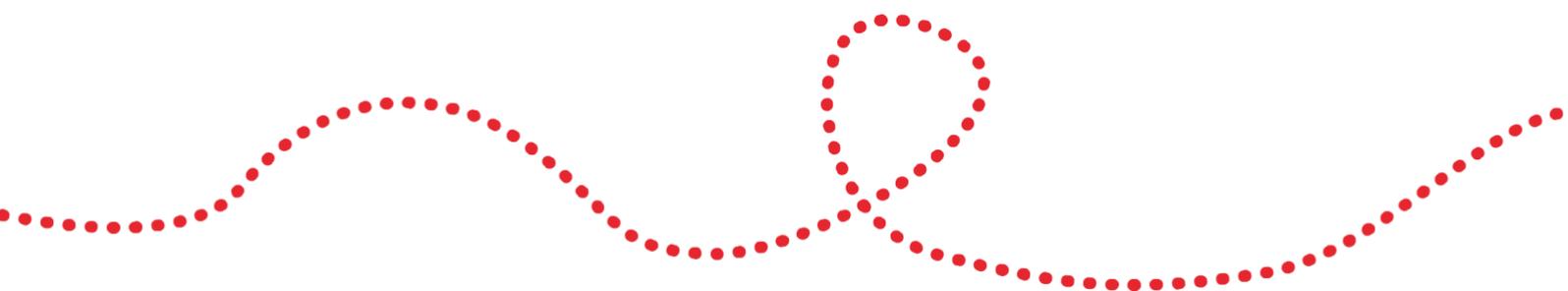




Risk Assessment Policy

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PURPOSE

The Management of Health & Safety at Work Regulations 1999 requires employers to carry out 'suitable and sufficient' risk assessments. This toolkit provides the background to doing risk assessments, plus a table on which to record the findings of the risk assessment and any necessary corrective measures.

Managers undertaking risk assessments may find it beneficial to involve other members of staff with the inspections and assessment process. The alliance may have an appointed Health & Safety Representative – a non-management staff representative – to take an interest in health and safety matters within the alliance and to represent the staff in these issues. Joint inspections will offer alternative views of potential hazards and also serve as a useful training exercise for interested staff.

POLICY

STEP 1

Identification of Hazards

Staff and Directors throughout the alliance should be encouraged to identify risks within their own working environment or field of activity. In this way, the identification of risks affecting the business as a whole is not restricted to the experiences of one, or a small number of individuals. Staff should be aware of the reporting mechanism which operates in the workplace, both for formal inspection / repair purposes, and the method in which ad-hoc ideas or observations may be recorded, reported or actioned.

Undertake an inspection of the subject of the risk assessment, e.g. the working environment, drugs handling, fire safety, sharps handling/injuries, etc. Seek as much information as possible, by, for example:

- Common sense observation
- Asking employees what hazards they are aware of and what their implications may be
- Checking suppliers' instructions and information on equipment and materials
- Checking records of accidents and sickness which may point to hazards

Examples can be found below:

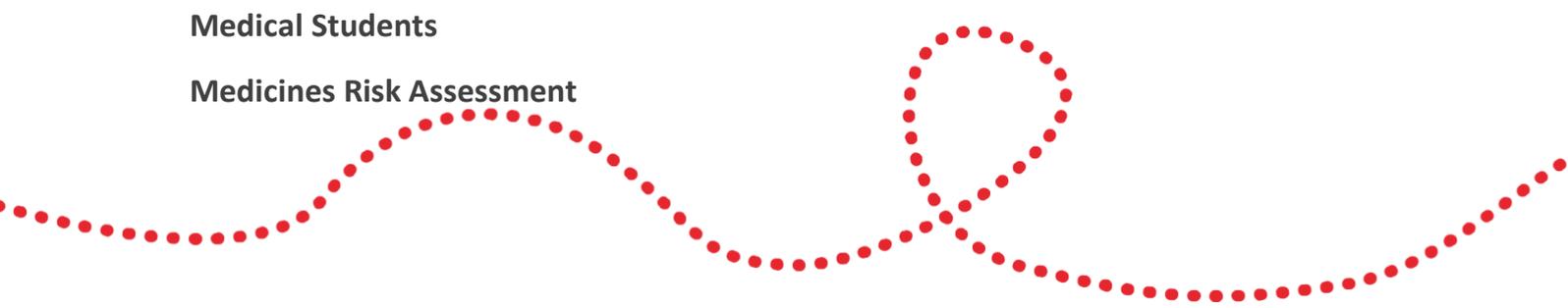
Fire Safety

Control of Substances Hazardous to Health (COSHH)

Infection Control

Medical Students

Medicines Risk Assessment



VDU Usage

Expectant or New Mother - Risk Elements are:

- Lifting/carrying of heavy loads
- Needlestick injuries
- Standing or sitting for long lengths of time
- Exposure to bodily fluids and/or infectious diseases
- Work-related stress
- Workstations and posture
- Exposure to radioactive material
- Exposure to cigarette smoke in the workplace
- Threat of violence in the workplace
- Long working hours
- Excessively noisy workplaces
- Re-assessment of VDU posture and available space at workstation, including the continued suitability of seating and the possible need to supply footrests.
- Use of controlled, toxic or hazardous substances

General Office Environment - Risk Elements are:

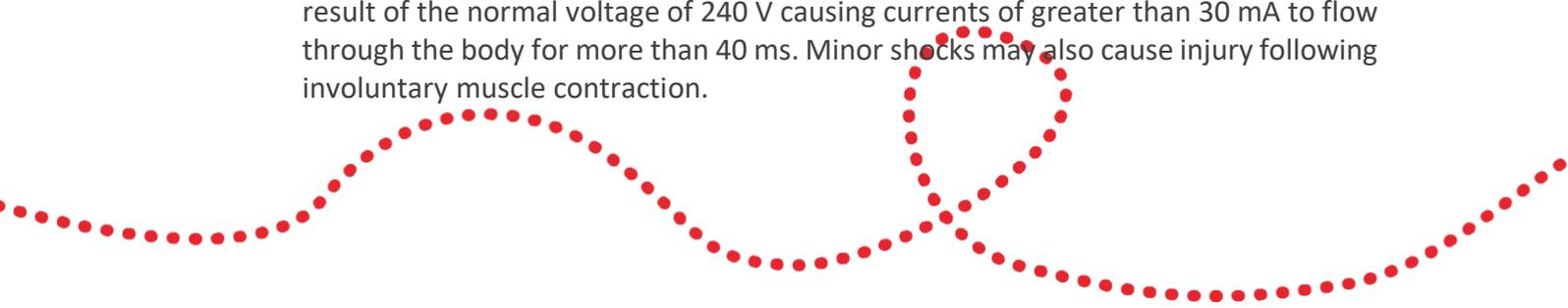
- Housekeeping: rubbish and temporary storage of material presenting a tripping hazard
- Electrical: hazards due to electrical faults or risk of tripping over electrical cables
- Storage: high or awkward shelves, unstable items
- Machinery: guillotines, staplers, scissors and other items with sharp edges
- Lifting: heavy or unstable objects
- VDU use: musculoskeletal disorders from poor posture, poor arrangement of equipment and eye strain from poor lighting, incorrect spectacles, fatigue and stress

Use and Disposal of Sharps - Risk Elements are:

- Cuts or needle-stick (puncture) injuries
- Injection of (unknown) toxic or otherwise harmful material into the body from hypodermic needles or other contaminated sharps
- Psychological trauma due to the fear of poisoning or infection. Hypodermic needles carry particular emotional connotations which must not be underestimated

Use of Electrical Equipment - Risk Elements are:

- Electric shock is the effect produced on the body and particularly on the nervous system by an electrical current passing through it. The effect depends on the current strength, which itself depends on the voltage and body resistance i.e. path length and surface resistance of skin (which is much reduced when wet). Death can be the result of the normal voltage of 240 V causing currents of greater than 30 mA to flow through the body for more than 40 ms. Minor shocks may also cause injury following involuntary muscle contraction.



- Burns caused by the passage of heavy currents through the body or by direct contact with an electrically heated surface.
- Explosion and fire caused by electrical sparks, short circuits or overload heating, old wiring in the presence of flammable material.

Transport and Use of Gas Cylinders - Risk Elements are:

- Pressurised gas cylinders are very heavy and unstable objects and as such can present considerable danger to those handling them
- They contain gas which may be toxic, asphyxiating or flammable and at high pressure
- Apart from the chemical risk from these gases, serious physical damage can be caused by exposure to the full force of escaping gas - a cylinder pressure of 300bar is equivalent to two tons per square inch
- Gas cylinder valves are very robust and difficult to break. However gas pressure regulators are much less robust and if damaged may allow the catastrophic escape of gas

STEP 2

Identification of who is at risk

(e.g. clinical staff, non-clinical staff, patients, contractors, GPs, visitors, expectant/new mothers)

STEP 3

Likelihood of Harm / Damage / Occurrence

How likely is it that harm or damage may occur? (e.g. low, medium or high)

STEP 4

Severity of Outcome

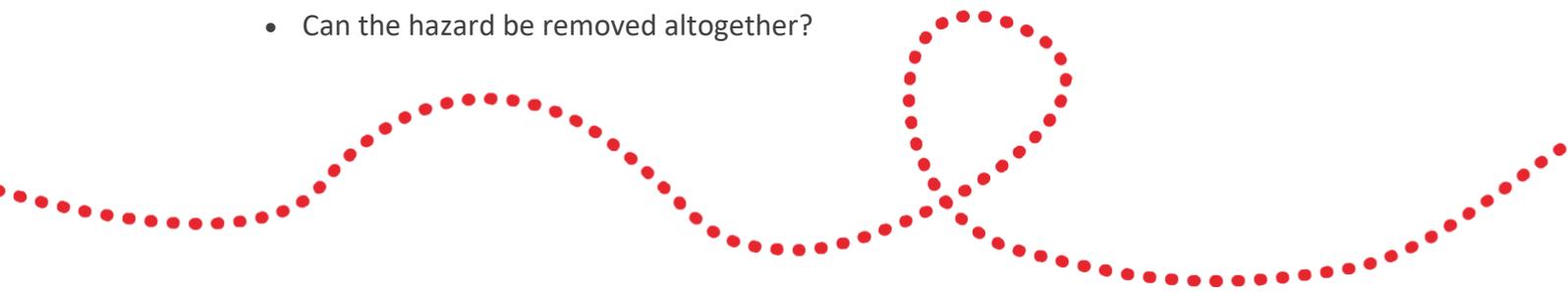
Should the hazard or event occur, what is the likely severity of the outcome? (e.g. low, medium or high)

STEP 5

Risk Evaluation/Control Measures

For each **risk element**, identify what precautions exist, whether the precautions are adequate, and what **further action** is required. For example:

- Can the hazard be removed altogether?



- What is the cost of rectifying the problem and is this reasonable based on the risk and the likely outcome or impact?
- Is a cautionary sign or some basic instruction sufficient?
- How can the hazard be controlled so that the risk of injury is minimised?
- Should training be provided to those at risk?
- Lastly, identify the action(s) to be taken in the event of an accident

STEP 6

Timescales

Record the timescales for implementing any changes, corrective or preventative measures.

STEP 7

Review

Review the report at a defined interval (e.g. three months) after the inspection date in order to ensure that the action planned or taken is still in effect (i.e. that the changes have become permanent or that the matter is resolved).

