

Wandsworth PCT

Risk Assessment Form

This assessment was carried out in conjunction with the Trusts risk management strategy [1], valid at the time.

Section 1 – Process Description

DIRECTORATE: Rehabilitation Services	DEPARTMENT: Gait Laboratory
Process/Activity: Gait analysis including collection of static measures, electromyography (EMG), video vector, plantar pressure, kinematic and kinetic data.	

Section 2 – Identifying Risks/Hazards

Risk/Hazard	Persons at Risk	Existing Control Measures	Severity (consequences)	Likelihood /Frequency	Risk Rating SxL
1. Tripping over wires or cables on the floor of the gait laboratory	Patient Visitors Staff	Number of wires reduced to a minimum and those remaining are moved out of the way. Visitors are warned of their presence when entering the laboratory	2	2	4
2. Falling off plinth when moving between supine and prone positions during static examination, or when raising and lowering the plinth	Patient Staff	A member of staff stands next to edge of plinth, warns the patient and offers assistance if necessary	2	2	4
3. Physical harm through manipulation of the patient during static examination	Patient Staff	Examination performed by trained members of staff, who communicate with the patient throughout the assessment. Patients with impaired cognition are accompanied by a carer or family member	2	2	4
4. Skin irritation due to the double-sided tape used to attach retroreflective markers or EMG electrodes	Patient	Hypoallergenic tape used	2	2	4
5. Walking barefoot (some patients may not be used to this and may be at increased risk of falling)	Patient Staff Accompanying visitors	Patients are asked whether they feel they can walk barefoot. If necessary members of staff walk alongside to	2	2	4

		assist			
6. Walking and/or standing for long periods of time (some patients may tire and be at increased risk of falling)	Patient Staff	Patients are asked at the end of a set of walks whether they would like to rest and if they are okay to proceed	2	2	4
7. Walking and/or standing without the assistance of crutches and walking frames	Patient	Patients are asked whether they feel they can walk without assistance. If necessary members of staff walk alongside to assist. Parallel bars are provided for support, if the patient or examiner feels they are required	2	2	4
8. Tripping over the lateral supports at each end of the parallel bars	Patient Staff	Patients are warned about the supports when entering the parallel bars. Wheelchairs are positioned close enough such that it is not possible to trip over the bars. Staff are nearby to observe and provide assistance if required	2	2	4
9. Catching hand in the joint between adjoining sections of the parallel bars	Patient Staff	Staff are trained in the correct assembly of the parallel bars	2	2	4
10. Electric shock from EMG system or from 'Tekscan' plantar pressure measuring system	Patient Staff	Devices conform to BS EN60601 and the Medical Devices Directive (93-042 EEC). Devices are annually tested for compliance. Staff are trained in the correct use of the devices	2	1	2
11. Damage to eyesight from infra-red light exposure.	Patient Staff Visitors	The infra-red cameras comply with FDA CFR 1040.10 Class I classifications. The manufacturers consider the exposure to be non-harmful (see [2]). Staff ensure that visitors, patients and other members of staff are not in a position to receive exposure for a great length of time	2	1	2
12. Evoking a seizure with flashlight photography	Patient	Before a flashlight is used, patients are asked if they are susceptible to photosensitive seizures. If they are, a flashlight is not used.	2	1	2

[1] D. Caulfeild-Stoker. "Risk Management Strategy v6.0". 2002. Wandsworth tPCT.

[2] Qualysis Motion Capture Systems. "Qualysis Track Manager User Manual 1.8.2xx" 2005.

Complete Action Plan and attach to Risk Assessment form.

Is any employee health monitoring required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is a more detailed assessment (e.g. COSHH, Manual handling) required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is further information or investigation required to complete risk assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Assessor's Name: Graham Webb	Job Title: Trainee Clinical Scientist
Date of Assessment: 29/01/08	Reassessment Date: January 2009
Assessor's Signature:	Manager's Signature:

Risk Action Plan**DIRECTORATE:** Rehabilitation Services**DEPARTMENT:** Gait Laboratory

Risk/Hazard	Risk Score	Action Required to Control Risk	Lead Person	Action By	Comments
1 - 12		Low/Acceptable risk, no action required.			

Completed By: Graham Webb**Date:** 29/01/08**Manager's Signature:**