

## Buxhall Parish Council Safety Risk Assessment Lone Worker.

| <b>Document Control</b> |               |                       |
|-------------------------|---------------|-----------------------|
| Adopted Date:           | 18 March 2024 | Minute ref. 180324/27 |
| Next Review date        | March 2025    | Minute ref. tbc       |

| <b>Parish Clerk when working on foot</b>     | <b>Severity:</b><br>1. Slight (minor injury, first aid required).<br>2. Moderate (minor injury, first aid/medical attention).<br>3. Serious (injury, medical attention, 7 day absence).<br>4. Major (serious injury/death).<br>5. Catastrophic (number of casualties/deaths). | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td></td> <td></td> <td colspan="5" style="text-align: center;"><b>Severity</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;"><b>LOW</b></td> </tr> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;"><b>Probability</b></td> <td style="text-align: center;">5</td> <td style="background-color: yellow;">5</td> <td style="background-color: orange;">10</td> <td style="background-color: red;">15</td> <td style="background-color: red;">20</td> <td style="background-color: red;">25</td> <td style="text-align: center;"><b>MEDIUM</b></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="background-color: yellow;">4</td> <td style="background-color: orange;">8</td> <td style="background-color: red;">12</td> <td style="background-color: red;">16</td> <td style="background-color: red;">20</td> <td style="text-align: center;"><b>HIGH</b></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="background-color: yellow;">3</td> <td style="background-color: orange;">6</td> <td style="background-color: red;">9</td> <td style="background-color: red;">12</td> <td style="background-color: red;">15</td> <td style="text-align: center;"><b>HIGH</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="background-color: yellow;">2</td> <td style="background-color: orange;">4</td> <td style="background-color: orange;">6</td> <td style="background-color: red;">8</td> <td style="background-color: red;">10</td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="background-color: yellow;">1</td> <td style="background-color: orange;">2</td> <td style="background-color: orange;">3</td> <td style="background-color: orange;">4</td> <td style="background-color: orange;">5</td> <td></td> </tr> </table> |          |      | <b>Severity</b>                                                                                                        |                            |               |      |                                                                                                                                                                                           |  |  |  | 1 | 2 | 3 | 4 | 5 | <b>LOW</b> | <b>Probability</b> | 5 | 5 | 10 | 15 | 20 | 25 | <b>MEDIUM</b> | 4 | 4 | 8 | 12 | 16 | 20 | <b>HIGH</b> | 3 | 3 | 6 | 9 | 12 | 15 | <b>HIGH</b> | 2 | 2 | 4 | 6 | 8 | 10 |  | 1 | 1 | 2 | 3 | 4 | 5 |  | <p>(1-4): May be ignored</p> <p>(5-9): Control measures Required</p> <p>(10+): Design out if possible</p> |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---|---|---|---|---|------------|--------------------|---|---|----|----|----|----|---------------|---|---|---|----|----|----|-------------|---|---|---|---|----|----|-------------|---|---|---|---|---|----|--|---|---|---|---|---|---|--|-----------------------------------------------------------------------------------------------------------|
|                                              |                                                                                                                                                                                                                                                                               | <b>Severity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |      |                                                                                                                        |                            |               |      |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
|                                              |                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2        | 3    | 4                                                                                                                      | 5                          | <b>LOW</b>    |      |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
| <b>Probability</b>                           | 5                                                                                                                                                                                                                                                                             | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10       | 15   | 20                                                                                                                     | 25                         | <b>MEDIUM</b> |      |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
|                                              | 4                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8        | 12   | 16                                                                                                                     | 20                         | <b>HIGH</b>   |      |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
|                                              | 3                                                                                                                                                                                                                                                                             | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6        | 9    | 12                                                                                                                     | 15                         | <b>HIGH</b>   |      |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
|                                              | 2                                                                                                                                                                                                                                                                             | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4        | 6    | 8                                                                                                                      | 10                         |               |      |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
|                                              | 1                                                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2        | 3    | 4                                                                                                                      | 5                          |               |      |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
| <b>Hazard</b>                                | <b>Potential injury</b>                                                                                                                                                                                                                                                       | <b>Initial Assessment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |      | <b>Control Measure</b>                                                                                                 | <b>Residual Assessment</b> |               |      | <b>Monitoring and Further Action Required</b>                                                                                                                                             |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
|                                              |                                                                                                                                                                                                                                                                               | Probability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Severity | Risk |                                                                                                                        | Probability                | Severity      | Risk |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
| Collision or contact with road traffic       | Impact injury or death                                                                                                                                                                                                                                                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4        | 8    | High vis jacket to be worn when work involves walking around village. Worker to be issued copy of Highway Code.        | 1                          | 4             | 4    |                                                                                                                                                                                           |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
| Slips or trips on uneven ground              | Cuts, bruises, abrasions, musculo-skeletal injuries.                                                                                                                                                                                                                          | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3        | 6    | Appropriate footwear to be worn. Staff to be aware of their surroundings                                               | 1                          | 2             | 2    | Any problematic surfaces to be reported to full Council to take action as necessary                                                                                                       |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |
| Hand injuries from handling litter and waste | Cuts, abrasions, infections, contamination from rotting corpse                                                                                                                                                                                                                | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4        | 8    | Litter grabber and safety gloves to be used. Do not collect syringes, sharps, unidentifiable or large awkward objects. | 1                          | 1             | 1    | Monthly visual inspection by Parish Councillor reporting urgent problems to the Parish Clerk for rapid response, and making summary reports as necessary to full Parish Council meetings. |  |  |  |   |   |   |   |   |            |                    |   |   |    |    |    |    |               |   |   |   |    |    |    |             |   |   |   |   |    |    |             |   |   |   |   |   |    |  |   |   |   |   |   |   |  |                                                                                                           |

**Buxhall Parish Council Safety Risk Assessment Lone Worker.**

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|                                                                                     |                                                                                |   |   |   | <p>Wash hands thoroughly with disinfectant soap as soon as possible when task is complete .</p> <p>Employee to familiarise themselves with what drug paraphernalia looks like</p> <p>Employee to state location of item for removal and contact MSDC for removal</p> |   |   |   |                                                                                                             |
| Adverse weather conditions.                                                         | Sunburn, Dehydration in hot weather. Slips, trips and falls on icy surfaces.   | 3 | 3 | 9 | <p>Appropriate clothing to be worn and precautions as appropriate to be taken</p> <p>Visits to be timed to avoid adverse weather.</p>                                                                                                                                | 1 | 5 | 5 | Report to be supplied to council as necessary.                                                              |
| Injury or illness while working at seldom visited or potentially dangerous location | Cuts, bruises, abrasions, musculo-skeletal injuries, hypothermia, heat stroke, | 1 | 4 | 4 | <p>Employee to carry a charged mobile phone as means of contacting employer or emergency services.</p> <p>Employee to notify a delegated person of planned route and start time and finish time.</p> <p>Delegated person to investigate if not re-contacted .</p>    | 1 | 2 | 2 | All incidents to be included in regular reports to full Council and appropriate action taken by the Council |

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