

# Risk Assessment – MILLBAY Clinic

Accidents and ill health at work reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) <http://www.hse.gov.uk/riddor>

To get an interactive version of this template go to <http://www.hse.gov.uk/risk/risk-assessment-and-policy-template.doc>

Combined risk assessment and policy template published by the Health and Safety Executive 08/14

**Company name: Peninsula Ultrasound**

**Date of risk assessment: 24.09.2020**

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
<b>Slips and trips</b>	Staff and visitors may be injured if they trip over objects or slip on spillages.	General good housekeeping is carried out. Doormat in place in to keep entry area dry in wet weather. All areas well lit. No trailing leads or cables. Staff keep clinic areas clear and uncluttered allowing safe access to couch. Machines are set up and ready prior to patient entering the clinic room.	Staff to check that there are no wet areas on floor throughout the day.	All staff, ME to monitor		
<b>Injury to patient or staff during access to the couch</b>	Patient risks injury while climbing on to the couch. Staff injury in supporting a patient to access the couch.	Rise and fall couches are used in all clinic rooms with the weight restriction being adhered to. Staff report any near misses or incidents that may result in injury to either party to management team in order for practice to be reviewed. Referral form gives information on additional mobility needs that patients may have and forms where 'mobility needs' are ticked, are returned to referral team for forwarding to the hospital where hoists are available.		All staff, ME to monitor		
<b>Breach of patient confidentiality</b>	Staff and patients, company reputation	Daily patient lists are emailed directly to the clinical assistant and held by them throughout the day. Reception computer is locked when not in use. Patient files are routinely closed between appointments with both the sonographer and clinical assistant responsible for ensuring this action takes place. Patient DOB and full name checked prior to commencement of scan. Secure computer systems are in place and the NHS policy and procedure for using IT equipment is followed i.e. keycard system and the appointment results are returned to the appropriate surgery directly via Soliton minimising the transfer of information and subsequently the risk of a breach.		All staff, ME to monitor		

<b>Infection Control including risk of COVID-19</b>	Staff and patients	<p>Washing hands before and after scan is standard procedure.</p> <p>Sufficient couch roll is available in clinic rooms and is always changed and disposed of after each scan.</p> <p>Couch and probe cleaned with appropriate cleaning materials after each scan.</p> <p>Clinic rooms are cleaned daily by professional cleaning staff.</p> <p><b>See specific COVID-19 risk assessment for clinics</b></p>		All staff, ME to monitor		
<b>Inadequate care of patients</b>	Patients, staff could be subjected to harsh treatment, company reputation	<p>Patient DOB and full name checked prior to commencement of scan including confirmation of reason for scan.</p> <p>Clear instructions are given regarding steps involved in scan in order to reassure patient.</p> <p>Modesty and dignity is maintained as door is always closed during appointments, privacy curtain is in place and adequate time is given to patients for changing and readying themselves before and after the scan.</p> <p>Two members of staff are available in clinics to ensure appropriate support for any patients who may experience distress.</p> <p>Clear instructions for next steps i.e. GP appointment are given and the surgery is informed if the patient might require further support. All details are recorded on Soliton.</p> <p><i>Complaints policy and procedure in place with updated learning points.</i></p> <p><i>Regular 1:1s with staff ensure that they are supported to offer patients the best care possible and identify any reasons why this would not be the case.</i></p>		All staff, ME to monitor, through patient feedback	<i>Next staff meeting</i>	<i>Learning points from recent complaint being raised – LT, ME, KS</i>
<b>Personal safety of staff</b>	Staff and patients, contractors and visitors	Patients or unexpected visitors could enter the building while staff are in the clinic room due to the door being unlocked. This poses a risk to personal safety if a visitor should be aggressive.	Investigate a panic alert or alarm system within the reception and clinic area.	ME		
<b>Fire risk</b>	Staff and patients, contractors and visitors	5 step fire safety risk assessment to be carried out				