

Hazard	Consequence	Control Measures	Probability	Severity	Risk	Review By	Actions Required/Priority
Exposure to a biological substances: (CosHH) Vomit, mucus, blood etc.	Harm to people Illness and unpleasant	1. Ambulance control do not activate BFR for trauma cases. 2 Each active member has a mouthpiece. 3. Bag has gloves and suction pump. 4. Likelihood of actually catching something from a collapse victim is extremely low.	LOW	HIGH	MED	November-04	Maintain training. The hazard awareness is well known, however the general unpleasantness of dealing with a patient who has vomited ensures that the mouthpiece will be used. It has been witnessed that mucus and vomit can contaminate the mouth piece and therefore there is a risk of bodily fluid ingestion. Bag and masks should therefore be provided as soon as is practicable with training. Gloves to be issued to individuals and worn to protect First Responders from blood borne viruses. CoSHH assessments to be done.
Violent Behaviour. Harm to volunteers.	Harm to people Kicks, bites, impact and crushing injuries.	1. Ambulance control do not activate BFR for cases which in their view, could potentially cause harm to a BFR. 2. Ambulance control ask BFR's to enter in pairs if they have any concerns at all. 3. Probability is extremely low that a call out for a BFR will result in violence. 4. Usually at least 4 people turn up to a call-out.	LOW	HIGH	MED	November-04	The possibility of violence is already included in the training, perhaps it should be emphasised more. Assessments of the situation are done naturally and volunteers are told not to expose themselves to danger.
Exposure to hazardous substances. (COSH) Exposure to substances that a patient may have been in contact.	Harm to people Eye, skin and lung irritation. Illness	1. Ambulance control do not activate BFR for cases which in their view, could potentially cause harm to a BFR. 2. Each active member has a mouthpiece to use should mouth to mouth be deemed necessary.	LOW	MED	MED	November-04	None
Exposure to hazardous substances. (COSH) Exposure to known sensitisers (asthma and dermatitis) - latex	Harm to people Skin and lung sensitisation.	Alternatives to Latex gloves are supplied and used by the ambulance service.	LOW	HIGH	MED	November-04	Alternatives to latex are supplied and those in the Clean Up Kits should be replaced with nitrile gloves.

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Aspirin administration in chest pain victims.	Harm to people Adverse reaction.	Not supposed to administer aspirin!!! 1. Patient asked if they have already had aspirin. 2. Patient asked if they are sensitive to it, and put on Patient Report Form	LOW	MED	MED	November-04	Is the CAS policy in line with best practice? In the past this has resulted in confusion. Note:I have been directed by a Doctor to supply aspirin for a patient.
Manual handling Person collapsed may be in a difficult position to manoeuvre	Harm to people Musculo-skeletal damage.	1. No Lifting policy. 2. Manual handling training given to some teams. 3. Team lifts would be used if there was a problem. 4. The ambulance crew usually do all the lifts.	LOW	HIGH	MED	November-04	MH assessments are required, and dynamic assessments for unforeseen situations could be done naturally based on training which should cover most foreseeable situations. Therefore training should be instigated immediately and the situation continually monitored regarding manual handling. There are situations where the <i>No lifting policy</i> is totally impracticable and there is case law stating that a blanket no lifting policy is illegal.
Slipping and tripping.	Harm to people Falls-impact injuries.	Normal care taken	LOW	LOW	LOW	May-05	Torches are a good idea, on some occasions there is bad lighting and uneven ground on the way to a patients door.
Lone working. Stress of being the only Responder.	Harm to people Stress	1. The number of Pagers are usually adequate. 2. Short term because ambulance has been called. 3. Mobile 'phones often used or supplied by the group. 4. There is an emergency contact number for the ambulance service	LOW	LOW	LOW	May-05	Monitor the situation, if fewer volunteers can respond, then more pagers and volunteers may be required.
Electrical hazards - the AED	Harm to people Electrocution	1. Training emphasises when the AED should not be used. 2. Training emphasises that the person in charge of the AED is responsible for keeping patients relatives and bystanders away from the patient during a shock. 3. Maintenance schedule.	LOW	HIGH	MED	November-04	The training covers AED use in inappropriate situations, eg. If patient is conscious. Ensure that the maintenance schedule is carried out.
Working at height Gaining entry	Harm to people Impact/crush injuries.	1. Training emphasises responders own safety is paramount.	LOW	HIGH	MED	November-04	Training always emphasises Responders safety first, however there are team members who are firefighters etc. and they may assess that they can safely enter a building via e.g. held ladder in order to gain entry for CAS personnel.

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Dangers from moving/manoeuvring vehicles. 1. In the dark 2. Temptation to drive too quickly	Harm to people Impact/crush injuries.	1. Normal care taken. 2. BFR's must drive according to Road Traffic Act etc.	LOW	HIGH	MED	November-04	High visibility clothing has been issued. Driver training/remindersto be incorporated into training sessions

How the Risk assessments are worked

Probability	3 (High)	2 (Med)	1 (Low)
At least weekly.	Every month.	Annually.	

Severity	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)	Risk Ranking
1	1	1	52	9
1	2	2	26	
1	3	3	26	High 8
2	1	2	52	
2	2	4	12	7
2	3	6	12	
3	1	3	26	
3	2	6	1	6
3	3	9	1	
Please note the above table is from a matrix that results in more accurate risk ranking. However, if you prefer, then simply probability x severity = Risk.				
				5
				Medium
				4
				3
				Low
				2
				1