

## **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:	Clinical Scientist
Department:	Imaging	Date (Initial Review):	17/3/2015

Subject of Assessment: E.g.: hazard, task, equipment, location, people

Exposure to noise during MRI scanning: Considerations for staff or members of the public accompanying a patient for MRI

Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)

The MRI scanner uses powerful imaging gradients to acquire images of the body. During scanning, the necessary switching on and off of these imaging gradients creates noise. Noise levels can be in excess of 100dB.

It may be the case for a number of reasons that either staff or a member of the public are required to be present in the MRI room during MRI scanning

## **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.

There is the potential for the member of staff or the public to be exposed to high levels of noise.

**Existing Precautions** 

Summarise current controls In place	Describe how they might fail to prevent adverse outcomes.
MR authorised staff are aware of the risks associated with MRI and are familiar with the requirement of using ear protection.	The staff member of member of the public could remove ear protection during the scan if they wished to do so. However, they would have been informed of the requirement to retain
Unauthorised MRI staff required to be present in the MRI room during scanning must be supervised and instructed to wear the appropriate ear protection provided.	the ear protection given to them.
A member of the public required to be present in the MRI room during scanning must be supervised and instructed to wear the appropriate ear protection provided.	
Pregnant staff or members of the public must not be in the MRI room during scanning.	

## **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	<u>Low</u>	Low	Medium	Medium			

Very High	High	Me	edium	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 (F summarise and communicate				ed on: use the Acti	on Plan section	n to	
Action Plan (if risk level Use this part of the form for risk others if required. If using a copreceive replies.	s that require actio	n. Use it to cor	mmunicate, w				
Describe the measures required you intend to change. If propos when; leave this to the manage	ed actions are out	with your remit	, identify them	on the plan below b	out do not say w		
Proposed actions to control List the actions required. If action by		ou must send the	ет а сору	By Whom	Start date	Action due date	
Action by Others Required - 0	Complete as appr	opriato: (place	o tick or opto	ar VES, name and o	late where ann	ropristo)	
Report up management chain		opilate. (pieas	e lick of effic	i 123, name and c	iate wilere app		
Report to Estates for action							
Contact advisers/specialists							
Alert your staff to problem, no practice, interim solutions, et							
Reply If you receive this form as a n Update the action plan and re the Directorate / Service Risk If you receive this as an advis	ply with a copy to Register.	others who n	eed to know	. If appropriate, yo	u should note	additions to	
Date of last review:	As per QPulse record		ı	Next review date:	As per QPulse	record	