**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 |
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| Outside intruders/people walking in off the street. | Physical assault  Physical Injuries  Psychological 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. |
| Student behaviour | Physical assault  Physical Injuries  Psychological injury | Wellbeing team monitor the students and provide counselling for students.  * Contact the Inclusive Education Unit at the CEO for assistance. |
| Parent behaviour | Physical assault  Physical Injuries  Psychological 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 assault  Physical Injuries  Psychological 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. |
| Intoxication at staff gatherings | Physical assault  Physical Injuries  Psychological 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. |
| Bus drivers taking students and workers on excursions | Physical assault  Physical Injuries  Psychological 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. |
| Taxi drivers taking workers to the airport and other locations | Physical assault  Physical Injuries  Psychological 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. |
| Passengers on a flight for a conference | Physical assault  Physical Injuries  Psychological injury | Where possible try and book an aisle seat.  * The moment a passenger is exhibiting aggressive behaviours alert the cabin crew. |
| School Cleaners | Physical assault  Physical Injuries  Psychological 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. |
| Contractors | Physical assault  Physical Injuries  Psychological 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:**