

## Risk Assessment Form

**ID: Wet Work**

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.

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| --- | --- | --- | --- |
| **Name of Assessor:**  |  | **Post Held:** |  |
| **Department:** |  | **Date:** |  |
| Subject of Assessment: E.g.: hazard, task, equipment, location, people |
| Wet Work activities within clinical and non-clinical environments**NB. This is an Organisational Generic Risk Assessment, developed by the Health and Safety Department to aid local services. The content should be adapted to reflect local service needs. Please note that until this assessment has been localised it is not valid.** |
| Hazards (Describe the harmful agent(s) and the adverse consequences they could cause) |
| Contact Dermatitis (or exacerbation of other skin ailments) through exposure to water, soaps and chemicals |
| Description of RiskDescribe 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. |
| Wet work is a term used to describe prolonged or frequent contact with water (particularly with soaps, cleaners and other chemicals). Wet work can cause the skin to over-hydrate. It is the leading cause of Irritant Contact Dermatitis but often goes unrecognised. (Prolonged contact - more than 2 hours, or more than 20-40 hand washes a day). In a clinical environment this could include nurses, midwives, and medical radiographers, nursing auxiliaries, operating department practitioners, allied health professionals / healthcare scientists, dental and medical practitioners.**This Risk can impact on all clinical and non-clinical grades and disciplines within the organisation.** |

**Existing Precautions**

|  |  |
| --- | --- |
| **Summarise current controls In place**  | **Describe how they might fail to prevent adverse outcomes.** |
| * [All staff to comply with NHSGGC Health Surveillance Policy](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Corporate%20Health%20and%20Safety/Documents/Policies/Health%20Surveillance%20Policy.pdf)
* [All staff to comply with NHSGGC Managing Skin at Work Procedure:](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Corporate%20Health%20and%20Safety/Documents/Policies/Managing%20Skin%20at%20Work%20Procedure.pdf)
* Ensure hands are wet with water prior to applying liquid soap
* Ensure soap is fully rinsed off hands after washing
* Ensure hands are fully dry after washing
* Use Alcohol Based Hand Rub (ABHR) instead of Soap & Water for routine hand hygiene
* Access to and use of Employee specific moisturising cream / emollient
* Only Approved Products are used (refer to Appendix 2 of Managing Skin at Work Procedure)
* Responsible Person(s) trained & appointed for dept
* All staff undertake LearnPro Hand Hygiene module (annaul revalidation)
* Training, advice and guidance from Prevention and Control of Infection.
* [Staffnet guidance pages relating to Hand Hygiene](http://www.nhsggc.org.uk/content/default.asp?page=home_infectioncontrol):-
* Report any incidents on Datix for investigation.
 | * + Non compliance of staff with Procedure, techniques, Learn Pro etc
	+ Human error
	+ Lack of availability of ABHR, emollients etc.
	+ Not enough Responsible Persons trained or available within dept
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**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**

|  |  |  |  |
| --- | --- | --- | --- |
| Likelihood |  | Impact/Consequences |  |
|  | 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** |

 **Very High**  **High** **Medium** **Low**

**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** |
| * Ensure all employees are aware of Prevention and Control of Infection Procedures, in particular Hand Hygiene.
* Ensure all employees are aware of their own responsibilities with managing skin at work procedure and health surveillance policy
* Ensure all relevant managers are familiar with the managing skin at work procedure and health surveillance policy
* All service areas must have an identified Responsible Person who will ensure that skin surveillance procedures including the completion of any pro forma’s is achieved
* Refer any staff with suspected Contact Dermatitis to Occupational Health
 | Dept Manager |  |  |

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

|  |  |
| --- | --- |
| **Report up management chain for action** |  |
| **Report to Estates for action** |  |
| **Contact advisers/specialists**  |  |
| **Alert your staff to problem, new working practice, interim solutions, etc** |  |

##### 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.

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|  **Assessment completed date:** | May 2018 | **Review date:** | May 2019 |