

Risk Assessment Form

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.

Name of Initial Assessor /Reviewer:	John McLean	Post Held:	MR Safety Expert
Department:	Imaging	Date (Initial Review):	19/3/2015
Subject of Assessment: E.g.: hazard, task, equipment, location, people			
Scanning patients in MRI with non-programmable shunts			
Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)			
There are a range of hazards the MRI scanner presents. The static magnetic field may affect ferrous metallic objects. RF fields can lead to heating of metallic objects. Some shunts are made from metallic components.			
Description of Risk Describe 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.			
Patients attending for MRI scans who have shunts are at risk. More specifically, there are conditions that apply to ensure the safe scanning of programmable shunts; these conditions do not apply to fixed pressure devices. Typically the condition for programmable valves and related shunts relate to ensuring the pressure settings of the device following the scan match the pre-scan settings. However, if it can be determined that the device is not a programmable one then this condition no longer applies and therefore any non-programmable shunt can be safely scanned on a clinical MRI system.			
Existing Precautions		Describe how they might fail to prevent adverse outcomes.	
Patients are taken through an extensive MRI safety checklist to identify any implants that they may have		The patient may fail to declare an implant that they have	

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

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	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

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.

Date of last review: As per QPulse record

Next review date: As per QPulse record