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| --- | --- | --- | --- | --- | --- |
| **Site / Area:** |       | **Date of assessment:**  |  | **Risk Assessment #:** | **014RA** |
| **Completed by (name):** |       | **Signature:** |       |
| **In Consultation with** |       | **Signature:** |       |
| **Identify / describe activity, equipment, area or event you are assessing:**  | **ELECTRIC BED** |
| **In conjunction with this risk assessment training / education and development of a relevant SOP may be required.** |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G)) | **Step 2: Assess the risks:**What do you believe are the risks?(Refer *Risk Assessment Guideline (015G)*) | **Step 3: Reducing the risk:**What do you believe can be done to reduce the risk?(Refer *Risk Assessment Guideline (015G)*) |
| **What could cause harm?** | **What could go wrong?** | **Controls** |
| **Electricity** * Frayed cords
* Frayed wires on the control unit
* Crimped cords
* Insulation damage
* Exposed conductors due to constant pulling and stretching the cord
* Damaged GPO’s
* Damaged power-boards
* Cord caught in bedrail
* Cord caught in bed raiser (when lowering bed head)
* Cord under bed wheels (brakes)
 | * Disruption to power supply
* Electric shock
* Electrocution
* Burns
* Fire
* Death
 | * Visual inspections prior to use
* Cords tested and tagged
* Electric cord to be raised off the floor (electric hook cable)
* Bed audits
* RCD installed at main switchboard and checked regularly – push button and operating time tests
* Preventative maintenance schedule in place
* Power-boards tested and tagged (if in use, best practice not to have in use)
* Workers to report any issues immediately.
 |
| **Hazardous Manual Tasks*** Repetitive or sustained force (carrying/pushing/pulling items)
* High or sudden movement (a struggling patient)
* Repetitive movement
* Sustained or awkward posture
* Bed brake in awkward position (hard to reach)
 | * Musculoskeletal injuries
* Strain
* Sprains
* Repetitive Strain Injury (RSI)
* Slips, trips, falls
 | * Workers informed at induction of potential hazards with all electric beds
* Some beds require manual lift for the lower end of the bed – two workers to raise when required.
* Workers to report any hazards or incidents.
 |
| **Machinery & Equipment*** Brakes not locking or working incorrectly (not moving freely)
* Hit by moving object
* Trapping, pinch points
* Bed brake – awkward position especially if the bed is extended.
* Bed raiser does not sit horizontal with bed base
 | * Cuts
* Abrasions
* Lacerations
* Contusion
* Entrapment
* Falls
* Strains
* Sprains
 | * Workers informed of associated hazards through the induction process
* Workers to report any hazards or incidents
* When moving bed with remote control worker to advise other workers and inform the consumer

Clear view when moving beds* Passageways free from obstruction
* Visual inspections prior to use
* Preventative maintenance schedule in place
 |
| **Gravity*** Slips, trips and falls
 | * Contusions
* Fractures
* Soft tissue injuries
 | * Area around bed to be clear of obstructions
* Cords not on floor
 |
| **Other** | *
 | *
 |
| **Authorised by:** |  | **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)**Please tick Yes or No** |
| **Were the controls effective?** | **Were there any unforeseen hazards/ incidents?** | **New controls** |
| **Yes** | **[ ]**  | **No** | **[ ]**  | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **DETAILS** | **DETAILS** | **DETAILS** |
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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |