Activity Description: **work place related violence**

**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: Volunteers, 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 | Physical assault from person/s  |  | Lone working proceduresAvoid areas where there is a known problem |  |  |  |  |
| 2 | Verbal aggression/abuse from volunteers |  | Procedures are in place to deal with disputes between volunteers. All should be reported to a senior manager |  |  |  |  |
| 3 | Verbal aggression/abuse from public |  | Minimise lone working where possibleImplement safe cash handling procedures Incidents should be recorded Volunteers to be trained in dealing with difficult situationsWhere it is likely that a difficult or dangerous situation volunteers should arrange assistance beforehandVolunteers will not 'play hero', no one will unnecessary jeopardise their safety or that of their colleagues |  |  |  |  |

**Related Assessments:**

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

**Action Plan:**

|  |  |  |
| --- | --- | --- |
| Action | Person Responsible | Expected Completion Date |
|  |  |  |
|  |  |  |

## 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.

### Review Date: 12/02/2017

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**