

Risk Assessment Form

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Assessor:		Post Held:	
Department:		Date:	
Subject of Assessment: E.g.: hazard, task, equipment, location, people			
Safe use of Alcohol - Based Hand Rub in Mental Health Inpatient Wards.			
Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)			
<ul style="list-style-type: none"> • Risk of ingestion / inhalation by patients within the hospital building. • Risk of Fire • Slips / Trips Falls 			
Description of Risk			
Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.			
<p>Staff utilise Alcohol-Based Hand Rub as an adjunct to hand hygiene in order to minimise the risk of Healthcare Acquired Infections.</p> <p><u>NB in ward locations where ABHR dispensers can be safely accommodated there is no need to remove these.</u></p> <p>There is a high potential for patients with an alcohol dependency / mental health issues and / or cognitive impairment, to make an attempt to ingest or inhale alcohol-based hand rubs, set alight or empty containers contents onto floors.</p> <p>The following risks have been associated with the placement & use -of Alcohol-Based Hand Rub at wards entrances and bedsides within Mental Health Inpatient Wards:</p> <ul style="list-style-type: none"> • Risk of patients swallowing / inhaling alcohol-based hand rub due to nature of illness and / or cognitive impairment. • Risk of Fire by deliberate fire raising amongst patients due to mental state. • Potential for Slips / Trips / fall within premises if spillages of alcohol-based hand rub occurs and residue is not immediately addressed. 			

Existing Precautions

Summarise current controls In place

- Within Mental Health Alcohol-based hand rub products will not be sited at entrances or within wards or bed areas or public areas
- Areas with pre-existing Alcohol-based hand rub products placed at the ward/dept entrances will have up to date risk assessments available and regularly review use /safety with a view to remove in line with MH HAI recommendations of no Alcohol-based hand rub as above.
- Alcohol based hand rubs will be available within the treatment room / locked areas.
- Staff will be provided with personal size Alcohol based hand rubs, to carry on their person.
- All new members of staff must be informed of hand rub use and safe storage of all sized bottles during induction.
- Staff member must report via the Incident Reporting system any adverse incidents / near misses, issues or concerns verbally and complete a Datix Form. Line manager must be alerted of any issues.
- Stocks of alcohol based hand rub must be stored securely and in accordance with fire regulations.

Not following the control measures listed within this Risk Assessment might fail to prevent adverse outcomes

Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Risk Matrix

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

 Very High

 High

 Medium

 Low

Current risk level

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can.

Yellow is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

Action Plan (if risk level is High **Orange** or Very High **Red**)

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a copy	By Whom	Start date	Action due date
None required			

Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	
Report to Estates for action	
Contact advisers/specialists	
Alert your staff to problem, new working practice, interim solutions, etc	

Reply

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Assessment completed - date:

Review date: