

Hazard	Consequence	Control Measures	Probability	Severity	Risk	Review By	Actions Required/Priority
Oxygen Use.	Harm to people 1. Patients with low CO ₂ in their blood due to illness could stop breathing with the introduction of O ₂ -but only if exposed to longer term use, therefore the risk is extremely slight.	1. Training will be done before it is used. 2. Trained ambulance personnel will be at the incident to deal with the patient in the immediate future.	LOW	HIGH	MED	November-02	Training to include: Basic airway management Gaseous exchange Rationale of oxygen administration Adverse effects and contra-indications Oxygen equipment and delivery systems Safety aspects of using oxygen Handling and storage of systems and cylinders
Exposure to hazardous substances. (COSHH) Oxygen delivery plus contamination from pre-used masks	Harm to people Additional illness.	1. Training will be done before it is used 2. Oxygen administered with 100% Oxygen delivery masks that are disposable. (Not a mixer mask) this is to increase benefit of Oxygen therapy and to eliminate the risk of contamination by the mask.	LOW	MED	MED	November-04	Training as above, with assessments.
E3 Manual handling Oxygen Cylinders	Harm to people Impact injuries	1. Practice training and equipment before it is used.	LOW	LOW	LOW	May-05	Keep cylinder in a bag. Note, this type of cylinder is very lightweight.
Fire and Explosion. Oil and grease when mixed with pressurised Oxygen may react explosively. Oxygen is nonflammable, but supports and VIGOROUSLY ACCELERATES COMBUSTION of flammables.	Harm to people Burns, impact injuries.	1. Training will be done before its use. 2. The risk is negligible as Responders do not turn out in greasy, oily attire etc.	LOW	HIGH	MED	November-04	1. Never use lubricants, hand creams etc. when using oxygen. 2. The cylinder must be kept clean and free from oil, dust and grease. 3. A system of checking the cylinders after use will be required (for both damage etc but also to keep a check on how much is left in the cylinder).
Storage Oxygen cylinders plus a leak plus an ignition source.	Harm to people Burns, impact injuries.	1. Cylinders should be stored in an adequately ventilated and vandal proof box, for oxygen cylinder storage incorporating HSE's advice in INDG 308 and HSE 8(rev). 2. No build up of oxygen should be possible, and there is no source of ignition.	LOW	HIGH	MED	November-04	Replacement of cylinders system to be ironed out for all teams.

Transportation Oxygen cylinders being accidentally turned on and leaking into the confines of a vehicle.	Harm to people Burns, impact injuries.	1. The cylinders do not carry vast amounts of oxygen and will not be within the confines of a vehicle for more than a few minutes. Therefore any small leakage on the way to a call out within the confines of a vehicle will be quickly dissipated. 2. The oxygen cylinder will be in a bag designed for transporting oxygen therapy cylinders. Little or no movement within the vehicle is envisaged.	LOW	HIGH	MED	November-04	Magnetic O2 badges are to be supplied and placed on the rear of the vehicle when oxygen is being transported. Training to cover the fact that the cylinder should be carried in the boot of the car. Estate type car owners should ensure that the cylinder is secure during transport.
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How the Risk assessments are worked

Probability			
3 (High)	2(Med)	1(Low)	
At least weekly.	Every month.	Annually.	
Severity			
Nature	3(High)	2(Med)	1(Low)
Harm to People (Accident)	Minor injury* resulting in absence for over 3 days.	Hospital visit and/ or absence for up to 3 days.	Up to and including first aid.
Harm to Plant/ Equipment (Accidental Damage)	Accident resulting in long term damage costing significant time and money.	Accident resulting in short term damage.	Slight damage.
Harm to Environment	Large scale emission to air or water course of hazardous chemicals with impact outside site.	Small scale emission to air or water course with effects on site only.	Unplanned emission of non-hazardous substance.
As defined by "Reporting of Injuries, Diseases and Dangerous Occurrences Regulations," 1995.			

Probability	Severity	Risk Ranking	Review (weeks)
1	1	1	52
1	2	4	26
1	3	5	26
2	1	2	52
2	2	6	12
2	3	7	12
3	1	3	26
3	2	8	1
3	3	9	1

Risk Ranking

9

High

8

7

6

5

Medium

4

3

Low

2

1