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 |

**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**