**DIAG Specific Environmental Risk Assessment**

**Appendix 11**

**The purpose of risk assessment process is to reduce the potential for injury to the lowest level reasonably practicable during manual handing activities. The TILEO Risk Assessment (Guidance) factors should be considered when undertaking this assessment.**

**If any risks are identified within the assessment, assessor to detail how these will be mitigated against**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Assessors Name | |  | Assessors Designation | |  | | |
| Assessors Signature | |  | Date of Assessment | |  | | |
| Signature of Person Using the Service | |  | Date Completed | |  | | |
| Location / address of assessment | |  | | | | | |
| Potential impact on other family members of risks identified: | | | | | | | |
| Floors | | | | | | | |
| 1 | **Is the person using the service / staff members at risk of falls due to the flooring in the property?** | | | | | Y | N |
| 2 | **Are the walkways free of cables, trip hazards and other obstructions?**  Definition: No electrical cables or obstructions (e.g. boxes, newspapers, objects) across and encroaching on walkways / doorways. Includes furniture and other items which obstructs doorways, or hallways, items behind doors preventing doors opening fully, raised threshold in doorways. | | | | | Y | N |
| 3 | **Are the steps and paths around the house in good repair, and free of obstructions?**  Definition: No cracked / loose floor pathways, overgrowing plants / weeds, overhanging trees, garden hoses encroaching on walkways. | | | | | Y | N |
| 4 | **Are the floor coverings in good condition?**  Definition: carpets / mats lie flat / no tears / not threadbare / no cracks or missing tiles – including covering on stairs. | | | | | Y | N |
| 5 | **Are the floor surfaces non-slip?**  Definition: Score ‘no’ if lino or tiles are in the kitchen, bathroom laundry, in addition to any polished floor, or tiles / lino surfaces elsewhere. Can only score ‘yes’ if, in addition to other rooms the Kitchen, bathroom and laundry have non-slip resistant floor surfaces. | | | | | Y | N |
| 6 | **Are loose mats securely fixed to the floor?**  Definition: Mats have effective slip resistant backing / are taped or nailed to the floor. Can they be removed? | | | | | Y | N |
| 7 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |
| Furniture | | | | | | | |
| 8 | **Is the person using the service / staff at risk of falls due to the furniture in the property?** | | | | | Y | N |
| 9 | **Can the person get in and out of bed easily and safely?**  Definition: Bed is of adequate height and firmness. Person does not need to pull self-up on bedside furniture. | | | | | Y | N |
| Details of bed used: (single, double, shared) | | | | | | |
| 10 | **Can the person get up from the easy chair easily and safely?**  Definition: Chair is of adequate height, chair arms are accessible push up from, seat cushion is not too soft or deep. | | | | | Y | N |
| Details of chair used: | | | | | | |
| 11 | **Is there enough room around furniture?**  Definition: Clear area to enable you to complete the task properly. | | | | | Y | N |
| 12 | **Can obstacles be removed before tasks are commenced if required**? | | | | | Y | N |
| 13 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |
| Lighting | | | | | | | |
| 14 | **Is the person using the service / staff members at risk of falls due to the lighting in the property?** | | | | | Y | N |
| 15 | **Are all the lights bright enough for the person to see clearly?** | | | | | Y | N |
| 16 | **Have staff member been provided with a torch?** | | | | | Y | N |
| 17 | **Can the person switch a light on easily from his or her bed?**  Definition: Person does not have to get out of bed to switch a light on at night – has a flashlight or bedside lamp. | | | | | Y | N |
| 18 | **Are the outside paths, steps and entrances well-lit at night?**  Definition: Lights exist over back and front doors, bulbs create sufficient light to perform the task, Walkways used exposed to light – including communal lobbies. | | | | | Y | N |
| Has the staff member to be provided with a torch? | | | | | Y | N |
| 19 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |
| Bathroom | | | | | | | |
| 20 | **Is the person using the service user / staff members at risk of falls in the bathroom?** | | | | | Y | N |
| 21 | **Is the person able to get on and off the toilet easily and safely?**  Definition: Toilet is of adequate height, person does not need to hold on to sink / towel rail / toilet roll holder to get up, rail exists beside toilet if needed. | | | | | Y | N |
| **Is a commode / specialist equipment required?** | | | | | Y | N |
| 22 | **Is the person able to get in and out of the bath / shower easily and safely?**  Definition: Person is able to step over the edge of the bath without risk, and can lower himself or herself into the bath and get up again without needing to grab onto furniture (or uses bath board, or stands to use shower or bath without risk). | | | | | Y | N |
| **Describe bathroom facility (bath, over bath shower, shower cubicle, etc.):** | | | | | | |
| 23 | **Are there an accessible / sturdy grab rail/s in the shower or beside the bath?**  Definition: Rails which are fixed securely to the wall, which are not towel rails, and which can be reached without leaning enough to lose balance. | | | | | Y | N |
| 24 | **Are slip resistant mats used in the bath / bathroom / shower recess?**  Definition: Well-maintained slip resistant rubber mats, or non-slip Strips in the base of the bath or shower recess. | | | | | Y | N |
| 25 | **Is the bathroom / toilet easy to access within the property?**  Definition: No more than two doorways away (including the bedroom door) does not involved going outside or unlocking doors to reach it. Access day and night? | | | | | Y | N |
| 26 | **Is there a separate toilet / bathroom?** | | | | | Y | N |
| 27 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |
| Mobility | | | | | | | |
| 28 | **Is the person using the service / staff members at risk of falls due to their mobility?** | | | | | Y | N |
| 29 | **Are walking aids / adaptations required and if so are they in place and safe to use?** | | | | | Y | N |
| 30 | **Can the person carry meals and drinks easily and safely from the kitchen to where they eat their meal?**  Definition: Meals / drinks can be carried safely or transported using a trolley to wherever the person usually eats / drinks. | | | | | Y | N |
| 31 | **Is the person wearing well fitting / appropriate slippers and shoes?**  Definition: Person currently wearing supportive, firmly fitting shoes with low heels and non-slip soles or slippers which have not worn and support the foot in a good position. | | | | | Y | N |
| 32 | **Are there any concerns regarding standing tolerance?** | | | | | Y | N |
| 33 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |
| Stairways / Steps | | | | | | | |
| 34 | **Is the person using the service / staff members at risk of falls due to the Stairways / Steps in the property?** | | | | | Y | N |
| 35 | **Do the indoor steps / stairs have an accessible / sturdy rail extending along the full length of the steps / stairs?**  Definition: Rail must be easily gripped, firmly fixed, sufficiently robust and Available for the full length of the steps or stairs. | | | | | Y | N |
| 36 | **Do the outdoor steps have an accessible / sturdy rails extending along the full length of the steps / stairs:**  Definition: Steps = more than two consecutive steps (changes in floor level). rail must be easily gripped, firmly fixed, sufficiently robust and available for the full length of the steps. | | | | | Y | N |
| 37 | **Can the person easily and safely go up and down the steps / stairs, inside or**  **outside the house?**  Definition: Steps are not too high, too narrow or too uneven for feet to be firmly placed on the steps (indoors and outdoors), person is not likely to become tired or breathless using the steps / stairs e.g. foot-drop, loss of sensation in feet, impaired control or movement etc. | | | | | Y | N |
| 38 | **Are the edges of the steps / stairs easily identified?**  Definition: No patterned floor covering, tiles or painting which could obscure the edge of the step. | | | | | Y | N |
| 39 | **Can the person use the entrance doors safely and easily?**  Definition: Locks and bolts can be used without bending or over reaching, there is a landing so the person does not have to balance on steps to open the door and / or screen door. | | | | | Y | N |
| Main access door: | | | | | | |
| 40 | **Are there any communal areas where mobility is a concern?** | | | | | Y | N |
| 41 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |
| **Kitchen** | | | | | | | |
| 42 | **Is the person using the service / staff members at risk of falls in the kitchen?** | | | | | Y | N |
| 43 | **Can the person access all areas / appliances in the kitchen** | | | | | Y | N |
| 44 | **Can the person easily reach items in the kitchen that are used regularly without climbing, bending or upsetting his or her balance?**  Definition: Cupboards are accessible between shoulder and knee Height – no chair / step ladders are required to reach things. | | | | | Y | N |
| 45 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |
| **Other** | | | | | | | |
| 46 | **Is the person using the service / staff members at risk of falls due to any other factors?** | | | | | Y | N |
| 47 | **Does the person have any pets?** (If NO move to question 48) | | | | | Y | N |
| **Are there any risk associated with the pets?**  Definition: pet jumping up and scratching / biting? Trip hazard? | | | | | Y | N |
| **Can the person care for any pets they have without bending and being at risk of falling over?**  Definition: Pets = any animals that the person has responsibility for. Person Does not have to feed pets when pets are jumping up or getting underfoot, Person does not have to bend to the floor without available support to feed or Clean pets, pets do not require a lot of exercise | | | | | Y | N |
| 48 | **Are there any constraints due to the physical reach of the service user?**  Definition: opening / closing windows, doors, | | | | | Y | N |
| 49 | **Is the location isolated / hard to find?**  Definition: Does the phone signal work, Do you need to consider contacting ?????? | | | | | Y | N |
| 50 | **Are there any fires / heaters or naked flames that are a risk?**  Definition: flammable creams considered? Drying clothes up against fire? | | | | | Y | N |
| 51 | **Are fire alarms / smoke alarms / Carbon Monoxide detectors in the property?**  If no, consider referring via Cumbria Fire and Rescue service to the HART team (home accident reduction team) | | | | | Y | N |
| 52 | **Are they able to adjust the temperature within the property:**  Definition, can they access controls for the central heating, open windows…ventilation | | | | | Y | N |
| 53 | **Would the person be able to leave the property in the event of an emergency?** | | | | | Y | N |
| 54 | **Any other identified risks:** | | | | | | |
| **Risk mitigation** | | | | | | | |
| **Risk & who is at risk?** | | **Hazard** | | **Risk mitigation / Control measure?** | | | |
|  | |  | |  | | | |

I confirm that I agree to any actions detailed above.

Signed (service user):

Date: