Guidance for Undertaking a Risk Assessment

A risk assessment is a careful examination of what could cause harm to people, the environment, the organisation etc., to enable a review of whether enough precautions are in place or whether more can and should be done to prevent harm.

BrisDoc has a legal responsibility to identify and categorise risks and either eliminate or reduce them to the "lowest level that is reasonably practicable".

The 5 steps in the risk assessment process are:

1. Identify the hazard
2. Decide who or what might be harmed and how
3. Evaluate the risks and take action to prevent them where possible
4. Record your findings on the Risk Assessment Form and communicate the risks and control measures to those who need to know, including adding details to the Risk Assessment Log
5. Review the assessment

   The Overall Risk Score is the highest total number for an individual risk

The level of risk associated with each hazard is assessed in accordance with the Risk Scoring Matrix. This identifies both the severity of the hazard and its likelihood of occurrence. The aim of the risk scoring is to systematically establish relative priorities. The purpose of risk management is to determine what will be done and who will be responsible for the risks that have been identified. Risk management converts the risk assessment into an action plan.

It takes time to plan and implement change. A robust monitoring and review system is essential to ensure actions are followed through, and priorities are re-assessed, so that risk management is an ongoing process that is embedded into normal management processes. Ensure that when undertaking the assessment, the details of the date of the review and the people who will be undertaking the review are documented and this process is followed through.

Once complete, details of the Risk Assessment need to be included within the Risk Assessment Log and a headline added to the Risk Register via the brisdoc.governance@nhs.net.

Please use the second page of the template to gather details of the headline risk.

Risk Assessment Matrix

Severity/Consequence of event occurring

Description	Category	Risk to patient, staff, business
Catastrophic	5	Incident leading to death, non-delivery of business objectives, event which impacts on large number of patients/staff, multiple breeches to statutory duty, prosecution, national media coverage/total loss of public confidence, >25% over project budget/loss of >1% of budget, loss of contract, 1day loss of service.
Major	4	Major injury leading to long term incapacity, significant harm to patient, >14days off work, uncertain delivery of business objectives, enforcement action/multiple breeches of statutory duty, uncertain delivery of service due to lack of staff, national media coverage, 10-15% over project budget/loss of 0.5-1% of budget, >12hrs interruption to service.
Moderate	3	Moderate injury requiring professional intervention, some harm to patient, 4-14days off work, unsafe staffing level, single breech of statutory duty, local media coverage/long term reduction in public confidence, >8hrs interruption to service, 5-10% over project budget/0.25-0.5% loss of budget, late delivery of business objectives.
Minor	2	Minor injury, minimal harm to patient, low staffing reduces service quality, breech of statutory legislation, local media coverage/short-term reduction in public confidence, >1hr interruption to service, <5% over project budget/loss of 0.1-0.25% of budget, minor impact on business objectives, >3days off work.
Negligible	1	Minimal injury, no harm to patient, no time off work, no/slight impact on business objectives, insignificant cost increase/financial loss, rumours, <30mins interruption to service, <1 day shortage of staff, no/minimal breech of statutory duty.

Likelihood of event occurring

Almost certain	81% -100% likelihood of occurrence	5	Will undoubtedly happen/recur, possibly frequently
Likely	51% - 80% likelihood of occurrence	4	Will probably happen/recur but is not a persisting issue
Possible	21% - 50% likelihood of occurrence	3	Might happen or recur occasionally
Unlikely	6% - 20% likelihood of occurrence	2	Do not expect it to happen/recur but possible it may do so
Rare	0% - 5% likelihood of occurrence	1	This will probably never happen

Score the risk

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

The risk score = severity x likelihood.

RISK ASSESSMENT FORM

Name of Assessor(s)	Shelly Joseph	Business Unit	Service	Review Board
Date of Assessment	12/12/2025	Urgent Care	IUC	Quality
Review Date	12/12/2026			
Title	Clevedon - Infection Prevention and Control Risk Assessment			
Risk Assessment ID	*48*			

***Select one from each**

Description of the Hazard *NB: Include what/who is at risk and justify score*	Existing Controls	Risk Score			Action taken	Residual Risk Score			Further Action Required	Timescale for Action
		Severity	Likelihood	Total		Severity	Likelihood	Total		
Assessor to assess whether there may be a risk to : Patient/Staff impact. Financial implications. Reputational damage. Regulation breach. Service interruption. Digital Risk. Wellbeing.										
Staff/ patients/ visitors/contractors in contact with infectious diseases may contract the2 infection.	1.Isolation room is available at Clevedon. Patients with suspected/ confirmed infectious diseases should be treated in the isolation room. 2. PPE and RPE available for clinician to use when seeing patients with infectious disease. 3.Handwashing posters are displayed at washing stations and available within the IPC policy, these are also communicated at induction.	4	1	4		4	1	4		12/12/2026

	4.IPC policy is available on Radar which includes information on PPE/RPE/hand washing/ cleaning 5.Staff vaccination is promoted widely within the organisation. 6.Clinicians are encouraged to do remote consultations where possible to minimise patient contact to reduce the spread of infection 7.IPC training is available on Brisdoc Development hub. 8. IPC updates are available through clinical newsletters 9. HCID SOP is up to date and shared with clinicians and is available through RADAR/ clinical toolkit 10. IPC as standing item on weekly Bronze meeting and HSSG. 11. Regular comms to clinicians via MOTD when there is an outbreak of infectious diseases. 12. Handwashing awareness programme for clinicians run by Hosts 13. Facilities team will ensure that we have enough PPE available for clinicians									
Staff contracting respiratory illness in the absence of wearing appropriate PPE leading to service interruption in view of the recent increased activity of flu viruses.	1. Staff to wear appropriate PPE and RPE when seeing patients with infectious disease. 2.Handwashing posters are displayed at washing stations and available within the IPC policy, these are also communicated at induction. 3.IPC policy is available on Radar which includes information on PPE/RPE/hand washing/ cleaning	4	4	16	1.Reinforcing all the staff and patients to wear surgical masks in patient facing areas regardless of symptoms or	4	2	8		12/12/2026

	4.Staff vaccination is promoted widely within the organisation. 5.Clinicians are encouraged to do remote consultations where possible to minimise patient contact to reduce the spread of infection 6.IPC training is available on Brisdoc Development hub. 7. IPC updates are available through clinical newsletters 8. IPC as standing item on weekly bronze meeting and HSSG. 9. Handwashing awareness programme for clinicians run by Hosts 10. Facilities team will ensure that we have enough PPE available for clinicians				known exposure 2. All staff to ventilate all clinical rooms and communal spaces as much as possible in bases 3.All staff to attempt physical distancing from patients where possible					
Staff/patients/visitors/contractors contracting an infectious disease due to inadequate cleaning practices.	1.Handwashing posters are displayed at washing stations and available within the IPC policy, these are also communicated at induction. 2. IPC policy is available on radar which include safe management of care equipment, safe management of care environment and safe management of blood and body fluids 3. IPC training is available on Brisdoc Development hub. 4. IPC updates are available through clinical newsletters 5. Domestic cleaners are engaged to clean all areas to high standard. We are also able to arrange a deep clean should the need arise.	4	1	4		4	1	4		

	6. PPE/RPE is available for staff managing infectious diseases. This would be disposed of as per the IPC policy. 7. HCID SOP describes the cleaning process for respiratory hoods as well as cleaning after seeing an infectious patient in isolation room. 8.Handwashing awareness programme for clinicians run by Hosts 9. Facilities team will ensure that we have enough PPE available for clinicians 10. SOP for cleaning standards completed and available on RADAR									
Staff/patients/carers injured by sharps incident causing infection of BBV.	1.IPC policy is available on Radar which includes information on sharps injuries and how to manage these. 2.IPC policy is available on radar which include safe management of care equipment, safe management of care environment and safe management of blood and body fluids 3. Staff vaccination is promoted widely within the organisation including hepatitis B. 4.IPC training is available on Brisdoc Development hub. 5. IPC updates are available through clinical newsletters 6.PPE available for clinician to use when dealing with sharps where ever possible eg; while taking blood sample 7. Sharps boxes are available at the point of use.	4	1	4		4	1	4		

	8.Information about IPC available on clinical toolkit page									
Patient contracting an infection due to inadequate IPC measures during an internal examination e.g. vaginal /rectal examination	1. PPE available for clinicians when they are conducting internal examinations 2. Handwashing posters are displayed at washing stations and available within the IPC policy, these are also communicated at induction. 3. IPC policy is available on radar which include safe management of care equipment, safe management of care environment and safe management of blood and body fluids 4.IPC training is available on Brisdoc Development hub. 5. IPC updates are available through clinical newsletters 6. Domestic cleaners are engaged to clean all areas to high standard. We are also able to arrange a deep clean should the need arise. 7. SOP for cleaning standards completed and available on RADAR	2	1	2		2	1	2		
Staff/patents contracting a Bloodborne Virus due to being in contact with blood and body fluid spillages /blood sample collection/injections	1. IPC Policy is available on radar which includes safe management of sharps and blood and bodily fluids 2. PPE are available for clinicians when they are dealing with blood or bodily fluids or taking blood samples 3. Sharps boxes are available at the point of care 4. Handwashing posters are displayed at washing stations and available within	4	2	8		4	2	8		

	the IPC policy, these are also communicated at induction. 5. IPC training is available on Brisdoc Development hub. 6. IPC updates are available through clinical newsletters e.g: safe management of sharps 7.Staff vaccination is promoted widely within the organisation. 8. Spillage kit is available for clinicians to manage any body fluid spillage on hard surfaces. 9. Handwashing awareness programme for clinicians run by Hosts. 10. Clinical toolkit page available of IPC related information									