

Risk Assessment Form

Name:	
Employee number:	
Health condition / diagnosis:	
Substantive position:	
Facility/Site:	
Any flexible work agreement in place/Details of	
Work hours / roster:	
Date of assessment:	
Person completing assessment:	
People consulted for risk assessment:	

Reason for assessment			
Indicate which applies: <input type="checkbox"/> Worker disclosed NWRI <input type="checkbox"/> Manager identified NWRI <input type="checkbox"/> Worker requesting to return to work		<input type="checkbox"/> Worker requesting changes to their role / contract due to NWRI, <input type="checkbox"/> Chronic NWRI identified through Sick/Other Leave	
List of concerns: Impact on employee's ability to complete to demands of their substantive position. Eg: lifting, carrying, pulling, CPR, Restraints, potential triggers	<ul style="list-style-type: none"> ▪ ▪ ▪ 		
Supporting evidence / information or documents. ie: Medical reports, scans, performance management documents. Objective evidence to support the concerns.	<ul style="list-style-type: none"> ▪ ▪ ▪ 		
Risk Matrix (Use NSW Health Risk Matrix on Page 3 of this document)	Likelihood:		Consequence
Risk Rating <i>See below for actions in relation to the rating</i>			

Outcomes	Tick Relevant Box(s)
Low	<input type="checkbox"/> No change to duties required. <input type="checkbox"/> Employee to remain at work and monitor <input type="checkbox"/> Low level risk mitigation as appropriate (outline below in controls) <input type="checkbox"/> Manual handling assessment or training <input type="checkbox"/> Mental Health or Resilience Assistance training <input type="checkbox"/> Other (please specify): _____

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Medium	<input type="checkbox"/> Request medical information from treating practitioners Consider suitable duties in current work location (based on medical info) <input type="checkbox"/> Consider suitable duties in alternate work location (based on medical info) <input type="checkbox"/> Change scope of practice (e.g. work hours, additional support/supervision) <input type="checkbox"/> Other (please specify): _____
High	<input type="checkbox"/> Direct worker on sick leave <input type="checkbox"/> Request medical information from treating practitioners/Consider IME <input type="checkbox"/> Other (please specify): _____
Extreme	<input type="checkbox"/> Direct worker on sick leave <input type="checkbox"/> Seek urgent medical assistance (<i>Review Protocol for responding to staff members expressing thoughts of suicide or self-harm</i>). <input type="checkbox"/> Other (please specify): _____

4. Controls / Actions	Who will do it?	By when?	Date completed
1.			
2.			
3.			
4.			
5.			

5. Reasonable Adjustment Type	Supported	Unsupported	Approved
1.			
2.			
3.			
4.			
5.			

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		CONSEQUENCE EXAMPLES				
		Catastrophic	Major	Moderate	Minor	Minimal
NSW HEALTH RISK CATEGORIES	Clinical Care and Patient Safety	Unexpected multiple patient deaths unrelated to the natural course of the illness	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness	Unexpected temporary reduction of patients bodily function unrelated to the natural course or the illness which differs from the expected outcome	Patients care level has increased unrelated to the natural course of the illness	
	Workforce	Unplanned Cessation of critical state-wide program or service or multiple programs or services	Unplanned Cessation of a service or program within a Service Area with possible flow on to other locations	Unplanned restrictions to services and programs in multiple locations or whole hospital or community services	Unplanned service delivery or program delays localised to department or community services	Minimal effect on service delivery
	Work Health and Safety	Multiple deaths or life threatening injuries or illness to non-patients	Death or life threatening injury or illness causing hospitalisation of non-patients	Serious harm, injury or illness causing hospitalisation or multiple medical treatment cases for non-patients	Minor harm, injury or illness to a non-patient where treatment or first aid is required	Harm, injury or illness not requiring immediate medical treatment

		CONSEQUENCE RATINGS				
		Catastrophic	Major	Moderate	Minor	Minimal
LIKHOOD	Almost Certain	A	D	J	P	S
	Likely	B	E	K	Q	T
	Possible	C	H	M	R	W
	Unlikely	F	I	N	U	X
	Rare	G	L	O	V	Y