

CIPHER Medical Standard Risk Assessment Form

Person Completing:	Adam Howell	Role/Title:	Logistics Team Leader/H&S Officer	Date:	02/02/2023
Review required on or before:	02/02/2024	Director Responsible:	Andrew Thomas		
Task/Hazard/Practice being Risk Assessed:		Ambulance Operations			

1. Consequence Impact Assessment

1) Measure Consequence					
Choose one of the descriptors below, consider each domain and section and judge what the most realistic scenario would be if the event occurred, The most serious consequence identified determines the score.					
Score	1	2	3	4	5
Domain	Insignificant	Minor	Moderate	Major	Catastrophic
Patient Experience	Unsatisfactory patient experience and directly related to patient care.	Unsatisfactory patient experience readily resolvable.	Mismanagement of patient care	Serious Mismanagement of patient care	Totally unsatisfactory patient outcome or experience
Injury	No apparent injury. Minor injury not requiring first aid	Minor injury. First aid treatment e.g. laceration/sprain, anxiety with < 3 days off work	Medical treatment required. Temporary incapacity, injury or harm, e.g. short term monitoring Injury requiring > 3 days sickness RIDDOR/Agency reportable	Permanent injury or harm. Injury requiring major clinical intervention long term incapacity/disability Long term staff sickness > 4 weeks	Death or major permanent incapacity
Complaints/ Claims	Locally resolved complaint (informal)	Formal complaint possible. Justified complaint peripheral to clinical care	Formal complaint likely - regarding delivery of care. Litigation possible	Serious complaint anticipated with multiple issues. Litigation expected Multiple justified complaints	Multiple claims or single major claim expected
Adverse Publicity/ Reputation	Not expected	Local media - interest possible but short term	Local media - potential for long term adverse publicity	Probable national media interest (short term). Public confidence undermined.	National media interest >3days. Public confidence undermined. Extreme adverse publicity for Trust
Service/ Business Interruption	Interruption which does not impact on delivery of service	Short term disruption <1hr - minimal impact on delivery of service.	Non permanent loss of ability to provide service >1hr < TBA Some disruption to delivery of service	Sustained loss of service >TBA, with major impact. Major contingency plans invoked	Permanent loss of core service or facility. Disruption to service leading to significant 'knock on' effect across health economy

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Finance	Small loss	Loss >0.1% of Trust budget	Loss >0.25% of Trust budget	Loss >0.5% of Trust budget	Loss >1% of Trust budget
Inspection/ Audit	Small number of recommendations which focus on minor improvement/non compliance issues - can be addressed by a department	Minor recommendations made which can be addressed by low level of management action	Challenging recommendations made but can be addressed with appropriate action plan. Potential for minor negative impact on Performance Ratings	Enforcement action expected. Critical report. Significant negative impact on performance ratings	Prosecution expected. Severely critical report Will lead to rating of 'Weak' in Quality or Use of Resources
Staffing	Short term low staffing level (<= 1 day) where there is no actual disruption to service delivery)	Ongoing low staffing level resulting in minor disruption to service/delivery of care	Ongoing problems with level of staffing leading to delay/moderate disruption to service delivery/patient care. Minor errors resulting	Serious ongoing problems with staffing levels leading to serious disruption in service delivery , Serious errors resulting	Non delivery of service due to lack of staff. Non delivery of key or service objectives due to lack or loss of key staff.
Objectives/ Projects	Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality	> 5% over budget, schedule slippage. Minor reduction in quality/scope	10% over budget, schedule slippage , reduction in scope/quality. Moderate business interruption	10-25% over budget, schedule slippage. Doesn't meet secondary objectives. Major business interruption	>25% over budge. Schedule slippage. Doesn't meet primary objectives. Reputation of the Trust severely damaged

2. Qualitative Measure of Likelihood Assessment

Score	Descriptor	Description
1	Rare	Not expected to happen again
2	Unlikely	May happen but in exceptional or unusual circumstances
3	Possible	The event may re-occur occasionally
4	Likely	The event will probably re-occur
5	Certain	The event is likely to re-occur on many occasions

3. Likelihood v Consequence Total Risk Rating

	Likelihood score				
Impact score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

4. Action to Be Taken

	LOW 1-6	MED 8-12	HIGH 15-25
Preventative Measures to be Taken or Planned	Manage by routine procedure. Implement any action that will eliminate the risk of the incident /risk occurring	Senior Management action needed. The responsible Director must be aware and Lead Manager must devise and implement an action plan to control, reduce or eliminate the risk. Risk must be inputted onto the Corporate Risk Register.	Immediate action required. The Risk Managers and Executive Management Team must be made aware and are responsible for ensuring an investigation and action plan is commenced immediately to reduce, control or eliminate the risk. The risk must be entered onto the Corporate Risk Register

5. Risks Identified

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Nature of Risk Identified	Likelihood Score	Potential Impact	Impact Score	Total Risk Rating	Existing Measures in Place	Action to Take	Owner of Action	Completion by	Complete Y/N Date
Carrying Chair to Ambulance	2	Risk of staff injury from moving and handling Risk of patient falling. Risk of patient injury from mishandling.	3	6	New untrained staff to undergo manual handling training on induction. Occupational health declaration on recruitment. Minimise use of carry chair where patient care permits. Use ramp. Staff utilise all straps. Carry chair is 2-person operation.	None at present	AH		
Wheelchair to Ambulance	2	Risk of staff injury from moving and handling Risk of patient falling.	3	6	Plan route to avoid kerbs and bumps. Use ramps or dropped kerbs where possible. Staff appropriately trained on induction. Training on ramps of vehicle	None at present	AH		
Patient transfer to stretcher	2	Risk of staff injury from moving and handling Risk of patient falling. Risk of patient injury from mishandling	2	4	New untrained staff to undergo manual handling training on induction. Utilise lifting belts and transfer boards.	None at present	AH		
Patient falls while walking	2	Risk of staff injury from reacting to falling patient. Risk of injury to patient from fall	3	6	PTS- Pre-booked patients with HCP assessment of category of patient. Crew to risk assess patient ability to walk prior to commencing. Crew to taught to anticipate falls and assist falling patient with manual handling techniques. Crew to utilise wheelchairs/stretcher/carry chair where appropriate	None at present	AH		
Patient fall using step to vehicle	2	Risk of staff injury from reacting to falling patient. Risk of injury to patient from fall.	4	8	Crew to risk assess patient ability to use step prior to boarding. Crew member always behind patient to assist with balance. Crew to utilise tail-lift/ramp where appropriate.	None at present	AH		
Patient fall using ramp	2	Risk of staff injury from reacting to falling patient. Risk of injury to patient from fall.	3	6	Crew to risk assess patient ability to use ramp prior to boarding.	None at present	AH		

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					Crew member to walk up ramp with patient. Crew to utilise wheelchair where appropriate.				
Verbal/physical abuse- PTS	3	Risk to staff of verbal and/or physical abuse from service users or members of the public.	2	6	PTS- Pre-booked journeys make the work more predictable. Take handover from relevant staff to identify issues. Staff trained in conflict resolution and customer service. Staff work in pairs. Staff issued with radios to remain in contact. Mobile phone issued to vehicle.	None at present	AH		
Verbal/physical abuse- A&E	3	Risk to staff of verbal and/or physical abuse from service users or members of the public.	3	9	Emergency work unpredictable. Relevant control to undertake risk assessment during call. Relevant control to pass on all information about safety gathered through call. Relevant control to contact police prior to crew attendance where appropriate. Staff trained in conflict resolution and customer service. Staff work in pairs. Staff issued with radios to remain in contact. Mobile phone issued to vehicle.	None at present	AH		
Needlestick injury- Paramedic/Technician	1	Paramedics routinely performing cannulation, IM, SC in pre-hospital environment, including IO. Technicians perform a limited number of procedures of IM injections. No IV procedures but could be at risk due to lack of familiarity.	4	4	Staff to follow CIPHER IPC and Exposure Prone Procedures Policies. Staff to utilise blunt drawing up needs as provided. Where possible procedures should not be undertaken in moving vehicle. Staff to wear appropriate PPE Staff to have sharps box within reach when performing procedures.	None at present	AH		
Vehicle Slow Manoeuvring/Reversing Accident- PTS/A&E	4	Damage to vehicle likely bumps and scrapes. Rarely injury to staff and patients.	1	4	Staff to follow road traffic laws and driving policy at all times.	None at present	AH		

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					Staff undertake appropriate driver training or assessment on induction. Staff must use a banks person when manoeuvring. Reversing cameras to be fitted to new fleet. All staff and patients to wear seat belts at all times when in motion.				
Parked vehicle rolling away	1	An unattended parked vehicle subject to unanticipated movement could cause catastrophic injury to road users or significant damage to other vehicles.	5	5	Drivers appropriately trained for vehicle and role. Parking should be on a level surface where possible. Handbrake should always be applied when stationary. Vehicles unavoidably parked on an incline should be parked in gear. Vehicles serviced according to schedule to avoid failure.	None at present	AH		
Normal Road Speed Vehicle Accident- PTS/A&E	1	Risk of major or catastrophic injury/death to pedestrian, crew or patient.	5	5	Staff to follow road traffic laws and driving policy at all times. Driving licence and appropriate certification checked during recruitment. Staff undertake appropriate driver training or assessment on induction. Speed limited on new fleet. All staff and patients to wear seat belts at all times when in motion.	None at present	AH		
Emergency Vehicle Accident- A&E	2	Risk of major or catastrophic injury/death to pedestrian, crew or patient.	5	10	Staff to follow road traffic laws and driving policy at all times. When driving under emergency conditions audible and visual warnings should be used at all times. Driving licence and appropriate emergency driving certification checked during recruitment. Staff undertake appropriate driver training or assessment on induction.	None at present	AH		

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					All staff and patients to wear seat belts at all times when in motion.				
Struck by vehicles	1	Risk of injury to staff or patient from access or egress to vehicle, or attendance at incident in live traffic (A&E)	5	5	<p>Staff to follow road traffic laws and driving policy at all times.</p> <p>Parking appropriately to prevent crossing roads.</p> <p>Driving licence and appropriate certification checked during recruitment.</p> <p>Staff undertake appropriate driver training or assessment on induction.</p> <p>Hazard waring lights to be used where appropriate.</p> <p>Blue lights to be used when appropriate (A&E)</p> <p>Park in fend-off position at incidents (A&E)</p> <p>Hi-Viz PPE provided and to be worn at all times.</p>	None at present	AH		
Lifting and Carrying Equipment/patient luggage	2	Risk of injury to staff from carrying equipment, e.g. oxygen equipment, defibrillator or heavy patient luggage	2	4	<p>New untrained staff to undergo manual handling training on induction.</p> <p>Occupational health declaration on recruitment. New untrained staff to undergo manual handling training on induction.</p> <p>Trained staff to have annual manual handling update.</p> <p>Follow good manual handling practice.</p> <p>CIPHER supply light weight O2 cylinders.</p> <p>Make repeat journeys to/from ambulance where required.</p> <p>Ask for assistance where available.</p>	None at present	AH		
Walking over uneven or slippery surfaces	2	Risk of injury from slips, trips and falls due to unpredictable indoor/outdoor environment.	3	6	<p>Staff to wear appropriate footwear for task.</p> <p>In poor or unlit conditions staff to utilise vehicle torches.</p> <p>Choose another route where practicable.</p> <p>Staff not to run to incidents.</p>	None at present	AH		

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Extremes of weather	2	Risk of heat or cold related illness.	2	4	All staff are provided appropriate uniform for task including caps and beanies. Hot and cold drinks provided. On call manager available. Sun protection available.	None at present	AH		
Signature of completing manager			Date		Designation				
A Howell			02/02/2023		Logistics Team Leader / Health and Safety Officer				
Signature of Responsible Director			02/02/2023		CEO/Consultant Paramedic				
d. J. O.									
Due for Review			02/02/2024						