



## 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	National (for Risk Assessment use only)
Directorate	Plasma For Medicines
Dept/Area	National (for Risk Assessment use only)
On/Off Site	On-site NHSBT Property
Location	Clinic

### Type of Form Required and its Purpose

Form Required	COSHH Risk Assessment
<p>Select the correct form for your needs.  <b>For risk assessments this should be in accordance with your training.</b></p>	
Title	Plasma for Medicines Covid-19 ( SARS-CoV-2 )
Reference Number	PFM/CV19/001
<p>E.g. BD/RA/Gen/001 or D-HR-01</p>	

### 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	The collection, Testing, Manufacture, Storage and Transport of plasma from donors
What might occur?	

### Hazardous substance involved

Number of hazardous substances involved	3
<p>Please identify all the substances involved in the process that you are assessing.</p>	

### Hazardous Substance 1

Substance 1 - form/amount/concentration (Hazardous Substance 1)	Plasma from a donor recovered from Covid-19.
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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)

Select all the hazards associated with this substance.

#### Substance 1 - route of entry (Hazardous Substance 1)

Select all the viable ways the substance can cause harm to those involved.

### Hazardous Substance 2

Substance 2 - form/amount/concentration (Hazardous Substance 2)	whole blood from donor as above
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Provide as much information on the substance used and try and identify the main hazard here (but list all below).

#### Substance 2 - Hazard (Hazardous Substance 2)

Select all the hazards associated with this substance.

#### Substance 2 - route of entry (Hazardous Substance 2)

Select all the viable ways the substance can cause harm to those involved.

### Hazardous Substance 3

Substance 3 - form/amount/concentration (Hazardous Substance 3)

Covid19 virus

Provide as much information on the substance used and try and identify the main hazard here (but list all below).

Substance 3 - Hazard (Hazardous Substance 3)

Select all the hazards associated with this substance.

Substance 3 - route of entry (Hazardous Substance 3)

Select all the viable ways the substance can cause harm to those involved.

**Documents**

No documents.

**Description of the process**

Description of the process Standard Whole Blood/Plasma collection as per SOPs  
Standard Testing and Manufacture of Plasma as per SOPs  
Standard Storage and Transportation as per SOPs

**Frequency/duration of exposure and who is affected?**

Frequency/duration of exposure and who is affected? (Frequency/duration of exposure and who is affected?) Staff within Donor Clinic/ performing venepuncture, collection, removal of needle. Caring for donor during process.  
Testing staff - whilst testing - standard testing time.  
Staff in manufacturing and Hospital Services during process - standard time.

**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): 8		Risk level (initial):			
High					

**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.

Plasma will be collected from Plasma donors. Plasma is collected according to current JPAC rules. We are collecting a blood sample for testing from them, but this is really a precautionary approach. Result will be checked, but only after donation has already been collected (all assumed to be negative for BBV's. Based on this they and their plasma can be regarded as non-infectious.  
\*Universal Hygiene Precautions will be followed as per standard practice.  
\*Testing and Manufacturing Labs have correct Containment specification as per standard Plasma donation.  
\* Standard Operating Procedures in place for all procedures.  
\*Training in place.  
\*24 Hour Sharps/ body fluid contact line available  
\*SOP429 Reporting Accidents, near Misses , Needlesticks and Blood Contacts.  
As such controls are acceptable and the residual risk is the same as for any plasma collection, manufacture, storage and transport.

**Emergency Preparedness**

Storage and disposal / accidental release and fire fighting requirements Standard practice for storage, disposal and dealing with blood/ body fluid spillage if needed.

First Aid Measures Standard practice for blood/ body fluid splash/ needlestick to be followed. Flush affected area with plenty of water immediately and then contact 24 Hour Sharps Line as above.

**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): 2

Risk level (current):

Low

**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**



**Next Review due by**

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



Confirm review date (dd/MM/yyyy)

08/02/2025

**Performed by**



**Approval status**



Current approval status

Final approval

ID

28597

**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