

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 brisdoc.governance@nhs.net.

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

Risk Assessment

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 breach 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, breach 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 breach 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)	Rosa Carter	Overall Risk Score			Date of Next Review
Date of Assessment	26/05/2026	2	4	8	26/05/2027
Title	HHS Infection Control				
Risk Assessment ID	108				
		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 brisdgc.governance@nhs.net. Please use the template on the next page to gather details of the headline risk.

Description of the Hazard <i>NB: Include what/who is at risk and justify score</i>	Existing Controls	Risk Score			Action taken	Residual Risk Score			Further Action Required	Timescale for Action
		Severity	Likelihood	Total		Severity	Likelihood	Total		
Blood Borne Virus- Patients and staff at some risk of BBV infection	Hep B/ A vaccination offered to staff and patients. Testing and treatment available to patients. Sharps bins available in all clinical rooms Sharps injury posters available	3	2	6	All possible controls in place	3	2	6	Maintain all controls	Continuous

RISK ASSESSMENT FORM

	in all clinical rooms and waiting room									
	Alerts for Hep C/ B infection added to patients notes									
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	5	5	All possible controls in place Very unlikely this would occur in practice	1	5	5		
PPE- Risk of cross contamination to staff and patients	Appropriate PPE available in all rooms Back up supply always available Donning and Doffing advice available in all clinical rooms	2	2	4	All possible controls in place	2	2	4		

RISK ASSESSMENT FORM

Uniforms Risk of cross contamination to staff, patients and community	Staff may wear their own clothes as per literature guidance for working with homeless patients Staff may choose to wear uniform if they prefer Staff must be 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	2	2	4	All possible controls in place	2	2	4		
Decontamination Risk of cross	Daily checklist for clinical rooms to be completed by	2	2	4	All possible controls in place	2	2	4		

RISK ASSESSMENT FORM

contamination and illness to patients	clinician in the room Daily environmental clean by HHS cleaner for all rooms including toilets and waiting room. weekly deep clean by external contractor Signage in rooms laminated Surfaces and sills to be kept as clear as possible									
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		

RISK ASSESSMENT FORM

Non Medical sharps Risk of needle stick injury to service user and staff from service user drug paraphernalia	Staff to assist service users if items need clearing Sharps proof gloves and sharps bins available Care to be taken when handling patient clothing BBV control measures in place	2	3	6	All possible controls in place	2	3	6		
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 Daily tick sheet to be completed	2	2	4	All possible controls in place	2	2	4		

RISK ASSESSMENT FORM

	'I am clean' labelling for larger clinical equipment.								
Environmental hazards Leaks to ceiling in compass centre Risk to service users and staff from cross contamination	Legionella risk assessment completed by riverside Escalated to land lord Regular cleaning undertaken as much as possible	2	2	4		2	2	4	Continuous
Examination Curtains Cross contamination to staff and patients	Changed 6 monthly Managed by lead nurse/IPC lead nurse Reminder recorded on cleaning checklist	2	2	4		2	2	4	
Hand Hygiene	Soap and moisturiser are available at all sinks- checked monthly by lead nurse				Hand washing audit over due				Complete and add to GP team net 26/05/2026

RISK ASSESSMENT FORM

	Hand washing posters available at each sink Annual handwashing audit									
Storage-	Items to be stored in designated cupboards/ drawers All other items to be stored in plastic lidded storage tubs	2	2	4		2	2	4		
Pets - Risk of cross contamination Risk of infection from bite injury	Dogs must be on leads to reduce risk of dog bites Dogs to remain on the floor whilst in compass centre Tetanus vaccination available Hand washing undertaken	2	2	4		2	2	4		

RISK ASSESSMENT FORM

	following contact with pets								
--	--------------------------------	--	--	--	--	--	--	--	--