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 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 corporate.administrator@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

BrisDoc
Patient care by people who care

Name of Assessor(s)	Jayne Benett	Overall Risk Score			Date of Next Review
Date of Assessment	03/06/25 Reviewed 28/7/26	3	2	6	28.7.2027
Title	Infection control at Broadmead Medical Centre				
Risk Assessment ID	7	Severity	Likelihood	Total	

You must include details of any Risk Assessment in the Risk Assessment Log and add a headline to the Risk Register via corporate.administrator@nhs.net. Please use the template on the next page to gather details of the headline risk.

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		
Lack of infection control coordination at practice	Having an infection control lead who remains up to date with latest guidance.	3	1	3	Any new Infection Control Lead to be been offered and attended 2 day Infection control course to ensure awareness of responsibilities Ensure lead has Annual infection control update. Infection control lead to have monthly admin time to keep updated re infection control guidance and produce reports	2	1	2	Identify course /initial and then annual updates Management of workforce to enable attendance Ensure monthly time for audit and infection control communications	Ongoing

Risk of contamination/ infection from physical environment	General cleaning -Monthly infection control audits -Ensure furniture and floors are in good condition. -Ensuring staff day to day following infection control policies and procedures including equipment cleaning, hand washing, waste disposal etc -Annual changing of curtains in clinical rooms according to policy -Ensure spillage kits for bodily fluids available in key areas and staff trained to use them. -Toys removed from clinical rooms /plastic plants	3	3	9	-Regular equipment cleaning e.g., spirometer, ear irrigation , fridge seals and documented -Curtains changed as per policy, record kept. -Spillage kits available Complete monthly infection control audit and action and log any issues arising	3	2	6	6 monthly curtain change minimum	Ongoing
Risk of cross infection between staff and patients.	Individual risk assessments for specific infections -Ensure staff are aware of needlestick injury (NSI) policy and posters in place	3	3	9	Ensure staff complete mandatory and statutory infection control training	3	2	6	Isolation room stock check monthly Mandatory staff training	Ongoing

	in every clinical area. -Adherence to infection control policies e.g., uniform, hand hygiene and PPE policy. -Isolation room available for use for patients with high risk of transmissible diseases.				-Ensure all new staff complete hand hygiene audit and update annually - Treatment room staff to complete aseptic technique competencies on induction -Ensure staff aware of reporting procedures following a NSI -Staff trained on appropriate PPE, including head tent donning and doffing. Posters available in clinical areas re hand hygiene -Staff trained in use of red zone including cleaning and PPE					
Blood Borne Virus- Patients and staff at some risk of BBV infection	Staff to attend occupational health for vaccinations as needed Hepatitis A and B vaccination available to patients at risk.	3	2	6	. All possible controls in place	3	2	6	Maintain all controls	Continuous

	Testing and treatment available to patients. Sharps bins available in all clinical rooms Sharps injury posters available in all clinical rooms and waiting room Use of Nitrile gloves									
Exposure Prone procedures Risk to staff and patients of BBV infection	Exposure Prone procedures to only be performed by clinicians trained and assessed as competent to do so Exposure prone procedures only be performed by clinicians with recommended Vaccinations.	1	6	6	All possible controls in place Very unlikely this would occur in practice	1	6	6		
Uniforms Risk of cross contamination to staff, patients and community	Staff may wear their own clothes as per literature guidance for working with patients but must use PPE as necessary	2	2	4	All possible controls in place	2	2	4		

	Staff may choose to wear uniform if they prefer Staff must follow nhs guidance 'bare below the elbow' Closed toe shoes are recommended to protect from sharps injury Clothes chosen should be clean with limited loose and flowing materials such as tassels and fabric belts									
Medical Sharps	Sharps bins available in all clinical rooms for sharps to be immediately disposed of Contents level of sharps should be monitored as per cleaning checklist	2	3	6	All possible controls in place	2	3	6		
Non Medical sharps Risk of needle stick injury to service user and staff	Sharps bins available	2	3	6	All possible controls in place	2	3	6		

from service user drug paraphernalia	Care to be taken when handling patient clothing BBV control measures in place									
Aseptic Technique Risk of infection to patient	Aseptic Techniques to be performed only by clinicians trained and assessed as competent to do so.	2	4	8	All possible controls in place	2	4	8		
Cleaning of Clinical equipment Risk of infection to patient	Clinical equipment decontaminated after every use. using single use equipment where available	2	2	4	All possible controls in place	2	2	4		
Environmental hazards Leaks to ceiling Risk to service users and staff from cross contamination	Legionella risk assessment completed by Boots Escalated repeatedly to land lord maintenance	3	2	6	Ceiling repairs pending	3	2	6	Continue to chase land lord for repairs	Continuous

Hand Hygiene	Soap and moisturiser are available at all sinks- checked monthly by lead nurse Hand washing posters available at each sink Annual handwashing audit									
Storage- Risk to staff and patients from inadequate cleaning due lack of storage	Items to be stored in designated cupboards/ drawers All other items to be stored in plastic lidded storage tubs									

Once you have completed the Risk Assessment, please provide details of the headline risk below, so that it can be added to the Risk Register

RISK ASSESSMENT FORM

BrisDoc
Patient care by people who care

Date risk identified	Business Unit	Service	Risk Owner	Review Board	Description of the hazard	Existing Controls	Severity	Likelihood	Risk Score
	Practice Services	BMC	J Bennett	H&SSG	Infection control risk due to poor IFC processes	As above	3	2	6

Action Taken	Severity	Likelihood	Residual Risk Score	Last Review Date	Further Action Required	Timescale for Action
Risk assessment reviewed and updated						