

### 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.

<b>Name of Initial Assessor:</b>	Pauline Hall Barrientos	<b>Post Held:</b>	MR Safety Expert
<b>Department:</b>	Imaging	<b>Date (Initial review):</b>	08/01/2019
<b>Subject of Assessment:</b> E.g.: hazard, task, equipment, location, people			
<b>Cardiac arrest of a patient while in the MRI magnet room</b>			
<b>Hazards</b> (Describe the harmful agent(s) and the adverse consequences they could cause)			
<b>Cardiac arrest while in the MRI magnet room</b>			
<b>Description of Risk</b> 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.			
Cardiac arrest may cause a risk to both staff and the patient as in these circumstances staff who would not typically be allowed into the MRI CAA may be required to enter to resuscitate the patient. This poses a risk to both the patient and to staff , inparticular, the risk of a unsafe ferrous object inadvertently being taken into the magnet room.			
<b>Existing Precautions</b>		<b>Describe how they might fail to prevent adverse outcomes.</b>	
<p>Following an arrest the patient should be immediately removed from the magnet and from the MR environment. At which point resuscitation, in the form of keeping airways open and cardiac massage, should begin immediately.</p> <p>Crash team help should be sought by calling 2222 and clearly describing the location of the MRI unit. Note that a clear description is critical as many Hospital sites now have more than one MRI Unit.</p> <p>Resuscitation must then take place outside the MR environment by a qualified resuscitation team as in normal hospital practice. This must be done because the crash team can not be allowed into the magnet room as they will bring with them ferromagnetic objects.</p> <p>Radiographers in attendance must make sure the crash team who come to attend to the patient do not enter the MR environment</p> <p>If the MRI couch is dockable then staff must be familiar with the mechanism and with the process of transferring patients onto an adjacent MRI safe trolley, as per local arrangements. This will ensure swift removal of the patient from the MR environment.</p> <p>If the patient table does not un-dock directly in an immediate action, then a MR conditional trolley must ALWAYS be available for evacuation within the MR environment.</p> <p>Procedures for cardiac arrest are detailed in the local rules which all authorised MRI staff must be aware of and have read.</p>		<p><b>Staff unfamiliarity with these procedures could result MR unsafe objects taken into the MR environment, endangering patient and staff.</b></p>	

**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 <small>List the actions required. If action by others is required, you must send them a copy</small>	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:	08/01/2019	Next review date:	As per QPulse record
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