

## 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:		Teaching- Clinical			

### 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
<b>Preventative Measures to be Taken or Planned</b>	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
Slips, trips and falls	2	Injury from slips trips and falls to members of staff, students, actors, public and visitors.	3	6	General good housekeeping. All areas well lit. No trailing leads or cables. Work areas clear. Floor based activities, e.g. resuscitation manikins to be tidied away immediately. Actors briefed prior to role play about the environment and location.				
Scenarios	2	Scenarios are designed to be realistic and may involve working in environments such as vehicles, outdoors, and in non-traditional teaching environments. Environments may be cold, damp and dark.	3	6	Adequate instructor/student ratio to ensure supervision. Obvious hazards to be removed or pointed out to students/actors prior to scenario. Students/actors briefed on adequate clothing/PPE prior to scenario based course				
Difficult content	1	Students at risk of upset/mental distress from difficult content e.g. CPR, child death etc. Students at risk of upset/mental distress from graphic content e.g. video material of trauma/cardiac arrest. Fainting has been known to occur during training.	3	3	Statement at the beginning of each course explaining content. Supportive approach and encouraged to speak to instructor where required. Open culture, students can leave if needed.				
Use of sharps	1	Risk of painful injury from sharp. Risk of training ampoules breaking and causing wounds to hands from broken glass. Risk of infection (non-bloodborne),	4	4	Adequate number of students to instructor ratio. Staff to utilise blunt drawing up needs as appropriate. Staff/students to wear appropriate PPE Staff/students to have sharps box within reach when performing procedures and immediately dispose of the sharp.				
Manikins	1	Theoretical risk of body fluid borne disease through "Mouth to mouth" on shared manikins	4		Mouth to mouth avoided completely where possible. Clinell wipes provided- cleaned after each use.				

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Medical meat	1	Risk of skin contamination from meat/fluids Risk of clothing contamination from meat/fluids	3	3	Only medical meat to be used. Aprons, gloves and eye protection to be worn. Adequate supervision by instructor to student ratio. Hand washing to be mandatory following use. Use alternatives where possible/practicable.				
Manual handling of equipment/heavy manikins	2	Staff/student/actor risk of injury or back pain from handling heavy or bulky objects.	3	6	Manual handling awareness training for instructors. Provide wheeled crates where possible. Minimise unnecessary lifting and handling of simulated patients.				
Screens	2	Staff and students risk posture problems and pain, discomfort or injuries from over or improper use, or poorly designed work stations or environments.	2	4	Regular breaks and activities encouraged. Screens appropriately lit. Seating appropriate distance from screen. Lighting and temperature suitably controlled. Noise controlled.				
Stress	1	Staff at risk from stress due to workload, bullying and not knowing job role.	4	4	Staff understand duties and responsibilities as explained on induction. Staff can approach managers if they feel uneasy or stressed-open door policy.				
Electrical equipment	1	Risk of injury from faulty electrical equipment. Risk of fire from faulty electrical equipment.	5	5	Staff trained to report faulty or damaged sockets, plugs, cables or equipment. PAT testing annually. Defective equipment safely and promptly taken out of service. Staff not to bring in own machines or use until PAT tested.				
Fire	1	If trapped staff can suffer death or injury from smoke inhalation or burns.	5	5	Fire brief included into slides. Staff undertake fire safety training on induction. Fire exits and regulations for each venue are communicated.				
Signature of completing manager			Date		Designation				

	02/02/2023	Logistics Team Leader / Health and Safety Officer
<b>Signature of Responsible Director</b>		
	02/02/2023	CEO/Consultant Paramedic
<b>Due for Review</b>	02/02/2024	