



NHS Blood and Transplant - Safety, Health and Environment Risk and Inspections

Actions and documents sections will show after saving. For assistance with completing this form, please email [DATIX Administrator](#).

Location -

Centre	Newcastle Centre (including ODT Scotland)
Directorate	Blood Supply
Dept/Area	Cumbria and North East
BD Team	Cumbria
On/Off Site	On-site NHSBT Property
Location	All Areas

Type of Form Required and its Purpose -

Form Required	COSHH Risk Assessment
<p>Select the correct form for your needs. For risk assessments this should be in accordance with your training.</p>	
Title	COVID-19 Secure Workplace Cumbria team base
Reference Number	HSW/COVID-19/Cumbria Team Base
E.g. BD/RA/Gen/001 or D-HR-01	

Identifier -

This should summarise what you are assessing e.g. activity, process, workplace. If there are reference documents such as MPDs and SOPs then include the titles and numbers here.

Identifier	NHSBT has implemented general controls to prevent the spread of COVID-19 that applies to all NHSBT personnel regardless of being in the workplace or not. These are based on the Government advice to prevent the spread of the virus.
What might occur?	This risk assessment looks at how NHSBT will implement government advice on social distancing and good hygiene to prevent the spread of COVID-19 in the workplace.

Hazardous substance involved -

Number of hazardous substances involved	1
Please identify all the substances involved in the process that you are assessing.	

Hazardous Substance 1 -

Substance 1 - form/amount/concentration (Hazardous Substance 1)	COVID-19
Provide as much information on the substance used and try and identify the main hazard here (but list all below).	
Substance 1 - Hazard (Hazardous Substance 1)	Blood Borne/Infection/Biohazard Harmful
Select all the hazards associated with this substance.	
Substance 1 - route of entry (Hazardous Substance 1)	Mucus Membranes
Select all the viable ways the substance can cause harm to those involved.	

Documents -

Created	Type	Description	ID
31/03/2021	Document	Team base control checklist	29666
30/03/2021	Document	Hand Washing Poster	29652
30/03/2021	Document	Covid symptoms 01/2021	29653
30/03/2021	Document	Cleaning checklist	29654
30/03/2021	Document	Ventilation	29648
30/03/2021	Document	Face coverings	29649
30/03/2021	Document	IPC	29650
30/03/2021	Document	Space	29651

Description of the process -

Description of the process	All workplace activity within the NHSBT Team Base premise All contractors workplace activity within NHSBT Team Base premise Contractors and Visitors are expected to follow NHSBT controls and rules when operating within or visiting NHSBT Team Base premises
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Frequency/duration of exposure and who is affected?

Frequency/duration of exposure and who is affected? (Frequency/duration of exposure and who is affected?) All employees, contractors and visitors can be affected. Believed to be transmitted through; contact with respiratory droplets generated by coughing and sneezing contact with contaminated surfaces aerosol generating procedures as well as contact with infected surfaces.

Inherent Risk Grading

Inherent risk is an evaluation of the damage that could occur assuming there are no controls are in place or there is catastrophic failure of the controls. It is completed for the activity / assessment as a whole.

Inherent Risk

Red-Extreme
Orange-High
Yellow-Moderate
Green-Low

Likelihood	Impact				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	●	●	●	●	●
Likely	●	●	●	●	●
Possible	●	●	●	●	●
Unlikely	●	●	●	●	●
Rare	●	●	●	●	●
Rating (initial): 16		Risk level (initial):			
Extreme					

Controls in place

Best practice is to directly link the controls to the hazards they are reducing and to list them in order of preference according to the hierarchy of control i.e. eliminate, substitute, engineering controls, information, instruction (such as SOPs and SSW), training, supervision, health surveillance and Personal Protective Equipment (PPE).

Controls in place

E.G. "Gloves available to wear- YES" For COSHH assessments please consider other controls e.g. Health Surveillance.

Local controls outlined below;

Colleagues know not report for work if showing any symptoms of COVID-19 symptoms include high temperature and/or new and continuous cough or a loss of, or change in, your normal sense of taste or smell (anosmia)
Colleagues aware of other symptoms.
Colleagues know to avoid contact with someone who is displaying symptoms of coronavirus (COVID-19).
Colleagues know to avoid use of public transport, when possible.
Colleagues Wash hands regularly as per government and NHSBT advice:
Upon entering and prior to leaving a workplace.
Before and after eating or smoking.
After coughing or sneezing.
Colleagues maintain social distancing of 2m from others, whenever possible.
Colleagues know how to implement good respiratory hygiene measures when coughing, sneezing, wiping or blowing nose removing and putting on face coverings
Colleagues take temperature on arrival and clean thermometer thoroughly after use.
Colleagues use disposable tissues when coughing or sneezing and dispose of immediately after use into the nearest waste bin or clinical waste bin
Colleagues wear an appropriate FFP2 face mask as required
When on site, all Visitors / Contractors to sign in and out.

SOCIAL DISTANCING

Daily communications to emphasise social distancing.
Social distancing signage in place to remind staff about "hands face space"
Office-based colleagues working from home, wherever possible
Occupancy limits in place for maintaining social distance in separate areas to include where applicable
Garage - vast area at Cumbria, minimal colleagues on site, numbers would only be those travelling in team vehicles.
Stores - 4, Social distancing reminders
Main Office - 3, doors kept open.
Managers office - 1 workstation, 2 maximum
Kitchen / staff area- max 8, seating adjusted so limited to active seats where 2 metres can be achieved.
Computers arranged to allow space between workstations
Computers arranged to avoid face to face working

CLEANING

Cleaning equipment is available in work areas.
Gloves and apron worn when cleaning
Ensure all shared touch points, inclusive of all items on cleaning checklist, are cleaned as detailed.
Cleaning logs to be completed, signed, dated and records retained.

OTHER

Good housekeeping and hygiene to be maintained in the workplace
Ventilation within the shared office areas

Please add other controls below;
Minimal staff coming in to base, most travelling direct to sessions.
Excluded seats on minibus marked up.

Emergency Preparedness

Storage and disposal / accidental release and fire fighting requirements N/A

First Aid Measures If individuals are displaying any symptoms of COVID -19 as listed above, inform the Line Manager, individual concerned to go home and follow government guidelines.

Final risk Grading

Residual risk is an evaluation of the damage that could occur after taking into account the effectiveness of current controls. It is completed for the activity / assessment as a whole.

Residual Risk

Red-Extreme
Orange-High
Yellow-Moderate
Green-Low

Likelihood	Impact				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	●	●	●	●	●
Likely	●	●	●	●	●
Possible	●	●	●	●	●
Unlikely	●	●	●	●	●
Rare	●	●	●	●	●
Rating (current): 4		Risk level (current):			
Moderate					

Additional control measures to reduce risk

When adding actions they should be targeting the highest risk areas to help reduce the residual risk from the activity. Please note that you will have to save this record before the Actions section is enabled.

**Actions**

No actions.

Next Review due by

Frequency for review must be in line with MPD1090 - H&S Risk Management



Confirm review date (dd/MM/yyyy)

30/06/2022

Performed by**Approval status**

Current approval status

Final approval

ID

27698

Manager Details**E-mail communication**

Use this section to e-mail between the risk assessor, manager and other interested parties regarding the risk assessment. This then provides an audit trail against the assessment.

**Contacts****Linked Records****Notifications**

Recipient Name	Recipient E-mail	Date/Time	Contact ID
No notification e-mails sent			