Activity Description:Vegetation Clearance Using Hand Tools

Risk Assessment

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| --- | --- | --- | --- | --- |
| 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 | **Ground Conditions:**Slip, trip or fall on the same level;Uneven Paths and changes in level of paths;Debris on footpaths;Slippery surfaces when wet / muddy;Damage to the earthworks |  | * A pre check to be carried out by the KMC staff/ranger to highlight any areas that need special care and attention.
* Ongoing observation and warnings to volunteers & staff.
* To clear away any debris that may be on any footpaths as soon as possible.
* Advise all to wear safety boots/shoes
 |  |  |  |  |
| 2 | **Violence:**Physical assault / verbal abuse |  | * fully charged phone for the duration of work activity.
* assess the situation as quickly as possible and contact police immediately if necessary.
* Move away from any conflict situation as appropriate
 |  |  |  |  |
| 3 | **Sharps**Broken glass, metal, alien objects inc. needles |  | * Volunteers to be aware of the Council's policy on needle sticks/sharps injury.

• No volunteers are to touch any broken objects/glass* Sharp box and litter picker for removal of sharps.
 |  |  |  |  |
| 4 | **Weather Conditions:**Suffering from extremes of both hot and cold;High windsRain |  | * Check weather reports prior to the work activity day.
* Do not undertake any work if it is adverse weather.
 |  |  |  |  |
| 5 | **Injury from Manual Handling** Inc. back injury, sprains & strains; exhaustion,*stooping, twisting, repetitive handling* |  | * Ensure correct work procedure is demonstrated in tool box talk.
* Monitor any fatigue in participants & to limit the time of participation if necessary.
* Demonstrate correct lifting techniques prior to any work being undertaken.
 |  |  |  |  |
| 6 | **Injury to Public from flying Debris** |  | * To ensure work area has warning signs when appropriate.

● Control public access.● **Call 999** in the event of an emergency.* Never leave any materials/tools on any footpaths, always promote good housekeeping. If necessary make PROW dept aware of any work.
 |  |  |  |  |
| 7 | **Incorrect Use of Hand tools****Strains and sprains** |  | * Ensure that all staff & volunteers have had adequate training in the safe use of hand tools.
* Undertake a safety tool talk.
* Ensure that if any tools are or become faulty /damaged that they are taken out of use and reported to the ranger. Do NOT use any faulty/damaged tools and do NOT adapt these to use unsafely. Ensure they are repaired correctly and to manufacturers instruction.
* Never use swinging tools whilst wearing gloves and aim to wear a hard hat if using swinging tools.
 |  |  |  |  |
| 8 | **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
 |  |  |  |  |
| 9 | **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.
* **DO NOT** move any bird nests and never handles young birds that have fallen out of the nest.
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**Personal Protective Equipment:** (please select PPE Symbols from document number 3c and insert into the below boxes)

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**Related Assessments:**

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

## 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: 10th Oct 2012**

**Manager (Signed):**  **Dated: 02/02/2016**

**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**