified during reviews provide the details below by listing the applicable question number (Matters to Consider) as well as the additional actions or comments. Ensure that both the Manager and Employee sign following each review.

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| **Review No** | **Question Numbers** | **Additional Actions or Comments** | **Manager Signature** | **Employee Signature** |
| **1st Review** |  |  |  |  |
| **2nd Review** |  |  |  |  |
| **3rd Review** |  |  |  |  |
| **4th Review** |  |  |  |  |
| **5th Review** |  |  |  |  |
| **6th Review** |  |  |  |  |
| **7th Review** |  |  |  |  |