

# GENERAL HEALTH AND SAFETY RISK ASSESSMENT

**AREA OR ACTIVITY ASSESSED: USE OF THE FLUROSCAN MINI C-ARM IMAGE INTENSIFIER DURING OUTPATIENT CLINICS IN THE HAND CLINIC, KINGS TREATMENT CENTRE, RDH**

**STEP ONE - IDENTIFY HAZARDS**

*List significant hazards*

**Exposure to radiation doses to patients and staff in the Hand Clinic.**

**STEP TWO, THREE & FOUR – DECIDE WHO MAY BE HARMED, EVALUATE THE RISKS, DECIDE ON PRECAUTIONS & RECORD YOUR FINDINGS** *For each hazard identified in step one, complete step two, three and four.*

A. Employee/ bank staff B. Patients C. Contractor/ maintenance D. Member of the public/others

Hazard	Risk	Who's at Risk? (A,B,C,D)	Control Measures	Area Specific Control Measures	Risk Rating			Entered onto DATIX Y/N
					likelihood	Consequence	Risk Rating	
<b>Ionising radiation</b>	Genetic/cell/tissue damage, risk of cancer, Reproductive, health problems, in extreme	A, B, C	Safe systems of work followed Provision and use of engineering controls to minimize the risk of exposure to radiation Isolation from equipment whilst in use	Warning outside the door, when in use that screening is in progress, knock on a closed door Machine stored and used in a facility on an outside wall and one adjoining door only				

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	cases Death		<p>Q &amp; A monitoring of the scanner and monitor workplace                  In the event of any incident, accident, fault or suspected fault of radiation generator, switch off electricity supply and report to radiation Protection Supervisor</p>	<p>Refer to current operating procedure, (workplace arrangements in the Procedure room one and situated in H &amp; S file.                  Original risk assessment available in H &amp; S file                  Medical personnel one nurse and one doctor only                  All users to read and sign local rules, copies held in H &amp; S file                  All operators to have undertaken ionizing radiation training for use of the mini c arm, records in H &amp; S file ( all stored in Sister's office)                  Copy of IMMER regs 2017 and accidental dose policy in desk top sister's office                  Lead Aprons to be worn while at all times while screening is in progress                  Dose of DT and Dap recorded after each patient use ( exposure time)                  Weekly Q &amp; A using phantom TOR Leeds testing object to ensure quality is mainlined and recorded</p>				

**ACTION PLAN**

Hazard	Action required	Action assigned to	Target date	Date action completed	Monitor action until (date)
	See above	All users of Fluroscan			Feb 2022

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**ASSESSOR DECLARATION**

I confirm that this assessment is an accurate reflection of the area or activity being assessed and existing employees have been made aware of this risk assessment:

**Name of assessor: Sarah balmforth**

**Date: 12/02/2020**

**STEP FIVE - (REVIEW) ASSESSMENT REVIEW RECORD**

Date of review	Name of reviewer	Reason for review	Comments	Next review date
12/02/2020	Sarah Balmforth	Update	Likelihood 1- consequence 2 = 2 Low risk	Feb 2022

RISK RATING MATRIX					
Likelihood	Consequence				
	(1) Insignificant	(2) Minor	(3) Moderate	(4) Major	(5) Catastrophic
(5) Almost Certain	5	10	15	20	25
(4) Expected	4	8	12	16	20
(3) Possible	3	6	9	12	15
(2) Unlikely	2	4	6	8	10
(1) Rare	1	2	3	4	5