



Title

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	Basildon Centre (including Offices and SHU)
Directorate	Blood Supply
Dept/Area	South Anglia
BD Team	Edgware DC
On/Off Site	NHSBT Wide (for Risk Assessment use only)
Location	All Areas
Type of Form Required an	d its Purpose
Form Required	COSHH Risk Assessment
Select the correct form for y	your needs.

accordance with your training.

Covid secure Workplace risk assessment for Blood Donor Clinics during Covid-19 pandemic

BD/RA/Coronavirus/DC/001 Reference Number

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.

This workplace risk assessment is for Blood Donation Clinics operating during the Corona virus Pandemic of 2020/21. It outlines which relevant government guidance NHSBT has implemented to reduce the risk of transmission of COVID19 in Blood donation Clinics whilst collecting whole blood from NHSBT registered new and returning Blood What might occur?

Increased social distancing for donors and staff will impact collection capacity but will reduce risk of infection.

Transmission of COVID19 from donor or member of the public with Covid-19 to staff, and other people at session.

Hazardous substance involved

Number of hazardous substances involved

Please identify all the substances involved in the process that you are assessing.

1

Hazardous Substance 1

Substance 1 - form/amount/concentration (Hazardous Substance 1)

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 wave the

Blood Borne/Infection/Biohazard

Inhalation Mucus Membranes

substance can cause harm to those involved.
Documents

Created	Туре	Description	ID
05/10/2021	Document	Controls-EdgwareDC	30920
18/12/2020	Document	editable list of controls	28485
18/12/2020	Document	Training Package	28484
18/12/2020	E_Mail	Instructions for supply	28483

Descri	ption of	the proces	S
--------	----------	------------	---

Blood Donation session and triage arrangements in place, MPD110/5 – Pandemic Planning – Management and Layout of Donor Sessions, DAT184/3 – Pandemic Questions - Triage and DAT186/2 – Pandemic Planning - Process Flow Chart for Triage Area. Description of the process

Frequency/duration of exposure and who is affected?

Frequency/duration of exposure and who is affected? (Frequency/duration of exposure and who is affected?)

Triage Donors; - Temperature check requires Colleagues hand to have very short (few seconds) proximity within 1m with multiple individual members of public and donors within each hour. Donor carer and nurse role in blood collection requires close contact within 1 metre over 15 minutes in total over the day.

All vulnerable colleague groups working on session including clinically vulnerable, Clinically extremely vulnerable and BAME, have had individual risk assessments completed outlining individual and general controls.

Inherent Risk GradingInherent 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 Impact Red-Extreme Likelihood Moderate Catastrophic Negligible Minor Major Orange-High Yellow-Moderate Green-Low **Almost Certain** • • Likely • • • **Possible** • • 0 • Unlikely Rare Rating (initial): 6 Risk level (initial): Moderate 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 Manager to consult attached editable List of controls document and delete or add controls as appropriate Controls in place E.G. "Gloves available to wear- YES" For COSHH assessments please consider other controls e.g. Health Surveillance. **Emergency Preparedness** Standard practice for storage, disposal and dealing with blood/ body fluid spillage if needed. Storage and disposal / accidental release and fire fighting requirements 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. First Aid Measures 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 **Impact** Red-Extreme Likelihood Negligible Minor Moderate Major Catastrophic Orange-High Yellow-Moderate Green-Low **Almost Certain** Likely • • **Possible** • • Unlikely • • 0 Rare Rating (current): 3 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 05/04/2022 Confirm review date (dd/MM/yyyy) Performed by $oldsymbol{\pm}$ **Approval status** Final approva Current approval status 27308 **Manager Details** Ŧ 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. lacktriangledownContacts \pm **Linked Records** Ŧ **Notifications Recipient Name** Recipient E-mail Date/Time **Contact ID** No notification e-mails sent