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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:** |  |