

## Guidance on general risk assessments

### Introduction

This guidance complements the advice available in *Supporting ministers who experience ill health - a good practice guide (Parts 1 and 2)* and guidance on risk assessments for those experiencing stress. It builds upon the principles set out in these guides. The aim of this information is to provide ministers, circuits, districts and the Diaconal Order with a straightforward and practical approach to carrying out risk assessments that relate to the ministerial role and activities, and to put in place preventative measures to control risks. It draws on and adapts the guidance issued by the Health and Safety Executive (HSE), placing this within a ministerial context. Use of this tool is entirely voluntary, and is offered as a supportive measure only. The risk assessment may be undertaken by the minister and their superintendent, or other appropriate person. Often it will be useful when there is a change in the minister's health, for example following surgery or the diagnosis of a medical condition or disability/impairment.

### What is a risk assessment?

A risk assessment is simply a careful examination of what, in the ministerial role, could cause harm to the minister or those with whom they come into contact, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.

A risk assessment is an important step in creating a supportive environment for ministers, as well as complying with the law. It helps you focus on the risks that really matter – the ones with the potential to cause real harm. In many instances, straightforward measures can readily control risks, for example ensuring spillages are cleaned up promptly so people do not slip, or cupboard drawers are kept closed to avoid trips and falls. Mostly this means putting in place simple, cheap and effective measures to ensure everyone is protected. The law does not expect you to eliminate all risk, but you are required to protect people as far as 'reasonably practicable'.

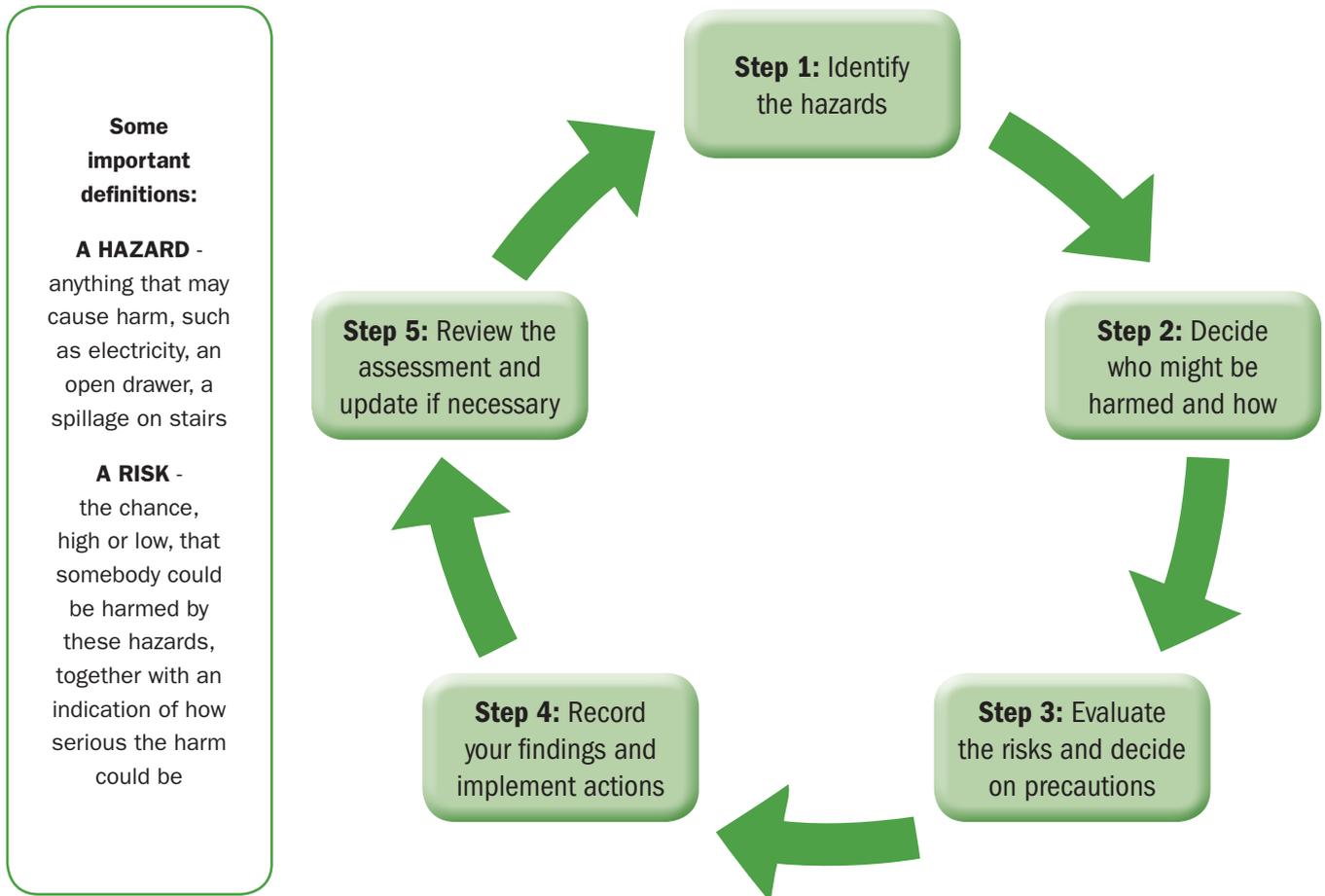
### How to assess risks in the ministerial role

A five-stage approach is recommended, as shown in the diagrams below. In addition to identifying the physical risks associated with a work environment such as the study in a manse or the church, it is important to pay particular attention to risks which might occur when an individual's situation changes. For example, think about when a minister:

- returns from surgery and their movement is limited, or they have increased levels of tiredness;
- suffers an injury which requires a temporary cast or crutches;
- experiences impairment or disability, and needs adjustments to their workload or the way they carry out their ministerial role;
- is pregnant, breastfeeding, or suffers a miscarriage;
- is prescribed medication which may have an effect on their ability to carry out some activities due to side effects.

This list is not exhaustive, but gives some ideas about situations and conditions which might mean you need to think differently about an individual's support needs.

## The risk assessment cycle



**Some important definitions:**

**A HAZARD** - anything that may cause harm, such as electricity, an open drawer, a spillage on stairs

**A RISK** - the chance, high or low, that somebody could be harmed by these hazards, together with an indication of how serious the harm could be

<b>Step 1</b>	Identify the hazards. For example walk around the workplace and look at what could reasonably cause harm, ask others what they think. Think about any accidents that have taken place in the past.
<b>Step 2</b>	Decide who might be harmed and how. For each hazard you need to be clear about who might be harmed as this will help you to identify the best way of dealing with the risk. Remember that some people have particular requirements, for example young people, pregnant/breastfeeding women, people with disabilities, those returning to work after illness or surgery.
<b>Step 3</b>	Evaluate risks and decide on precautions. Having spotted the hazards, decide what to do about them. Think about what controls you already have in place and about whether there is more you should be doing. The law requires you to do what is 'reasonably practical' and a useful benchmark is to look at existing good practice.
<b>Step 4</b>	Record your findings and implement them. It's important to keep things simple and easy to understand, and a risk assessment is not expected to be perfect, but it must be suitable and sufficient. Equally, you don't have to do everything at once but you should prioritise the most important risks and tackle these first, showing who is responsible for each action.
<b>Step 5</b>	Review your risk assessment and update if necessary. Few places stay the same. Often new furniture or equipment is introduced, or new people join. The risk assessment must reflect these changes.

## The legal position

It is important to realise that there are legal responsibilities of which circuits, districts and the Diaconal Order must take account. Under the Management of Health and Safety at Work Regulations 1999 organisations (including churches) must assess the risks arising from 'work' activities. This is underpinned by the Health and Safety at Work etc Act 1974 which requires organisations to take measures to control any risks. These duties apply not only to office holders and employees, but all those connected with the work of the church or church-related organisations, such as volunteers.

## Risk assessment proforma

Here is a simple table to help you to record and assess the

risks which may be present in a ministerial role. A worked example is given of a minister who is returning from long-term sick leave following treatment for cancer.

### Background:

The Revd P is returning from cancer treatment. This has involved both surgery and chemotherapy. She has been absent for four months, and has been frustrated by delays in her recovery from surgery caused by repeated infections in the affected area and multiple courses of antibiotics. She feels it would aid her recovery if she now returns to work and begins to resume normal life again. Her GP is reluctant for her to return to the demands of full time ministry immediately and has agreed a phased return to work for her over a period of eight weeks. The risk assessment shown below considers what the hazards are in this process and how the Rev P might be supported. (See also *A good practice guide to supporting ministers with ill health (Part 1)*).

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?
<i>Tiredness following the effects of chemotherapy</i>	<i>The minister's recuperation may be delayed without sufficient rest</i>	<i>An initial meeting with the minister has taken place prior to her return from sick leave. A phased return to work over a period of eight weeks has been agreed</i>	<i>To meet with the minister to check her progress and make and amendments to the phased return to work if necessary</i>	<i>Superintendent to meet with minister</i>	<i>Fortnightly meetings</i>
<i>Risk of infection due to compromised immune system</i>	<i>The minister may contract viral or bacterial infections when carrying out home or hospital visits. If working when unwell, the minister might pose an infection risk to patients in hospital</i>	<i>No control measures were required prior to the treatment</i>	<i>Advise minister not to carry out home visits when the individual has an infectious disease, including coughs and colds. Re-allocate hospital visiting to supernumerary minister in circuit. Inform circuit leadership team of this temporary change to the minister's responsibilities.</i>	<i>Minister to make appropriate enquiries about requests for home visits, and to seek support from supernumerary minister; superintendent to communicate with circuit leadership team</i>	<i>When requests and arrangements for home visits arise; Immediately</i>
<i>Strain on wound during recovery from surgery, resulting from driving a car</i>	<i>The minister's recovery may be compromised.</i>	<i>No control measures were required prior to the surgery, as the minister was able to carry out normal driving activities.</i>	<i>Ask the minister to seek advice from her GP about any limitations placed upon driving duties. Depending on advice received agree with minister how she will carry out her duties, and any support she needs.</i>	<i>Minister to consult with her GP, and discuss outcomes with superintendent</i>	<i>Prior to return to work, so that appropriate plans can be put in place</i>
<i>Occasional dizziness due to prescribed drug regime</i>	<i>The minister is concerned about an episode of dizziness whilst driving. This has the potential to lead to an accident in which she, any passengers or pedestrians could be harmed.</i>	<i>The minister was asked to seek advice from her GP about the extent to which she could drive. He has suggested she limits her driving activity to local journeys taking place on no more than three days a week</i>	<i>Ministerial activities will need to be planned carefully to accommodate the limited driving and the circuit must be informed of this.  <i>Driving activity to be reviewed in light of further medical advice from the GP at the end of the phased return to work period</i></i>	<i>Minister and superintendent to plan work  <i>Minister to consult GP and inform superintendent of outcome</i></i>	<i>At the beginning of the phased return to work, and then again at the end of this period</i>

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?
<i>Episodes of low mood and loss of confidence in her relationship with God, resulting from the diagnosis of cancer and treatment received.</i>	<i>The minister may lack energy and motivation at certain points, leading to negative feelings. She may leave key ministerial tasks undone which may have an impact on individuals in her churches.</i>	<i>The phased return to work process allows for a gradual increase in ministerial duties, which will be monitored carefully by the superintendent.</i>	<i>Discuss additional support requirements such as counselling from the Churches' Ministerial Counselling Service, the provision of a spiritual director, or the opportunity to go on a retreat.</i>	<i>Superintendent to discuss with minister and secure funding if required</i>	<i>Immediately</i>

**Date for overall review of this risk assessment (usually between 6 months and 12 months later):**

**Signature of minister:** ..... **Date:** .....

**Signature of superintendent or other appropriate person:** ..... **Date:** .....

### Sources of further advice and guidance

Please see the website of the Health and Safety Executive for further information about risk assessments:  
[www.hse.gov.uk/risk/risk-assessment.htm](http://www.hse.gov.uk/risk/risk-assessment.htm)