**HEALTH AND SAFETY CHECKLIST FOR STAFF WORKING FROM HOME**

**The following has been developed for FIS members by the CIVC**

It is the policy of -------------------------- to ensure that every staff member working from home, has a safe environment from which to work, and that equipment provided by --------------------------- should not cause health and safety concerns for the staff member

**This checklist must be completed for all staff who work from home.**

Line Manager must complete the checklist, and record in the employee comments section, any concerns, issues or potential problems the employee may have and record what action will be taken to resolve the issue/s.

The purpose of the checklist is to ensure the home environment is suitable and sufficient for the work being completed.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name** | |  | | | | | | | | |
| **Home address** | |  | | | | | | | | |
| **Date completed** | |  | | | | | | | | |
| **Completed by**  (Please state full name) | | **Print name** |  | | **Sign** | |  | | | |
| **Position**  (Please state position within company) | |  | | | | | | | | |
| **DSE risk assessment**  (Has a homeworking risk assessment been completed) | | **Date of DSE assessment** |  | | **Date of next DSE assessment** | |  | | | |
|  | **Area** | **Guidance** | | **Question** | | **Comments/Actions**  (All actions to be recorded in the homeworking action plan) | | **Risk**  **Low** | **Risk**  **Med** | **Risk**  **High** |
| **1.** | **Temperature** | The minimum temperature for a workplace should be at least 16C. However, a temperature of around 21-24C is normally considered comfortable for sedentary work | | * Can the employee maintain this level of heating when required? | |  | |  |  |  |
| **2.** | **Lighting** | It may be necessary to use task lighting to provide a suitable level of lighting. This will improve the light level where required without causing glare on your screen from ambient light | | * Does the employee have suitable lighting, a desk lamp or similar? | |  | |  |  |  |
| **3.** | **Ventilation** | Is there adequate ventilation? for example if you have converted an area of your home into a study / office in hot weather, a fan plus increased ventilation may be required to achieve a comfortable working temperature | | * Does the employee have the means of providing adequate ventilation? * Is the employee able to achieve a comfortable working temperature during periods of hot weather? | |  | |  |  |  |
| **4** | **Fire** | The equipment you use for work and the configuration of your working area should not obstruct your means of escape or the means of escape for others | | * Is there a home escape plan in place in case of fire? * Is there adequate means of escape in the event of fire or another similar emergency? | |  | |  |  |  |
| **5.** | **Fire Warning Systems** | It is a general recommendation, that smoke detectors are installed and maintained in your home | | * Are there smoke /heat detectors to alert the occupants to a fire? | |  | |  |  |  |
| **6.** | **Housekeeping** | Good housekeeping must be practiced, to reduce the risk of fire starting or developing in your home | | * Are combustible items stored safely away from sources of ignition? | |  | |  |  |  |
| **7.** | **Space** | It there enough space for you to move around when you are working | | * Is there suitable space to work? * Can the employee move about freely without twisting, climbing or stepping over things? | |  | |  |  |  |
| **8.** | **Electrical Installations** | ------------------------ is responsible for the equipment it supplies. Electrical sockets and other parts of the homeworker’s electrical system are the homeworker’s responsibility. | | * Does employee home electrical installation/ provide sufficient protection? * Fuses? * Circuit breakers? * Are there a sufficient number of sockets available? * Are any cables used, stored out of the main walkways within the property? | |  | |  |  |  |
| **9.** | **Work equipment provided by --------------------------------** | --------------------------- has a duty to ensure that any equipment provided for the purpose of work is:   * Safe, * Correct for the job, * Adequately maintained   With proper   * Information * Instruction * Training | | * Employee will be required to bring equipment into a company office for testing, inspection and maintenance periodically as and when requested. * Can the employee comply with this requirement? | |  | |  |  |  |
| **10.** | **Work equipment not provided by --------------------** | It is advisable that the employee ensures any equipment used, which is not supplied by the company, is safe and fit for purpose.  This requires it to be used and maintained in accordance with the manufacturer’s instructions. | | * List the equipment used for work activity but not supplied by ------------------ and ask the employee to indicate if it is safe and “fit for purpose” * Does the employee have access to a stable broadband connection? * What average download speeds are they able to achieve? | |  | |  |  |  |
| **11.** | **Medical issues** | Employers are responsible for the health, safety and welfare at work of their workers.  Some health conditions make people unsuitable to work alone.  Regular health monitoring demonstrates care for your employees’ wellbeing.  Health assessments can spot potential problems before they become serious. | | * Has the employee got any pre-existing medical health issues or injuries that may be impacted by working from home? | |  | |  |  |  |
| **12.** | **GDPR** | **Data protection**  Working remotely intensifies the GDPR risk as it can be hard for the employee and the organisation to know when the data is breached, and it will be even harder to identify how it happened.  ---------- will address vulnerabilities to its networks and the physical storage of data. | | * Is the employee aware of the organisation’s policies procedures and guidance on GDPR? * Has the employee had training in relation to GDPR and company policy? * Is employee aware they must only use approved technology for handling personal data? * Does the employee consider confidentiality when holding conversations or using a screen at home? * To avoid loss or theft of personal data, does the employee have a secure area to store information and devices at the end of the working day? | |  | |  |  |  |
| **13.** | **Work related stress** | This could include:   * Domestic distractions * Level of, or, access to supervision / guidance * Control over workload (over or under loading) * Not being able to contact colleagues * Poor phone / broadband reception * Not being able to resolve problems in a reasonable and timely manner * Concerns about your role * Concerns about working relationships * Control over working hours – separating home life from home working * Lone working and/or feelings of isolation | | * Are there any factors about homeworking that could contribute to work related stress? * When making decisions about working from home, it’s important employers and employees communicate regularly. For example, to discuss: * Which roles can and cannot be done from home? * Who may or may not want to work from home? * Any concerns and how best to handle them. | |  | |  |  |  |
| **14.** | **Domestic Abuse** | There are specific challenges and potential risks for those experiencing domestic abuse in the home setting  Those who live with an abuser may feel increased anxiety around the prospect of self-isolation and social distancing, or even quarantine.  For the victims/survivors who do not live with their abusers, they may feel an increased level of fear at the prospect of their abuser knowing that they are at home.  Employers have an increased legal responsibility to any employee who discloses that they may be at risk of harm.  Workplace adjustments may be put in place to reflect this. These should be reviewed periodically to reflect any change in risk.  Examples of workplace adjustments include:   * Making emergency and safe contact arrangements. * Improving the safety of the employee whilst they are at work. * Adjusting their responsibilities and workload. * Reviewing communications and IT safety.   Further information can be found in the link below  <https://safelives.org.uk/> | | * Are there any factors about homeworking that could put the employee at risk of domestic abuse?   Understand it can be difficult for employees to make a disclosure of domestic abuse, and your support is important:   * DO be sensitive/non-judgemental/ practical/supportive/discrete. * DO prioritise safety over work efficiency. * DO allocate some private time and space to listen. * DO NOT seek proof of abuse. * DO NOT contact the abuser. * DO NOT compel a victim to accept support. * DO NOT adopt the role of being a support worker yourself. * If the employee or any colleagues are in immediate danger, call 999. | |  | |  |  |  |

**Risk Assessment Matrix**

**Multiply scores to arrive at risk rating (RR)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Probability** | | | | | |
|  |  | **Remote** | **Unlikely** | **Possible** | **Probable** | **Very Likely** | **Certain** |
| **Outcome** | **No Injury** | **0** | **1** | **2** | **3** | **4** | **5** |
| **Minor Injury** | **1** | **1** | **2** | **3** | **4** | **5** |
| **First Aid Injury** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Reportable Injury**  **(7 Day)** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Major Injury** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Fatality/Disability** | **5** | **5** | **10** | **15** | **20** | **25** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Low** | **1 – 6** | **Monitor** | **Tolerable risk. No additional controls required. Employees made aware of safe/correct system of work.** |
| **Med** | **8 – 12** | **Improvement** | **Action required to further reduce risk to acceptable level. Review of process or activity.** |
| **High** | **15+** | **Immediate Action** | **Unacceptable risk. Stop activity immediately. Inform next level of management & refer to Manager/Safety Coordinator. Possible withdrawal of process or activity.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Homeworking Action Plan** | | | | | | | | | | | | | |
| **No.** | **Issue**  **Action** | ***Current Risk***  *(Please tick one)* | | | **Action taken** | | | **Controls** | | | ***Residual Risk***  *(After controls)* | | |
| ***H*** | ***M*** | ***L*** | ***H*** | ***M*** | ***L*** |
| **1** | *DSE assessment (RSI, MSD, strains)* |  |  |  | *Assessment issued* | | | *Assessment completed* | | |  |  |  |
| **2** |  |  |  |  |  | | |  | | |  |  |  |
| **3** |  |  |  |  |  | | |  | | |  |  |  |
| **4** |  |  |  |  |  | | |  | | |  |  |  |
| **5** |  |  |  |  |  | | |  | | |  |  |  |
| **6** |  |  |  |  |  | | |  | | |  |  |  |
| **7** |  |  |  |  |  | | |  | | |  |  |  |
| **8** |  |  |  |  |  | | |  | | |  |  |  |
| **9** |  |  |  |  |  | | |  | | |  |  |  |
| **10** |  |  |  |  |  | | |  | | |  |  |  |
| **11** |  |  |  |  |  | | |  | | |  |  |  |
| **12** |  |  |  |  |  | | |  | | |  |  |  |
| Please state the date when the homeworking arrangement will be reviewed | | | | | | Date | | |  | | | | |
| Contact in case of any issues with homeworking arrangements | | | | | | Contact name (Please state full name and contact number) | | |  | | | | |
|  | | | | | | Contact number | | |  | | | | |
| **Completed By:** (Please print full name) | | | | |  | | | | | | | | |
| **Signed** | | | | |  | | **Date** | | |  | | | |
| **Position** | | | | |  | | | | | | | | |
| **Employee signature** | | | | | | | | | | | | | |
| **Agreed by** (Please print full name) | | | | | **Name** | |  | | | | | | |
|  | | | | | **Signature** | |  | | | | | | |
| **GDPR Personal Information**  The use of this questionnaire/self-declaration form may generate ‘special category data’ as defined by the Information Commissioner and the relative legislation. Please refer to the ICO GDPR guidance in Section 22: Additional Information Sources  <https://ico.org.uk/> | | | | | | | | | | | | | |

\*Where there may be a specific medical or other issue, a home visit may be necessary to verify the comments made on this form.

Following that a decision will be made as to whether the environment and / or equipment identified is adequate to allow the employee to work from home.

**To be completed by Line Manager**

On the basis of the information above I agree / do not agree to ….……………………………………………………………………………… working from home.

Signed…………………………………………………………………………………………………

Date…………………………………………………………………………………………………………………