**Risk Assessment**

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| **Date of assessment:**  | **Assessment By:**  | **Site**  |
| **Department/Area:** | Whole of School |
| **Identify/describe activity, equipment, area or event you are assessing:****Sources of Occupational Violence** |

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| **Step 1:** Identify the hazard/s:What do you believe are the hazards?(Refer hazard sheet 1)  | **Step 2:** Assess the risks:What do you believe are the risks? (Refer hazard sheet 2)  | **Step 3:** Reducing the risk:What do you believe can be done to reduce the risk?(Refer hazard sheet 3)  |

| **What could cause harm?** | What could go wrong? | Controls |
| --- | --- | --- |
| Outside intruders/people walking in off the street. | Physical assaultPhysical InjuriesPsychological injury  | Have a duress alarm installed at the office reception that is linked to the site’s monitoring system.* Have a site specific working in isolation procedure developed.
* Any person seen on site that is not wearing a visitor badge or identification is reported to the reception immediately.
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| Student behaviour | Physical assaultPhysical InjuriesPsychological injury | Wellbeing team monitor the students and provide counselling for students.* Contact the Inclusive Education Unit at the CEO for assistance.
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| Parent behaviour | Physical assaultPhysical InjuriesPsychological injury | All Staff to be trained in de-escalation strategies.Use the duress alarm to notify the monitoring service and have police attend.For parent interviews have the room such that the worker has access to a quick escape; I.E. have the teacher sitting at the table with their back to the door and the parents on the other side of the table. |
| Worker behaviour | Physical assaultPhysical InjuriesPsychological injury | Ensure all workers are provided with the CESA Code of Conduct.Ensure all workers are provided with the SACCS Procedure for Responding to Bullying and Harassment in the Workplace.* Ensure the Workplace Bullying posters are displayed in prominent positions.
* Ensure workers are aware of the Employee Assistant Program.
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| Intoxication at staff gatherings | Physical assaultPhysical InjuriesPsychological injury | Ensure responsible serving of alcohol guidelines are followed.* If any worker appears to be intoxicated ensure they sent home in a taxi or driven by a responsible person.
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| Bus drivers taking students and workers on excursions | Physical assaultPhysical InjuriesPsychological injury | Engage a reputable bus company.* Ensure the bus driver is police checked and check the document for any aggressive behaviours.
* Ensure all workers have working and fully charge mobile phones.
* Report to the College any behaviours of the driver that could be deemed aggressive.
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| Taxi drivers taking workers to the airport and other locations | Physical assaultPhysical InjuriesPsychological injury | Use a reputable taxi company* Do not use Uber
* Ensure all workers have working and fully charge mobile phones.
* Report to the College any behaviours of the driver that could be deemed aggressive.
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| Passengers on a flight for a conference | Physical assaultPhysical InjuriesPsychological injury | Where possible try and book an aisle seat.* The moment a passenger is exhibiting aggressive behaviours alert the cabin crew.
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| School Cleaners | Physical assaultPhysical InjuriesPsychological injury | Ensure the use of a reputable cleaning company.* Ensure the cleaner is inducted and informed about the CESA Code of Conduct.
* Ensure the cleaner is police checked and check the document for any aggressive behaviours.
* Report to the College any behaviours of the cleaner that could be deemed aggressive.
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| Contractors | Physical assaultPhysical InjuriesPsychological injury | Ensure the use of any reputable contracting company.* Ensure the contractor is inducted and informed about the CESA Code of Conduct.
* Ensure the contractor is police checked and check the document for any aggressive behaviours.

Report to the College any behaviours of the contractor that could be deemed aggressive. |

**Completed by (name): Signature: Date:**

**In consultation with (name): Signature: Date:**

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4:** Monitor & review:(Refer to hazard sheet 4)**Please circle Yes or No** |
| **Were the controls effective?** | **YES** | **NO** | **Were there any unforeseen hazards/ incidents?** | **YES** | **NO** | **New controls** |
| **DETAILS** | **DETAILS** | **DETAILS** |
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**NAME: SIGNATURE: DATE:**