

**RISK ASSESSMENT FINDINGS**

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| **Department/Service** |  |
| **Date** |  |
| **Assessor** |  |
| **Approved By** |  |
| **Review Date** |  |

**Relevant Legislation:**

The Management of Health and Safety at Work Regulations 1999

**RISK ASSESSMENT RECORD**

**ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: Infection prevention and control**

**DATE:**

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| **KEY (People at risk)** | **Likelihood (L)** | **Severity (S)** | **Risk Calculation** | **Risk Rating** |
| E = Employee YP = Young Persons  P = Public  C = Contractors  V = Visitors  EM = Expectant Mothers | 1. Very Low (rare/very unlikely)  2. Low (unlikely)  3. Medium (could occur/possible)  4. High (likely to occur/probable)  5. Very High (near certain to occur) | 1. Insignificant (nuisance/discomfort)  2. Minor (no lost time)  3. Moderate (time loss)  4. Significant (serious/incapacity to work)  5. Major (Death) | Likelihood x Severity  =  Rating | **1- 6** **LOW RISK** Monitor   * 1. **MEDIUM RISK** Monitor, review & reduce risk where possible   **14-25** **HIGH RISK** Further Action Required |

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| **1.Hazards Identified and potential harm it could cause** | **2. People**  **At Risk** | **3.Controls in Place** | **4.Risk Rating** | | | | **5. Further Action Required/ Recommendations** | **6.Target Date for Completion** |
| **L** | **S** | **Score** | **Risk** |

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| Contact with a service user /other person known to have a Blood bourne virus (BBV) e.g. Hepatitis, HIV, AIDS |  | How can BBVs spread in the workplace?  It is very unlikely that you will become infected through everyday social contact with another worker who has a BBV. BBVs are mainly transmitted sexually or by direct exposure to infected blood or other body fluids contaminated with infected blood. In the workplace, direct exposure can happen through accidental contamination by a sharp instrument, such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema, or through splashes to the eyes, nose or mouth.    **You need to:**   * Identify the hazards – where BBVs may be present; * Decide who might be harmed and how – which employees and others may be exposed to BBVs and how this might happen, for example through dealing with accidents or handling contaminated items for cleaning or disposal; * Assess how likely it is that BBVs could cause ill health and decide if existing precautions are adequate or whether more should be done.   Factors to consider include:   * The frequency and scale of contact with blood or other body fluids; * The number of different persons’ blood/body fluids with which contact is made; * Any existing information on injuries reported in the workplace; * The quality of control measures used;   Experience shows that the risk of BBV infection is low for our work activities, as direct contact with blood and body fluids does not occur regularly. Much depends on the nature of the exposure. Not all exposures result in infection.  We are not aware of any case in this authority where an employee has contracted a BBV as a result of their work.  **Preventing or controlling the risk**  In work activities where there is a risk of exposure to BBVs, the following measures to prevent or control risks apply, but you may need to adapt them to your local circumstances in ensuring a safe system of work:   * Prohibit eating, drinking, smoking where there is a risk of contamination; * Prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids; * When possible avoid use of, or exposure to, sharps such as needles, glass, metal etc., or if unavoidable take care in handling and disposal; * Consider the use of equipment and tools to reduce risk; * Cover all breaks in exposed skin by using waterproof dressings and suitable gloves; * Avoid contamination by using water-resistant protective clothing; * Wear appropriate safety footwear or disposable overshoes when the ground or floor is likely to be contaminated; * Use good basic hygiene practices, such as hand washing; * Control contamination of surfaces by containment and using appropriate decontamination procedures (see ‘Decontamination procedures’); * Dispose of contaminated waste safely (see ‘Disposal of waste’).   **Immunisation**  Immunisation (vaccination) is available against HBV but not other BBVs. The need for an employee to be immunised should be determined by the risk assessment. If it is considered to be necessary, it should only be seen as a supplement to reinforce other control measures and should be discussed with the employees in question.  Vaccination should be available free of charge to employees. It is recommended that a vaccination record is kept.  Vaccinations can be given either by an employee’s own GP or the Occupational Health Service at RDGH. Your service will be charged, because vaccination programmes are not included in the Occupational Health Service agreement. |  |  |  |  | Personal Protective equipment (PPE) /clothing required (if necessary) e.g. protective gloves, aprons, medical waste bin, sharps bin etc.  PPE required to enable safe working procedures: |  |
| Protocol for blood/other bodily fluid spillages: |  | Plastic container / bucket with lid containing:   * Leak proof bags. * Paper towels. * Cleaning solution e.g. Milton, disinfectant etc. * Personal protective clothing (PPE) disposable gloves and aprons, eye protection. (Single use items must be replaced).   Person cleaning the spillage must wear:   * Disposable gloves and apron and eye protection. * Using paper towels soak up spillage and place paper towels in to leak proof bag. * Clean affected area using cleaning solution and paper towels and place used towels in to leak proof bag. * Ensure area is left clean and dry. * Dispose of all bagged items including gloves, aprons etc. securely e.g. medical waste bin if available. * Replace used stock |  |  |  |  |  |  |
| Human or Animal Bites that have penetrated the skin: |  | Basic first aid should be applied to minimise the risk of infection and control bleeding. The injured person must be referred to either Hospital A&E department or Occupational Health Department – (OHD referral can be arranged by contacting RMBC HR department for employees) or GP referral in the case of pupils immediately (dependant on extent of injury). |  |  |  |  |  |  |
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