

Risk Assessment Form

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Assessor:	John Green, Dr Teresa Inkster and Pamela Joannidis	Post Held:	
Department:	PPFM and IPC	Date:	June 2018
Subject of Assessment: E.g.: hazard, task, equipment, location, people			
Identification of areas within NHS GGC within which patients may be at a higher risk of pseudomonas and related infections.			
Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)			
<i>Pseudomonas aeruginosa</i> from uncontrolled water systems.			
Description of Risk Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.			
<p><i>Pseudomonas aeruginosa</i> (Pa), and other similar opportunistic pathogens, are micro-organisms that can cause outbreaks in any healthcare setting where patients are immunocompromised through drugs, disease, invasive device use or the presence of wounds. There have been serious healthcare associated outbreaks mainly in NNUs and ICUs (adult and paediatric) attributed to Pa where the source of the organism was thought to be tap water. A review of all blood cultures for <i>Pseudomonas aeruginosa</i> in NHS GGC is undertaken every year, to identify areas with significant number of PA isolates. Intensive care and transplant units across NHS GGC are automatically classed as high risk. Other than these areas, no other areas were identified in the previous year. Table 1 shows areas and actions required following risk assessment.</p> <p>Following a review of incidents within the QEUH and RHC, patients with cystic fibrosis (CF) are now considered a risk group and wards in both the adult and children's wards with patients with CF have been included in Table 1.</p>			

Existing Precautions

Summarise current controls in place	Describe how they might fail to prevent adverse outcomes.
Water Safety Systems Policy and Written Scheme IPCAT and FMT audit tools SOP Water Safety (PA) Checklist Ongoing review of epidemiology of pseudomonas in blood culture in all in-patient areas. Ongoing review of all PA isolates in NICU and ICUs across GGC.	Failure to follow Policy and Written Scheme.

Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Risk Matrix

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium



Current risk level

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can.

Yellow is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

Action Plan (if risk level is High (Orange) or Very High (Red))

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a copy	By Whom	Start date	Action due date
Domestic services will continue to clean CHWB daily in clinical areas and notify the SCN if this cannot be completed. SCN will run taps as per SOP if not undertaken by Facilities staff.	SCN	Ongoing	Ongoing

Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	Yes, as per Written Scheme
Report to Estates for action	Yes, as per Written Scheme
Contact advisers/specialists	Yes, as per Written Scheme
Alert your staff to problem, new working practice, interim solutions, etc	Yes, as per Written Scheme

Reply

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Table 1: Areas where action required to prevent *Pseudomonas aeruginosa* infection in healthcare settings

Site	Hospital	Ward	Assessment
GRI	GRI	ICU W / ICU E	Water Safety Written Scheme
GRI	PRM	NICU / SCBU	Water Safety Written Scheme
QEUH	Adult hospital	ITU, HDU, 7A and 7D	Water Safety Written Scheme
QEUH	INS	ITU / HDU	Water Safety Written Scheme
QEUH	Maternity Building	NICU	Water Safety Written Scheme
QEUH	Maternity Building	SCBU	Water Safety Written Scheme
QEUH	RHC	PICU/HDU	Water Safety Written Scheme
QEUH	RHC	NICU, 3A, 3B, 3C and 2C	Water Safety Written Scheme
RAH	RAH	ICU	Water Safety Written Scheme
RAH	Maternity Unit	SCBU/NICU	Water Safety Written Scheme
Inverclyde	Inverclyde	ICU/HDU	Water Safety Written Scheme
NHS GGC	Transplant units:	Ward 8 & 9, Beatson , GGH and Ward 4B, QEUH (Adult). Ward 2A (Paediatric), RHC	Water Safety Written Scheme

Assessment completed - date:

June 2018

Review date:

March 2019