



## 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](mailto:DATIX Administrator).

### Location -

Centre	Manchester Centre (including ODT Northern Ireland)
Directorate	Blood Supply
Dept/Area	Lancashire
BD Team	Manchester NH DC
On/Off Site	NHSBT Wide (for Risk Assessment use only)
Location	All Areas

### 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	Covid secure Workplace risk assessment for Blood Donor Clinics during Covid-19 pandemic
Reference Number	BD/RA/Coronavirus/DC/001
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	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 donors.
What might occur?	Increased social distancing for donors and staff will impact collection capacity but will reduce risk of infection.

### 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)	Transmission of COVID19 from donor or member of the public with Covid-19 to staff, and other people at session.
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
Select all the hazards associated with this substance.	
Substance 1 - route of entry (Hazardous Substance 1)	Inhalation Mucus Membranes
Select all the viable ways the substance can cause harm to those involved.	

### Documents -

Created	Type	Description	ID
29/03/2021	Document	NHDC controls	29595
18/12/2020	Document	Training Package	28502
18/12/2020	E_Mail	Instructions for supply	28501

### Description of the process -

Description of the process	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.
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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?)	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.
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### 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): 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 Equipment (PPE).

**Controls in place**

Manager to consult attached editable List of controls document and delete or add controls as appropriate

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

**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): 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

Confirm review date (dd/MM/yyyy)

30/04/2022

**Performed by**

**Approval status**

Current approval status

Final approval

ID

27314

**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			