**Introduction**

STFC has a duty under health and safety law to assess risks in the workplace for all staff (inc. fixed term, part-time, graduates and apprentices, etc.). Risk assessments (RAs) will address risks relevant to the majority of staff, however some individuals with either temporary or chronic health conditions will require a personal risk assessment to address their specific needs. These risks should be addressed on a case-by-case basis. It is the line manager’s responsibility, as soon as they are made aware of this health condition, to complete the personal risk assessment in conjunction with the staff member (who should keep a copy for his/her own records).

**Personal risk assessments**

A personal risk assessment identifies the risks to an individual in relation to all aspects of a person’s role and should not be confused with a PEEP (personal emergency evacuation plan). A PEEP, which is a form of risk assessment, is focused on one aspect of the workplace, which is the process of evacuation from a building to a safe place, in the event of an emergency. Some staff will require both a personal risk assessment and a PEEP.

A personal risk assessment would be required for staff who have been diagnosed with any medical condition, which could impact on a person’s safety in the workplace. The following list is not exhaustive but may include:

|  |
| --- |
| Health conditions which would require a personal RA |
| Any form of heart or coronary disease or condition |
| Epilepsy |
| Diabetes Type 1 or Type 2 |
| Vision or hearing issues (chronic or short term) |
| Long Covid |
| Cancer  |
| Lung conditions such as COPD, emphysema, asthma, etc. |
| Mental health issues (chronic or short term) |
| Use of wheelchair/crutches (chronic or short term) |
| Neurological conditions such as MS, etc. |
| Migraines |

Please note all health conditions vary in their severity and this is why personal risk assessments must be made on a case-by-case basis.

Any risk assessment for a health condition, which may cause seizures, e.g. epilepsy, should be accompanied by a seizure action plan (see SHE website).

**Tips for line managers when having a conversation about personal risk assessments:**

* Be open, honest, empathic and compassionate. Use open questions such as ‘how are you feeling?’ or ‘what would help you manage in your role?’ The person with the condition is best placed to identify the risk and the support required to keep them safe.
* Explain that the purpose of the personal risk assessment (RA) is to protect their health and safety whilst at work. Be sensitive to the fact they may feel vulnerable and worried that their health condition may threaten their role or that colleagues will treat them differently, especially if recently diagnosed.
* State that the RA is confidential between you and the staff member and would only be shown to other parties (e.g. Occupational Health, HR) with their consent. When storing the risk assessment on your computer, ensure it is password protected.
* Ask the individual to consider whether they are willing to disclose any information about their medical condition to colleagues who may then be able to provide support in addition to the line manager. This is particularly important if an individual may suffer a seizure for example in order to equip colleagues with the knowledge of how to support the individual.
* Ask the staff member to inform you of any future changes to their medical condition so the RA can be updated accordingly.

**Support following the completion of the risk assessment:**

If the RA determines that further medical advice is required then the staff member can be referred to Occupational Health, with their permission. Occupational Health would then require the staff member’s permission before releasing the report to the line manager.

It is not possible to eliminate all risks in the workplace. However, the aim is to lower the risk as far as reasonably practicable and certainly eliminate any unacceptably high risks. Any incidents such as near misses should result in a review of the personal RA, and consideration of whether any updates are required.

Line Managers should consider making reasonable adjustments in the personal risk assessment that would allow their staff member to continue working within their role. Examples of reasonable adjustments may include:

* Working additional hours in the week to allow for set flexi day each month, e.g. to attend hospital.
* Providing specific DSE equipment for their needs.
* Provision of a quiet working space without interruptions, or access to a rest space
* Working from home for all or part of the working week with HR’s consent.

**Tips for line managers when completing a personal risk assessment**

Be clear about:

* Any activities, which must not be undertaken by the staff member, e.g. driving a Fork Lift Truck or operating heavy machinery. Alternatively, activities which can be performed but require supervision (and by whom) before taking place.
* Lone working. Which activities can and cannot be performed whilst working alone.
* If a Personal Emergency Evacuation Plan (PEEP) is required:

[SHE Personal Emergency Evacuation Plans (PEEPs) (stfc.ac.uk)](https://www.she.stfc.ac.uk/Pages/Staff/Personal-Emergency-Evacuation-Plans-%28PEEPs%29.aspx)

If you require more information or have any questions, please contact the SHE Group.

1. PROCEDURE OVERVIEW

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee:** |  | **Dept:** |  |
| **Line Manager Name:**  |  | **Site:** |  |
| **Working pattern:***(full time/part-time/hybrid working pattern)* |  |
| **Health condition assessment is made for:** |  |
| **Date of assessment:**  |  |
| **Overview of the Work:***(Provide a general description of the work being undertaken, specifically outlining % of their time split between office, workshop, laboratory environment, etc.)* |  |
| **Relevant input provided from Occupational Health, GP or any other medical professional** |  |

B. HAZARD IDENTIFICATION & ASSESSMENT

From the LIST below, identify the hazards likely to be encountered in the department. Delete any which do not apply. Add to the LIST as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard Categories** (delete any which do not apply) | **If Yes, give more details** | **Control measures in place and monitored by Line Manager** | **Useful notes for help in completion of RA** |
| **Business Travel** *(Specify UK and /or International travel and specify modes of transport)* |  |  | * Permit to drive required.
* Defensive driving course may be required if exceeding 3,000 miles per annum.
* Significant international travel may require health assessment for fitness to travel and/or vaccination, dependent on destination.
 |
| **Display Screen Equipment** |  |  | * DSE training and workstation assessment are mandatory.
* Any specific workstation adjustments required?
 |
| **Manual handling** (*Average weights moved, any with unusual centre of gravity, aids used, items moved outdoors?)* |  |  | * Refer to existing manual handling assessments or complete a new assessment.
* Appropriate training must be provided.
 |
| **Lone Working** |  |  | * Specific risk assessment required. Discuss and complete RA with Line Manager / Supervisor.
* Appropriate training must be provided in the use of any lone worker system employed.
 |
| **Work at Height** |  |  | * Health Surveillance may be required.
* Appropriate training must be provided.
 |
| **Electrical Hazards**(*Describe the equipment used)* |  |  | * Visually check all equipment before use.
* Ensure item has a valid (in-date) PAT label.
* Immediately report faults to line manager.
* Appropriate training must be given and recorded.
* Personal Protective Equipment as directed by risk assessment.
 |
| **Hazardous Equipment**(*E.g. lathes, band saws, power tools, pressurised vessels, centrifuges, high voltage, etc. )*  |  |  |
| **Liquefied Gases** *(E.g. Liquid nitrogen, liquid helium, etc. Volume used?)* |  |  | * Refer to departmental protocols / risk assessments for handling cryogenic gases, otherwise complete risk assessment.
 |
| **Hazardous Substances***(Toxin / Mutagen / Carcinogen /Sensitizer / Oxidiser / Corrosive / Flammable / Pyrophoric / Dust / Fume/ Mist / Vapour)* |  |  | * Refer to, or complete new CoSHH assessment.
* Supervisor/ line manager to ensure competence in Good Laboratory Practice.
* Health Surveillance may be required, specifically if handling aeroallergens or skin sensitisers (e.g. rosin based solder) or carcinogens.
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| **Work with Ionising Radiation** *(Sealed and unsealed sources or for access to a radiation controlled area).* |  |  | * Contact the Dosimetry Service to complete application for personal dosimetry form.
* Health Surveillance may be required, subject to RPA advice.
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| **Lasers** |  |  | * Users of low risk lasers must be briefed by the Laser Responsible Officer.
* Users of Class 3B or above lasers must undertake any specific training identified by the LRO.
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| **Noisy Environments / using Noisy Equipment** |  |  | * Health Surveillance may be required if working in hearing protection zone.
* Appropriate training must be given.
 |
| **Crane Driving or professional drivers** |  |  | * Appropriate training must be provided prior to use.
* Operators of cranes > 1 tonne will require health surveillance.
* Professional drivers require health surveillance.
 |
| **Fork Lift Truck Drivers** |  |  | * Health Surveillance will be required
* Appropriate training must be given.
 |
| **Shift / Night Working** |  |  | * Health Surveillance required.
 |
| **Biological Hazards** *(e.g. Pathogens, human or animal tissues and DNA / RNA)* |  |  | * Refer to, or complete new CoSHH/GM assessment.
* Line manager / supervisor to ensure competence in Good Microbiological Practice.
* Health Surveillance may be required, specifically if handling human tissue / blood.
 |
| **Genetic Modification** *(e.g. of Micro-organisms)* |  |  |
| **Vibrating Machinery** |  |  | * Health Surveillance may be required.
 |
| **Other:** |  |  |  |

***Note: For further information on whether health screening/surveillance is required, please see SHE Code 24, Appendix 1***

***C. TRAINING REQUIRED FOR STAFF MEMBER OR NEARBY COLLEAGUES?***

***Any training required YES/NO***

***Details:***

***……………………………………………………………………………………………………………………***

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***D. DECLARATION - To be completed by the Line Manager (or nominated deputy):***

|  |  |
| --- | --- |
| **Supervision** | The level of supervision required for this work has been discussed and agreed as:A – Work may not start. Specific training/instruction/supervision required.B – Work may start but under close supervision. Further instructions required.C – Work may start, but care to be observed. Individual is deemed competent.D – Work may start. Work presents no significant risk.**Note: if level of supervision varies depending on task, this should be detailed next to the hazard in the assessment above.** |
| **Name of Line Manager:** |  | **Completed by** **(if other than LM):** |  |
| **Signature:** |  | **Date:** |  |

***E. DECLARATION - To be completed by staff member:***

|  |  |
| --- | --- |
| **Departmental Safety Information** | I have read and **understand** the information referred to in this risk assessment. It is my responsibility to familiarise myself with any further documentation identified to me. I will observe and implement the safety instructions and controls specified. |
| **Changes to the Assessment** | I understand that if my work activities change and/or my health condition alters then I must inform my Line Manger, so that this assessment can be reviewed. |
| **Signed:** | **Date:** |