

Risk assessment – Health and Safety, Date of assessment – 29 November 2013

| What is the potential to cause harm ? (Hazard) | What is the risk? (describe the harm or loss that could occur) | Who is the risk likely to affect | What are you already doing to manage the risk ? (current controls) | What is the likelihood (L), Consequence (C) and Risk rating (RR=LxC) | What further action is necessary | What is the Likelihood (L), Consequence (C) 7 Risk Rating (RR) after actions |
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| <p>Violence and aggression.</p> <p>The potential of harm or injury to individuals or damage occurring to EEAST property or equipment.</p> <p>V&A from patient, patients' relative(s), patients' friends, bystanders etc.</p> <p>Inadequate information prior to arrival at scene.</p> <p>Lack of police back up.</p> | <p>Injured, put under stress as a result of events caused by physical or verbal assault or events of a verbal, sexual, race, gender or religious abuse that could be interpreted as anti-social behaviour.</p> <p>Increased risk where patient and / or those nearby have consumed drugs, alcohol, mixed prescribed medication with drugs / alcohol when they should not, not taken prescribed medication and / or have an illness / conditions which make them more likely to be violent and / or aggressive.</p> <p>The Trust is required to meet certain standards set by the DoH and as a result of this there can be occasions where staff are actually on scene before the dispatcher has had a chance of collecting all of the information and advising the crews.</p> <p>Loss of a member of staff either through sickness following an assault, time off to complete paper work for all staff and witnesses (Incident report, police statement, court appearance), loss of confidence.</p> <p>Damage to vehicle and equipment caused by assailant. Vehicle off of the road for a period of time meaning fewer resources available to meet times set by DoH.</p> <p>The AMPDS system does not allow call takers to deviate from set questions. Call takers can only ascertain if there is a problem by listening into the background noise and advising staff to proceed with caution unless there is a flag already on the system which is communicated to staff via the vehicle on board MDT system.</p> | <p>Staff</p> <p>Patient</p> <p>Trust</p> | <p>Staff made aware of need to ensure station is secure at all times, even when unoccupied to ensure access to site restricted to authorised personnel only.</p> <p>Staff sent to assaults, overdoses, psychiatric, shooting & stabbings or specific flagged addresses where presence of Police is required must attend the designated safe rendezvous point or (RVP) nominated by the Police prior to entry into the premises/area.</p> <p>Staff trained on induction how to identify and de-escalate potentially violent and aggressive situations.</p> <p>All staff receive CRT and this is updated bi-annually at PU.</p> <p>Radio and phone checks to take place at beginning of shift.</p> <p>Ensure appropriate communication with patient and their family at all times.</p> <p>Staff should undertake a dynamic risk assessment to assess the scene and proceed / stand down as indicated.</p> <p>Staff should undertake a dynamic risk assessment to assess the scene and proceed / stand down as indicated.</p> <p>Staff have contact with EOC at all times through Airwave radio and mobile phone.</p> <p>All incidents of violence and aggression must be reported by staff via DATIX, and their manager/investigator to RIDDOR report if appropriate.</p> | <p>5 (C) x 3 (L) = 15 (RR)</p> | <p>Periodic consideration to be given to supplying PPE / body armour based on incidents reported on DATIX.</p> <p>Publicise successful prosecutions and sanctions against those who assault staff, internal and external press - deterrent.</p> | <p>4 (C) x 3 (L) = 12 (RR)</p> |

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| | | | <p>Staff should be aware that they should stand down from a call if the situation is hazardous and contact EOC for police backup.</p> <p>Where an incident has happened in the past at an address and it has been reported to the Trust it is investigated and where possible a flag warning is placed on the CAD so that the dispatcher can notify the crew(s) to proceed with caution or attend with police.</p> <p>Staff are made aware that they are not expected to enter a situation that would put them at risk. The Trusts' Security Policy will give further guidance.</p> <p>Staff have the right to withhold treatment if necessary and leave the scene if they feel it is unsafe.</p> <p>Staff are aware that they can auto attend scene 200m from scene.</p> <p>Staff should only approach if safe to do so and this is clearly identified in the policy.</p> <p>There is an Emergency button activation on all personal Airwave radios which are carried at all times by A&E staff on duty.</p> <p>Resilience mobiles are carried by at least one member of staff just in case the radio fails or there is a bad reception.</p> <p>Information from CAD relating to flagged addresses is communicated to MDT.</p> | | | |
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