Local Ref No: _____

Belfast Health and Social Care Trust

GENERAL RISK ASSESSMENT FORM AS REQUIRED BY THE MANAGEMENT OF HEALTH & SAFETY REGULATIONS (NI) 2000 as amended

Facility/Ward/Department: **Assessment Completed By:**

Date: **Review Dates:**

Brief Description of activity, location or equipment: Boarding of patients is defined as the ability to care for patients within a ward or department to a level above their full capacity. These sub optimal areas will be identified by the ward/department to care for a patient awaiting an inpatient bed space, this must be risk assessed with a focus on privacy and dignity. **Reverse boarding** is when a lower acuity inpatient is transferred to a boarding space within the same ward/department to enable an unwell patient transferring from the emergency department into a bed space.

Description of Hazards	Persons Affected by the Work Activity and How	Existing Controls	Likelihood	Severity / Consequence	**Risk Rating**
1. Boarding of patients in sub-optimal spaces Potential risk to patient safety and care delivery due to the requirement to board additional patients, this will increase the bed occupancy of the ward/department beyond their funded position.	**Risk to Patients:** • Potential for decline in standards of care delivery on Ward. • Patient safety may be compromised due to decreased nurse to bed ratio and placement of patient – visibility/monitoring/facilities. • Boarding area has no oxygen or suction points. • Futher potential risks include - Increased complaints - Increase in adverse incidents **Staff - Risk to Staff:** • Increasing likelihood of errors when carrying out clinical interventions and care due to	Current existing controls are as follows: • boarding spaces will be locaed in close proximity of the nurses station. • Patient Flow on RVH, MIH and BCH sites in collaboration with clinical teams for each specialty will be responsible for identifying suitable patients to transfer to board or to any escalation areas. • Patients and their families must consent to being cared for in the boarding space. The patient must be orientated to the ward and how to alert			

	additional patients above their funded staffing levels. • Increasing stress/ low morale of ward team.	nurses if they should require assistance. • Patients should be independent and of low acuity. • The following patients will not be allocated to a boarding space: - requiring oxygen therapy or regular frequent suctioning. - known infection risk. - spinal injuries requiring spinal precautions. - Patients with end of life care needs. - Bariatric patients. - Patients at risk of absconding. - Any patient where there is a concern over ligature safety. • The nurse in charge will ensure a clinical bed space is allocated at the earliest opportunity. • Boarding of patients should be highlighted by the nurse in charge during safety briefs and clearly outline who is responsible for the patient. • Any issues/safety concerns should be escalated to ward sister/charge nurse/lead nurse. • The ward/department senior team will ensure flow through			

		the ward is effectively managed to create bed spaces in a timely manner. • If there is a change in the patients clinical condition they must be transferred to a clinical bed space immediately.			
Potential risk of confidentially breach due to boarding patients being in close proximity to the nurses station.		• Verbal handover amongst clinical teams is not to occur within close proximity of patients. • All staff to be vigilant when discussing patient specific details during telephone calls or with other clinicians in close proximity to patients in boarding spaces. • Privacy screens must be procured to ensure privacy and dignity for patients being cared for in a boarding space.			

NOTE: There are also specific risk assessment forms for specific Health & Safety issues such as Substances Hazardous to Health (COSHH), Display Screen Equipment Self Assessment Form, Manual Handling Risk Assessment Form (which includes Patient & Load Handling) for particular clients or clinical issues.

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Action Plan

Sources of Information / Persons Consulted	Further Action if necessary to control the Risk	Person/s responsible for Co-Ordinating implementation of the Action.	Recommended Timescales	Date Completed	Revised Risk Rating
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Please ensure that you:

1. Consider the Staff, Service Users, Visitors and members of the public experience in the risk assessment.
2. Communicate this risk assessment with the staff and others affected by the work assessed.
3. Monitor the implementation of any further action identified.
4. Monitor the continued implementation of existing controls.
5. Revise the Risk Rating when additional actions have been implemented.
6. Retain this Risk Assessment in your Health & Safety Policy & Documentation folders.
7. When further action has been identified it is good practice to set a date shortly after measures are likely to be implemented. This will enable you to assess their effectiveness in reducing risk.
8. Review your risk assessment at least every two years or more frequently if required. In certain circumstances it will be necessary to undertake a new assessment eg. following an Accident/Incident, new legislation/guidance/best practice, changes in work activities/location, new hazards/activities identified.

KEY TO RISK RATING: Likelihood x Severity/Consequence = Risk Rating

Likelihood	Severity / Consequence
1 Rare	1 Insignificant
2 Unlikely	2 Minor
3 Possible	3 Moderate
4 Likely	4 Major
5 Almost Certain	5 Catastrophic

Risk Rating

Low Risk (Green)
Medium Risk (Yellow)
High Risk (Amber)
Extreme Risk (Red)

(See Risk Management Strategy on Belfast Trust Intranet for Risk Rating Tables)

Line Manager Signature: _____ **Date:** _____

Initial Review Date: _____ **Review Action Plan / Risk Assessment:** _____