Activity Description: Hedge Laying

**RISK ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group name | Assessed by: |  | Date of Assessment: | Ref No: |

**Likelihood: Severity/consequences: Risk rating (SC x L):**

1 - Highly unlikely 1 - Slightly harmful 1 - Trivial risk 6 - Substantial risk

2 – Unlikely 2 – Harmful 2 - Tolerable risk 9 - Intolerable risk

3 – Likely 3 - Extremely harmful 3 - 4 - Moderate risk

Main hazards/associated risks:

| **Ref No** | **Hazard/Risk** | **Who is at risk?**  Consider: KC Employees, Young Persons, Disability, Children/Pupils, Contractors, Visitors, New & Expectant Mothers, Members of the Public, Client/Service User | **Control Measures** | **Locations** | **Likelihood** | **Severity** | **Risk Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Slips/trips/falls** |  | * Safety talk on site and point out safe working practice to volunteers * Tidy working environment * Assess site before work party arrives |  |  |  |  |
| 2 | Cuts/scratches from thorny plants |  | * Ensure all volunteers are provided with gauntlets, knee pads, goggles and have clothing appropriate for the task. Ensure first aid kit is available on site * Advise those at risk to keep tetanus inoculation up to date |  |  |  |  |
| 3 | Cuts scratches from hand tools |  | * Provide tool box talk on equipment being used for safe working practice. Ensure first aid kit is available on site |  |  |  |  |
| 4 | Road side working |  | Ensure appropriate signage is displayed and cordoning off with bollards if necessary |  |  |  |  |
| 5 | Uneven surfaces and changes in levels | . | * Inspect site before work starts * Notify staff/volunteers of potential dangers. * Ensure appropriate footwear is worn |  |  |  |  |
| 6 | Weather conditions | . | * Check weather reports before task is undertaken. Adapt work according to conditions. |  |  |  |  |
| 7 | Contact with livestock | . | * Ensure staff/volunteers do not approach livestock or dogs. * Approach site via alternative route if stock on land. |  |  |  |  |
| 8 | Barbed wire fencing | . | * Where possible remove barbed wire before task starts. * If barbed wire can not be removed ensure all are aware of its presence. |  |  |  |  |
| 9 | Manual handling |  | * Demonstrate correct lifting technique before task begins. * Ensure participants change task during the day to avoid repetitive strains * Ensure those with health problems or who are pregnant do not undertake manual lifting. * Physical problems should have been reported on contact form. |  |  |  |  |
| 10 | Insect bites |  | * Inspect site prior to work for insect nests. * Seek medical aid if staff/volunteer has and adverse reaction. * Move away from site if |  |  |  |  |
| 11 | sharps |  | * No volunteers/trainees to move sharps on site. * Remove sharps to secure box and dispose of appropriately. |  |  |  |  |
| 12 | **Violence:**  Physical assault / verbal abuse |  | * Stay within visual contact with volunteers. * Leader to carry charged mobile phone to contact emergency services if needs be. |  |  |  |  |
| 13 | **Personal safety:**  Inadequate supervision / instruction |  | * Supervisor will have basic first aid training and will carry a first aid kit. * Observation and leader control. * Supervisor will carry a mobile phone to contact emergency services if deemed necessary. * Supervisor to discuss any health concerns ensuring confidentiality at all times. |  |  |  |  |
| 14 | **Thorns/sharp twigs penetrating and injuring legs whilst kneeling down** |  | ● Look out for dead wood, thorns, insecure branches and any signs of decay both in the trees to be felled in adjacent crowns and on the ground.  ● Wear thick clothing/trousers that will not hinder movement. If necessary and possible, sweep the area.  ● Always wear protective gloves if moving brash on the ground. |  |  |  |  |
| 15 | **Power lines and Underground Services** |  | ● Ensure that all underground and overhead services such as gas, water, sewage, electricity and telephones have been identified before felling.  ● When felling adjacent to overhead electric lines, a clearance of not less than twice the height of the tree must be maintained.  • Felling should be directed away from any electric line. Where felling is within two tree lengths the advice of the owner of the overhead electric lines must be sought. |  |  |  |  |
| 16 | **Fatigue** |  | * It is important to remember that felling is not a one-person operation * Take regular breaks; drink fluids; vary tasks. |  |  |  |  |
| 17 | **Wildlife Disturbance**  Nests |  | * **DO NOT** fell/cut/prune between April to August (Nesting Season) unless there is an absolute necessity to do so for public safety. |  |  |  |  |
| 18 | **Eye Injury**  Protruding branches, twigs, thorns |  | * If necessary, wear safety spectacles/goggles to protect your eyes. * Always cut back small branches to clear a working area near the tree/hedgerow. |  |  |  |  |

**Personal Protective Equipment:** (please select PPE Symbols from document number 3c and insert into the below boxes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Safety Shoes | Gloves | Wear Hi Viz | Eye Protection | Hard Hat | [Hi Vis POLLYCOTTON Yellow Trousers KNEE BAND - Regular Leg (31](http://www.thesafetysupplycompany.co.uk/p/1158175/hi-vis-pollycotton-yellow-trousers-knee-band---regular-leg-31---st-38800.html) |

**Related Assessments:**

|  |  |
| --- | --- |
| **Assessment Type** | **Assessment Ref** |
|  |  |
|  |  |

**Action Plan:**

|  |  |  |
| --- | --- | --- |
| Action | Person Responsible | Expected Completion Date |
| Ensure that all involved are aware of the risk assessment | Task leader | Day of task |
|  |  |  |

**Conclusions:**

If the above recommendations are followed then risks can be minimised.

A safety Method Statement can be used as part of this risk assessment which can be used to assist with training and when monitoring work activities.

Reviewed by:

Review Date:

Review of this document should be annually or more frequent if:

* After an accident / incident involving an activity from this risk assessment
* Any significant changes to work practices, materials, equipment or legislation

**Assessor (Signed): Dated:**

**Manager (Signed): Dated:**

**THIS RISK ASSESSMENT MUST BE SHARED WITH ALL INVOLVED IN THIS ACTIVITY**

The sharing of the risk assessment with all staff involved with the activity is vital to ensure all control

measures are complied with, are practical and adhered to.

**Please document that this information has been provided**