**Risk assessment for PAs**

As an employer you are legally required to make sure that you have assessed the risks facing all your employees when they are working for you. The Health and Safety Executive says that you should also take account of the individual doing the job e.g. they might have back problems etc. You must identify the hazards involved in your PA’s job and you should think about ways to minimise the risk (e.g. by giving advice or training) and write this down. This includes thinking about who else might be affected by the hazards you have identified – not just your PA and you.

As an employer you are legally required to ensure that your PA has the training they need to be able to carry out the tasks within their role safely.

This form has been developed as a template to help you assess the risks and training needs for your PA. Section one must be completed for each PA you employ. Sections two – fifteen can be completed generically for all your PA’s. For further information on this aspect of PA employment please see **Health and Safety- factsheet 4.2**.

Please answer each question with ‘yes’ or ‘no’ and write in any additional comments.

|  |  |
| --- | --- |
| **PA name:** |  |
| **Section one: fitting the job to the person** |
| Does the PA’s strength, height or size affect their ability to do the job / tasks in comfort? |  |
|
| Does the PA dress appropriately to do job safely e.g. clothing not too tight or loose, no high heels? |  |
|
| Is the PA’s attitude to doing the job flexible, so that they change methods for extra safety if necessary? |  |
|
| Does the PA require specific knowledge, training or information? |  |
|
| Does your PA have back problems? |  |
|

|  |  |
| --- | --- |
| Is your PA is pregnant? If so, have you carried out a pregnancy risk assessment yet? |  |
|
| Does your PA have any allergies/reactions? |  |
|
| Does your PA have any other health concerns that may affect them doing the job? |  |
|
| Is your PA willing to work with others, if this makes the job safer? |  |
|
| Does the job require unusual capability e.g. above average agility or strength? |  |
|
| Is your PA under the age of 18? If yes you should consider what provisions need to be made for a ‘young worker’? See **young workers - fact sheet 7.3** |  |
|
| If your PA has previously been trained in a different way to do a similar job, have you made it clear how they should do your job safely? |  |
|
| You should tell your PAs what their employee duties are as regards health and safety (see health and safety policy statement – section 14 )You should also practice with your new PAs how to do relevant tasks so that you can assess if they require further training or supervision on these tasks. |
| Additional notes: |
|  |

|  |
| --- |
| **Section two: manual handling -** Please note that ‘manual handling’ can mean either moving a person (eg from bed to wheelchair) or moving an object (eg the sofa, when vacuuming) |
| Are there uneven floors or confined spaces? |  |
|
| Is there any pushing or pulling involved in the PA’s job? |  |
|
| Is there twisting or stooping involved in the tasks? |  |
|
| Do any of the tasks involve holding the load away from the PA’s body? |  |
|
| Is there repetitive handling? |  |
|
| Is there frequent or prolonged physical effort? |  |
|
| Are there adequate rest or recovery periods between heavy exertions? |  |
|
| Is it likely that sudden unpredictable movement will affect the task? |  |
|
| Do staff know what to do if you fall? |  |
|

|  |
| --- |
| Is there anything you can do to reduce the risks for you, your PA(s) and others?Can you:* improve workplace layout to improve efficiency?
* remove obstructions/clutter to free movement?
* reduce the amount of twisting and stooping?
* use a lifting aid?
* provide equipment or mechanical aids that are more suitable to thetask?
* avoid lifting from floor level or above shoulder height?
* provide better handles and grips?
* avoid steps and steep ramps?
* improve lighting?
* push rather than pull?
* reduce carrying distances?
* avoid repetitive handling?
* change tasks to avoid monotony?
* vary the work, allowing one set of muscles to rest while another is used?
* make the load easier to grasp?
* make the load less bulky or lighter? more stable? less damaging to hold?
* provide better training and information?
* involve your Occupational/Physio Therapist on some specific training?
 |

|  |
| --- |
| How are you going to reduce and control the risks of manual handling. Who may be affected by this? |
|  |

|  |
| --- |
| **Section three: equipment** |
| Do you have any lifting equipment e.g. hoist or sliding board? | If yes, how are your staff going to be trained? |
|
| Do staff need to be trained in the use of any other equipment? E.g. wheelchair, kitchen equipment, breathing/feeding equipment |  |
|
| If your equipment is on loan, have you reported any existing faults? |  |
|
| Does equipment need to be maintained or cleaned? | If yes, who does this? |
|
| Do your staff use any electrical equipment?E.g. kettle, vacuum cleaner or hoist |  |
|
| Are all of your appliances regularly checked by you or another person? E.g. looking for frayed wires, burn marks and overloaded sockets |  |
|
| If regular maintenance does not occur, have you purchased a circuit breaker? |  |
|
| Can you:* provide better handles and grips?
* change the wheels/tyres of you own the equipment and/or flooring so that equipment moves more easily?
* make the brakes easier to use, reliable and effective?
* involve your Occupational/Physio Therapist in any training for your staff on handling and equipment?
 |
| Make notes about equipment used and any arrangements for its safety: |
|  |

|  |
| --- |
| **Section four: fire safety** |
| Do you have a smoke alarm? |  |
|
| Who is responsible for checking the smoke alarm regularly and changing the battery? |  |
|
| Do you have a fire blanket (e.g., for cooking fires)? |  |
|
| Do staff know where it is kept and how to use it? |  |
|
| If you use an oxygen tank do staff know what to do in case of a fire ifthere is an oxygen tank around? |  |
|
| Do staff know where the keys are kept for locked windows and emergency exits?  |  |
|
| Do your staff know what to do in a fireemergency? Where to exit? Whatto do if you (the customer) are upstairs? What if fire has blocked the exit? |  |
|
| Does your PA know where your telephone(s) is (and how to use it, if non-standard)? |  |
|
| If you have a lift in your building…do staff know that they should use only the stairs in a fire? |  |
|
| You may wish to write down the fire safety items you have and the emergency plan in case of fire:  |
|  |

|  |
| --- |
| **Section five: working environment indoors** |
| Are there any space constraints?Is there enough room to move freely in a good posture? |  |
|
| Are there any uneven, slippery or unstable floors? |  |
|
| Is the lighting good, especially around staircases? |  |
|
| Are there any high noise levels? |  |
|
| Are cables positioned so that they could be tripped over? |  |
|
|
| Are doors clear of obstructions? |  |
|
| Are there any hot or cold conditions? |  |
|
| Do you have any pets? |  |
|
| Are there children in the household?Do staff know what to do when they are around? |  |
|
| What other activities are going on e.g. builders, cleaners, gardeners, children’s party? Will their activities affect the client and PAs? Might PAs’ work affect the other people? |  |
|
| **Subjects you may wish to discuss with your PAs:** * areas where they need to take extra care
* how to answer door and who they can let in
* how to deal with your dog (e.g. to calm barking), what are its triggers, extra precautions when strangers and/or children are around.
 |
| Are there any potentially risky areas in the working environment? Who may be affected by these? You should inform your staff of these and the control measures you have put in place. |
|  |

|  |
| --- |
| **Section six: food hygiene** |
| Do your staff prepare any food for you? |  |
|
| If yes, is the equipment they use clean and safe? |  |
|
| Have your PAs had access to training or clear instructions about safe food-handling and preparation practices? |  |
|
| What equipment is used in the kitchen? Do your staff require training or information? |
|  |

|  |
| --- |
| **Section seven: chemical safety**  |
| Do your PAs ever use household chemicals for you (e.g. bleach, bathroom/kitchen cleaning products)? |  |
|
| If yes, have you instructed them to not mix with any other chemicals and to use them in a well ventilated room? |  |
|
| Are your PAs aware that they would need to check if the toilet bowl contains a "toilet freshener", so that they do not use toilet cleaner or bleach before removing the freshener? |  |
|
| Are your PAs aware they must read the instruction labels on all products before use? |  |
|

|  |
| --- |
| **Section eight: administrative tasks** |
| Do your PAs undertake any computer work, telephoning or paperwork for you? |  |
|
| Is this work carried out for an hour or more at a time? |  |
|
| As your PA is likely to make notes whilst using the telephone, have you been able to position it so they can hold the handset with their "non-writing" hand? |  |
|
| Have you provided a suitable desk and chair? The chair should be at a height so that with their upper arms vertical, their elbows are level with or just above the desk. The backrest should support their lower back. |  |
|
| If your PA’s feet do not touch the ground, have your provided a box or similar, to support their feet i.e. a footrest? Shorter people often set the chair height so that their feet are firmly on the floor. This can result in stretched arms which causes undue muscle tension. |  |
|
| Is the space under the PA’s desk free from obstructions to the legs and knees? |  |
|
| Is there sufficient space on the PA’s desk for the things that the PA will use frequently (e.g. telephone) to be comfortable (i.e. without stretching and twisting)? |  |
|
| If your PA uses a computer, is it safe and in good working order? |  |
|
| Is the screen clear, with no flickering, minimal reflections and able to be tilted? |  |
|
| Is the screen at an appropriate height to avoid your PA looking down (or up) continuously? To raise the screen - try using a stable support (e.g. large books). |  |
|
| Are the keyboard and the mouse working well (e.g. not too stiff)? |  |
|
| Does your PA know to tell you about any pain in their hands, wrists, shoulders, neck or back?  |  |
|
| You should talk to your PAs about ways to avoid injury from desk work, these include:* Listen to your body. Pause often to identify areas of tension, then make adjustments to relieve them.
* Short frequent breaks are more effective than infrequent longer breaks.
* Do not sit in one fixed posture all day.
* Try a range of comfortable positions - this could include standing (e.g. whilst using the telephone).
* Frequently switch to brief tasks that require getting up, such as retrieving papers from a printer, or filing paperwork. Structure your day so that computer work is interrupted by other tasks, wherever possible.
 |

|  |
| --- |
| **Section nine: personal hygiene, behaviours and health conditions** |
| Do you use a commode? |  |
|
| Do you use a catheter? |  |
|
| Do you have any special care that your PAs have to provide that requires more specialist knowledge? Identify how PAs have/will be trained.(PAs should only carry out medical tasks such as medication admin, catheters, dressings or injections if they have been trained how to do safely) | Training resources are available online such as:[Training - PA Pages (pa-pages.org)](https://pa-pages.org/training-2/)(West Sussex, East Sussex and Croydon)<https://westsussexcpd.learningpool.com/login/index.php>(West Sussex only)[Learning Portal | East Sussex County Council](https://www.eastsussex.gov.uk/jobs/learning-portal) (East Sussex only)If you have any other training requirements, please contact the Information and Advice team or your allocated Adviser. |
|
| If contact with your blood, urine etc is possible (e.g. in cleaning up spillages, bed linen) then do your PAs wear gloves & dispose of them afterwards? |  |
|
| Do your staff understand your disability? |  |
|
| If applicable, do PAs know how to deal with your specific behaviours?(E.g. aggressiveness, over-attachment, high/low moods, lack of danger awareness, forgetfulness, confusion) |  |
|
| If you need prompting/supervision to stay safe, have you discussed likely hazards? E.g. when cooking, using a kettle, avoiding being scalded in the bath |  |
|

|  |  |
| --- | --- |
| Do your PAs know where to keep medication? E.g. if you have children, out of their reach  |  |
|
| If you are you at risk of medical emergency (e.g. choking, seizures, diabetic coma) then do you PAs know what to do in this situation? |  |
|
| ‘Advance statements’:If you have asked your PAs to give you medication in a future situation when you might not be in control (e.g. if you were to have a diabetic coma, seizure, mental health symptoms), have you written the instructions down? |  |
|
| Do your PAs know where to write down the dose, time and date of any medication you have asked them to give you? |  |
|
| Do you have any allergies/reactions to medication/diet? |  |
|
| Do your PAs know how to help you to avoid/treat these triggers? |  |
|
| **You should tell your PAs about:*** specific requirements of your health condition/behaviour.
* what your triggers are, what you should avoid.
* the medication you take, if appropriate.
* you should contact your insurance company if your PA administers medication on your behalf.
 |

|  |
| --- |
| **Section ten: driving** |
| If your PA drives your vehicle, is your car insured for that PA for ‘personal business use’?  |  |
|
| Have you notified your insurance company if your PA has any ‘points’ on their licence, has ever been disqualified or has made ANY claims on any motor insurance policy in the last 3 years? |  |
|
| Is your car in good working order and safe with an up-to-date MOT? |  |
|
| Does the car have a mobile first aid kit? |  |
|
| If you use a wheelchair, do your PAs know how to strap you securely into a vehicle? |  |
|
| Do you have a transfer board to use from your wheelchair to the car, taxi or other mode of transport? Are PAs trained in how to help you use it? |  |
|
| Is there breakdown cover for the vehicle? |  |
|

|  |  |
| --- | --- |
| Does your PA drive you when there are children in the car? If so, does the vehicle have appropriate seating such as a child seat or booster seat? |  |
|
| Is there a possibility that there may be some unpredictable behaviour from one of the passengers or children? If yes, does the PA know what to do? |  |
|
| Please take note of MOT date and insurance details as well as any further training. Write down any arrangements for safety in this area. |

|  |
| --- |
| **Section eleven: out and about** |
| Does your PA ever go out in the course of your job? E.g. supermarket, accompanying you out |  |
|
| If your PA works alone, particularly at night, do they have a shriek alarm? |  |
|
| Have you discussed possible scenarios in managing the transport that you use, including your behaviour in these situations (if applicable)? E.g. in private car, taxi, bus, train, coach. |  |
|
| Consider all the places that your PAs are likely to be in your job, e.g.:* Crossing roads
* Inside shops
* Crowded areas e.g. shopping malls, cinema
* Parks and other open spaces
* Colleges, libraries and other public buildings
* Swimming pools & leisure facilities

Have you discussed likely hazards in these situations? E.g. lack of road awareness, traffic danger, likely behaviour, risk of getting lost, tendency to pick up shop goods or cause damage. |  |
|
|
|
| Have you discussed what PAs can do to limit the risks mentioned above, and help you? E.g.* Calming talks, prompting,
* Supervision
* What help you need to get in/out of swimming pool, a hoist?
* Help in accessible toilets and changing rooms
 |  |
| Write down any arrangements for safety in this area**.** |
|  |
| **Section twelve: first aid reporting** |
| Do your PA’s know where the first aid kit is kept? |  |
|
| Do your PAs know that they should fill in the accident ‘book’ and report any ‘near misses’ to you? See support sheet 4.2(d) for an example accident ‘book’ that can be copied and used. |  |
|

|  |
| --- |
| Section thirteen: any other hazards Use this space to write down anything else you think of such any risks due to the particular PA doing your job.  |
|  |
| **Section fourteen: health and safety policy statement** |
| **Overall policy:** The employer is responsible for completing the risk assessment and providing safe working conditions.**Responsibilities:** Health and Safety at Work procedures are the joint responsibility of both employer and PAs. PAs have a duty to undertake their work in a safe and responsible manner, in line with the employer’s instructions, training and the risk assessment.**Arrangements:** If PAs are aware of any unsafe situations or practices, they should report them to the employer and co-operate with possible solutions. |

|  |
| --- |
| **Section 15. Risk assessment signatures** |
| The above risk assessment is my honest assessment of the risks of this job, taking account of the individual PAs who work in the job. |
| I agree to follow the instructions given in the risk assessment and follow the health and safety policy statement in section fourteen. |
|  | **Signatures** | **Please print name** | **Date** |
| **Signature of employer** |  |  |  |
| **Personal Assistant** |  |  |  |